Information needs of mental health practitioners in relation to the Victorian CSP Prohibition Act

June 2026

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The Commission acknowledges the Traditional Custodians of the various lands throughout Victoria and pays respect to Elders past and present. We support the Treaty process in Victoria and the realisation of self-determination of First Peoples across Australia.

This publication was authored by Fiona Collis and reviewed, commissioned and published by the Victorian Equal Opportunity and Human Rights Commission. June 2026.

Suggested citation: Collis, F. (2026) Information needs of mental health practitioners in relation to the Victorian CSP Prohibition Act, Victorian Equal Opportunity Human Rights Commission.

ISBN: 978-0-9807850-6-7

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Acknowledgements

The author would like to acknowledge the mental health practitioners who contributed to this research and offered honest and thoughtful views on the kinds of information and resources that are needed to educate mental health practitioners around the *Victorian Change or Suppression (Conversion) Practices Prohibition Act* 2021.

This report was written on the unceded lands of the Wurundjeri Woi Wurrung people of the Kulin Nations.

Terminology & Acronyms

The Victorian Equal Opportunity and Human Rights Commission uses the term 'LGBTQA' in their work relating to conversion practices. I for intersex is not included because the definition of Change or Suppression Practices under the *Victorian Change or Suppression (Conversion) Practices Prohibition Act* 2021 does not include forced medical interventions on people with intersex variations. Some people with intersex variations are LGBTQA and have been subject to conversion therapies. The Commission has also left off the '+' at the end of LGBTQA to minimise the potential for confusion that this initialism might be extended to include other letters of the 'rainbow alphabet'.

CSP	Change or Suppression Practices
CSP Act	Change or Suppression (Conversion) Practices Prohibition Act 2021
GP	General Practitioner
LGBTQA	Lesbian, gay, bisexual, trans and gender diverse, queer, asexual
VEOHRC	Victorian Equal Opportunity and Human Rights Commission

Summary of findings

The following report documents the findings and recommendations from a project undertaken to guide the development of information and educational resources for mental health practitioners in relation to the Victorian Change or Suppression (Conversion) Practices Prohibition Act 2021 (CSP Act).

This project involved qualitative interviews with 14 mental health practitioners who provide care and support at least occasionally to children and/or young people who are seeking support with issues relating to gender or sexuality.

The sample included psychiatrists and psychiatric registrars, psychologists, psychotherapists, counsellors and mental health social workers and nurses who worked in a variety of settings: private practice, community health, hospitals and schools. Their experience and level of confidence to do this work varied greatly across the sample.

Fieldwork was undertaken in March 2026.

Key findings

Providing mental health care and therapeutic support to children and young people who have issues, concerns or questions around their gender or sexuality was seen as important but challenging work

- Whilst most of the mental health practitioners in this sample were very open to working with LGBTQA young people and eager to provide them with mental health care and support, not all felt confident or appropriately trained to provide services to LGBTQA children or adolescents, particularly if they are experiencing distress or confusion around issues relating to gender or sexuality. Some worried about offending young people or getting young people offside by saying the wrong thing. Working therapeutically with minors was also seen as challenging, especially if there is family conflict or disagreement around how best to support a child and parental consent to access services is required.
- Practitioners were particularly apprehensive about being called on to provide support to children and young people with gender dysphoria or to provide advice around medical or surgical transition. This was seen as a complex and highly specialised aspect of mental health care. None of the participants in this study felt fully equipped to undertake this kind of work and would rather refer clients to a specialist gender service if they were experiencing significant distress or seeking an assessment or letter of support to access medical affirmation.
- Despite claims made in a recent article in The Australian that the majority of mental health practitioners were 'unwilling to work with gender-distressed youth for fear of being reported', none of the practitioners who took part in this study spontaneously raised concerns around being accused of engaging in change or suppression practices as a specific barrier to working with this cohort. It should also be noted that all but one of these practitioners were unaware of the CSP Act prior to taking part in this research.

Awareness and understanding of the CSP Act amongst this sample of mental health practitioners was low

- When provided with an extract of the information from the CSP Act pertaining to mental health practice, practitioners were often confused. 'Change or suppression practices' is not language that is commonly used by mental health professionals, and many felt that the wording is ambiguous.
- Similarities in the meaning of the words 'change' and 'transition' (and the words 'suppression' and 'blockers') led some practitioners to initially believe that the CSP Act is a ban on access to puberty blockers or potentially even a ban on supporting people to transition.
- Whilst practitioners were more familiar with the term 'conversion practices', their understanding of this was often limited to widely discredited and outdated practices such as aversion therapy and ex-gay camps. Many assumed that conversion practices like these had been banned for many years in Australia and struggled to see the relevance of the laws to contemporary mental health practice.

Beliefs around the implications of the CSP Act for mental health practitioners varied

- Despite some initial confusion about the intent behind the laws, most of these practitioners' concerns about the CSP Act quickly evaporated once it was made very clear that the ban applies to treatment or therapies based in the ideology that being LGBTQA is a defect or disorder that needs to be cured.
- However, some had lingering concerns around the implications for mental health practitioners, such as the potential to:
  - Increase risk for clinicians who are asked to assess competence or provide letters of support to access medical or surgical transition.
  - Prevent practitioners from discussing the potential downsides of certain pathways and treatments, such as the possible adverse side effects from puberty blockers or hormone therapy.

Practitioners had a strong appetite for information, resources and professional development opportunities that could equip them with knowledge and skills needed to support LGBTQA children and young people, including those with gender dysphoria

- Most of the practitioners in the sample had no formal training around issues relating to gender or sexuality and were interested in learning more. Key areas of interest included: understanding LGBTQA identity and development in childhood and adolescence; mental health needs of young LGBTQA people and clinical considerations when working with this cohort; evidence-based care for gender dysphoria; working with families, schools and community systems; providing crisis support; managing safety issues as well as navigating unconscious bias and other ethical issues.
- Most agreed that it is important that health professionals are provided with clear and accurate information about the CSP Act and the implications for clinical practice. They also felt that educational resources for mental health professionals who work with LGBTQA people should include information about the CSP Act. However, practitioners were unlikely to seek out information specifically about the CSP Act or attend training that focuses solely on the legal ramifications unless they saw themselves as being at high risk of being reported.

Information and education resources for practitioners should be available in a range of formats to suit different professional interests and learning styles

- Suggestions made by practitioners included:
  - **In-person and online professional development opportunities for mental health practitioners**, co-developed and co-delivered with trusted LGBTQA and youth mental health specialist organisations
  - **Live or recorded online seminars and panel discussions** for mental health practitioners who are less interested in in-depth training around LGBTQA issues, but are nevertheless interested in learning more about specific topics (such as gender affirming care or identifying personal bias and blind spots)
  - **Web-based content and digital resources for mental health practitioners**, such as: an online guide to providing safe and effective support to LGBTQA children and young people; research papers on topical issues around gender identity; stories or short videos around the harm caused by change and suppression practices featuring testimonials from young people who have been impacted; case studies that demonstrate what is and isn't allowed under the new laws, FAQs for mental health practitioners, recordings of free seminars or panel discussions about the CSP Act, and links to fact sheets and other resources that practitioners could share with clients and their families.

Practitioners seem most likely to engage with and trust information and resources that are delivered or endorsed by their relevant professional and regulatory bodies or organisations that are widely recognised as authorities on LGBTQA issues and/or young mental health

- Trusted sources vary for different professions, work settings and perspectives on gender, but typically included:
  - **Specialist LGBTQA and youth services** such as Thorne Harbour Health, ACON, Switchboard, RCH Gender Clinic and the Monash Gender Service (as authorities on gender and sexuality), as well as Orygen and Headspace (as authorities on youth mental health).
  - **Professional and regulatory bodies:** Along with supervisors and employers, organisations such as the Australian Health Practitioners Regulation Agency (AHPRA) and the Australian Psychological Society (APS) are primary 'go-to' places for information and guidance around policy, ethics and regulatory issues. (For a full list of organisations mentioned go to 'Trusted Delivery Channels' on page 30).
  - **Government websites:** For information about legal matters, such as the CSP Act, some practitioners would prefer to go directly to the relevant government agency to ensure they are getting the most accurate and up to date information. Although prior to taking part in the research, none of the practitioners had thought to approach VEOHRC for information, this was seen as a logical place to have information for mental health practitioners about the CSP Act.

Recommendations

Recommendation 1:

Rationale: *Mental health practitioners who lack confidence in working with LGBTQA young people or would like to build their clinical skills their area are hungry for more training and support in this area. Information around the CSP Act and the implications for clinicians should be included as part of this training. However, practitioners were far less motivated to participate in training that focusses solely on legal issues, unless they perceived themselves to be at high risk of being reported.*

Partner with specialist LGBTQA and/or youth mental health services to deliver professional development opportunities and education resources for mental health practitioners

- Key topics of interest to practitioners include: LGBTQA identity and how this develops in childhood and adolescence; how to provide safe and supportive care to LGBTQA children and young people (and the evidence that supports this); working with families and schools; crisis support and safety issues; self-reflection and professional ethics.
- Educational resources should include clear information about the CSP Act and implications for mental health practitioners, but not focus on this exclusively.
- As far as possible, resources should cater for a range of professional interests and learning styles such as:
  - **Digital and eLearning resources** for time poor professionals who are looking to stay abreast of emerging issues or to get a brief introduction to key topics before deciding whether they need and want to learn more. This could include an online tool for mental health (and other health) practitioners that provides simple and accessible explanations and guidance around the Victorian and Australian standards of quality support and care for LGBTQA people, plain language information around the CSP Act and implications for practitioners, and links to relevant evidence, legislation and other useful resources.
  - **Panel discussions** featuring experts in both clinical practice and the law that allow for nuanced discussion around complex issues (such as how the law applies if a child's parent does not consent to gender affirming care).
  - **In-depth face to face or online training** developed for practitioners who are keen to deep dive into the issues and develop their knowledge and clinical skills (with opportunities to ask questions about challenging clinical scenarios, role play, and practice new skills etc.).

Recommendation 2:

Rationale: *The findings highlight a need to clearly establish what is meant by change and suppression practices in the context of mental health service provision, using language and examples that mental health practitioners can more readily relate to and understand. It is also crucial to clearly communicate the intention behind the laws and show how these laws align with evidence-based, safe and supportive care.*

Develop clear and concise information for mental health practitioners about the CSP Act

This information should explain:

- The overall intent of the Act (why it was introduced)
- Plain language definitions of change and suppression practices (using examples and case studies that are relevant to mental health care)
- A clear explanation around why these practices have been banned
- Clarification around potential 'grey' areas such as:
  - 'reasonable professional judgement' and 'evidence-based practice'
  - the difference between change and suppression practices and providing a safe space for a client to explore gender and its expression
  - what is (and isn't) permitted under the law in cases where:
    - the clinician believes that a thorough psychiatric evaluation should be undertaken before supporting a client to take steps to transition
    - one or more of a child's parents are opposed to gender affirming care or there is family conflict around how to best support a child who is questioning their gender or sexuality
- Who can make a report and how these are investigated
- Implications for mental health professionals.

Information should be unambiguous, concise and should avoid legal jargon.

Recommendation 3:

Rationale: *For information about legal matters, such as the CSP Act, some practitioners prefer to go directly to the relevant government agency to ensure they are getting the most accurate and up to date information. Although they wouldn't necessarily think of going to the VEOHRC website, there was an expectation that it would contain clear information for mental health practitioners. VEOHRC also has a number of existing resources that would be of high interest to practitioners (such as the booklet for parents) but they are unlikely to come across it unless it is located alongside information targeting mental health practitioners.*

Create a dedicated section on the VEOHRC website with targeted information and resources for health and mental health practitioners

This could include:

- content developed specifically for mental health practitioners about the CSP Act and implications for clinicians
- interesting case studies that help to illustrate what is (and isn't) considered a change or suppression practice recordings from webinars or panel discussions about the CSP Act
- a FAQ section that addresses practitioners' most common questions about the CSP Act
- eLearning and information about upcoming training opportunities
- links to useful resources that practitioners can give or send to patients/clients or use in their conversations with clients (such as the 'Guide to talking to your child about gender and sexuality', and fact sheet on how to make a report about change and suppression practices).

Recommendation 4:

Rationale: *When it comes to ethical, legal and regulatory issues, mental health practitioners are most likely to look to the following organisations for guidance: Australian Psychological Society (APS), Australian Association of Psychologists (AAPi), Australian Counselling Association (ACA), Royal College of Psychiatrists, etc.*

Promote training opportunities and resources via relevant peak bodies and regulatory organisations

Peak bodies and regulatory organisations should be consulted directly about the most appropriate and effective way to disseminate information to their members. However, some of the possibilities might include submitting short articles about change and suppression practices for publication in their newsletters, journals and websites, along with links to VEOHRC (and other relevant jurisdictional agencies) for more information

Project Background

Mental health and wellbeing of LGBTQA people in Australia

Being trans or gender diverse is part of the natural spectrum of human diversity and is not classified as a mental health disorder.[1] Nevertheless, LGBTQA people are at a much higher risk than the general population of poor mental health, and experience higher rates of depression, anxiety, eating disorders, substance abuse and suicidality – mainly due to discrimination, social exclusion, bullying, physical and sexual violence (sometimes referred to as 'minority stressors').[2 3 4 5 6] In 2021, an Australian survey of young LGBTIQA+ people identified high levels of psychological distress, poor mental health and suicidality amongst participants, with almost two-thirds having ever been diagnosed with a mental health condition and one in four having attempted suicide at some point in their life.[7]

Trans and gender diverse young people appear to be at particularly high risk of mental health problems, including self-harm and suicidality.[8] Furthermore, differences between the mental health of trans and cisgender[9] people have widened over the past two decades, particularly amongst young people.[10]

Trans Pathways – Australia's largest national survey of trans and gender diverse young people - found that:

- 4 out of 5 (80%) of trans young people have self-harmed, compared to 11% of young people in the Australian general population
- Almost 1 in 2 trans young people (48%) have attempted suicide, which is 20 times higher than young people in the Australian general population
- Around 3 in 4 trans young people (75%) have been diagnosed with depression and/or anxiety- 10 times higher than young people in the general population.

The higher rates of mental ill-health amongst trans young people was often attributed to external factors such as discrimination and social rejection, rather than identity itself.

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4. Timmins, L., Rimes, K. A., & Rahman, Q. (2017). Minority stressors and psychological distress in transgender individuals. Psychology of Sexual Orientation and Gender Diversity, 4(3), 328–340.

5. Abela, D., Lea, S., & Patlamazoglou, L. (2026). A qualitative inquiry into the oppression experienced by Australian transgender and gender expansive teens. International Journal of Transgender Health, 27(1), 386–407. https://doi.org/10.1080/26895269.2024.2385430

6. Bailey, S., Newton, N., Perry, Y., Davies, C., Lin, A., Marino, J. L. et al. (2024). Prevalence, distribution, and inequitable co-occurrence of mental ill-health and substance use among gender and sexuality diverse young people in Australia: Epidemiological findings from a population-based cohort study. Social Psychiatry and Psychiatric Epidemiology, 1–15. doi:10.1007/s00127-024-02714-1

7. Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, et al. Writing Themselves in 4: The Health and Wellbeing of LGBTQA+ Young People in Australia. Melbourne: La Trobe University; 2021.

8. Bretherton, I., Thrower, Zwickl, S., Wong, A., Chetcuti, D., Grossmann, M., Zajac, J.D., & Cheung, A. S., (2021) The Health and Well-Being of Transgender Australians: A National Community Survey

9. Cisgender refers to a person whose gender is the same as their sex recorded at birth.

10. Saxby K, Hutchinson Tovar S, Bishop GM, Down I, Spencer R, Petrie D, et al. Gender identity and mental health inequalities 2001–2022: population-level evidence from an Australian cohort study. BMJ Mental Health. 2025;28:e301277. https://doi.org/10.1136/bmjment-2024-301277

Gender incongruence vs gender dysphoria

Whilst trans and gender diverse people may require mental health care for a range of issues that are not related to gender, for some the difference between their gender identity and their gender presumed at birth can cause ongoing and clinically significant emotional distress. The DSM-5-TR defines this as "gender dysphoria".[11]

Gender dysphoria is not the same as gender incongruence. Gender incongruence is a term that describes the mismatch between an individual's experienced gender and the sex that was assigned to them at birth, regardless of how they feel about it. Not everyone who experiences gender incongruence experiences gender dysphoria.[12]

Some practitioners and researchers, including the author of the UK Cass Report, have used the term 'gender distress' instead of gender dysphoria. 'Gender distress' is not a standardised diagnosis recognised by the DSM-5-TR and therefore does not have specific diagnostic criteria or a recognised place in clinical pathways. Concerns have been raised that the use of this broad descriptive language creates ambiguity and gatekeeping around access to gender affirming medical care. Without clear diagnostic criteria, clinicians have more discretionary power and the thresholds for care become less transparent.[13] Critics also say that the use of the word distress can reinforce the idea that being trans is inherently problematic. On the flip side, others argue that 'distress' sounds less serious than 'dysphoria' and potentially downplays the intensity of some people's experience. 'Distress' can come across as temporary or mild, whereas severe dysphoria can involve significant impairment, depression, or suicidality.

Barriers to LGBTQA people accessing mental health care

Supportive family and school environments have been consistently shown as important protective factors for LGBTQA children and young people and are associated with better mental health outcomes.[14] [15] [16] [17]Access to evidence-informed, high-quality, safe and inclusive mental health support is vital for those who need it. This includes access to evidence-based gender affirming care that has been shown to reduce distress and improve quality of life for children and young people experiencing gender dysphoria.[18]

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Unfortunately, trans and gender diverse people in Australia often face barriers to accessing inclusive and high-quality mental health care, including difficulties finding professionals who are both willing and competent to provide services to this cohort. Research indicates that many trans and gender diverse individuals have faced discrimination in healthcare settings, resulting in delayed or denied access to care.[19] [20] For example, the Trans Pathways study found that many young Australians have encountered service providers who did not understand, respect or have previous experience with gender diverse people. Some experienced transphobia or were dismissed by health care professionals as 'going through a phase'. A 2024 qualitative research project undertaken by social research firm Orima also found that LGBTQA people were often treated with disdain by mental health services and were sometimes offered inappropriate diagnoses or harmful advice. Free public health services that were known to be trans-friendly often have lengthy waiting lists, whilst private specialist clinics could be cost prohibitive.[21]

Other research has found that mental health professionals often lack confidence in working with trans and gender non-conforming clients and can worry about offending people, making mistakes or being perceived as incompetent or insensitive. In the UK, many therapists have reported that their professional education has not adequately prepared them to work in this field. It has also been reported that legal bans on conversion 'therapy' and public debate around what constitutes best practice care has also created uncertainty around how they can effectively support trans and gender questioning clients, including what health and mental health practitioners can and can't legally say to clients.[22] [23] [24] [25]

Although there is limited data on the attitudes and competencies of Australian mental health professionals in relation to working with gender diverse populations, multiple studies have highlighted a need to upskill the local mental health workforce in this area.[26] [27] [28]

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Approaches to gender care

Gender affirming care is the prevailing clinical standard in Australia for supporting individuals with gender dysphoria.[29] Gender-affirming care provides a safe and supportive space for an individual to explore and understand their gender identity. It can involve a multitude of supports and interventions such as: psychological support to manage distress, social affirmation, and medical interventions such as puberty blockers, hormone treatments or gender affirming surgery where appropriate and desired. Support is client-led and tailored to individual needs and wishes. Not all of those who access gender affirming care seek out or go on to access social, medical or surgical affirmation.[30]

Gender-affirming care has been shown to reduce gender dysphoria and improve the mental health and wellbeing of trans and gender diverse people. According to the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents, delaying or withholding this care is not a neutral option as it can increase distress and risk of suicide.[31]

Nevertheless, there appears to be confusion and debate amongst practitioners around the most appropriate way to support children and young people who are experiencing gender dysphoria. Research in both the UK and US suggests that there is a small minority of therapists who remain unconvinced of the need for gender-affirming care, and some have even framed it has harmful.[32] In 2024, the UK Cass Review concluded that there is insufficient evidence to support medical affirmative treatments, such as puberty blockers or hormone therapy. Instead, it recommended that youth experiencing 'gender distress' should be supported through psychotherapeutic approaches.[33] Closer to home, a minority group of Australian psychiatrists called the National Association of Practicing Psychiatrists has argued that exploratory psychotherapy should be offered to 'gender-questioning' young people to identify other sources of distress in their lives prior or as an alternative to offering affirming care.[34] And in 2025, both the Queensland and Northern Territory governments announced a pause on new prescriptions of puberty suppressant medications to children and adolescents.[35]

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33. Cass, H. (2024) Independent review of gender identity services for children and young people. https://cass.independent-review.uk/home/publications/final-report/

34. Managing Gender Dysphoria in Young People - The National Association of Practising Psychiatrists Guide - NAPP

35. It has been noted by some that the recent bans on puberty blockers have occurred under conservative governments and may reflect a shift in political ideology rather than emergence of new scientific evidence suggesting harm.

The term 'exploratory therapy' is a generic descriptor that could be understood to include the type of client led and non-pathologising exploration of identity that commonly occurs as part of gender-affirming care. However, some clinicians have proposed an approach called Gender Exploratory Therapy (GET) as an alternative to gender affirming care. The core premise of GET is that gender dysphoria stems from underlying issues, such as trauma or mental illness, and aims to identify and address these root causes before taking steps to affirm gender. Critics of this approach have raised concerns that GET may try to redirect a person away from their affirmed gender and gatekeep access to transition support, and that the approach bears many similarities to harmful conversion 'therapies'. [36] [37] [38] [39]

The Australian Psychological Society and the Royal Australian College of Psychiatrists both support non-pathologising approaches to psychological care for individuals who are transgender or gender diverse and have issued statements about the harmful impacts of conversion practices – an umbrella term for practices that attempt to change or suppress a person's sexual orientation or gender.[40] [41] Conversion practices (also known as change and suppression practices or reparative therapy) are deeply harmful and have been widely condemned as unethical.

These widely differing views around the best way to support children and young people with gender dysphoria may well have contributed to doubts and confusion amongst mental health professionals, and even reluctance to provide support and advice around gender related issues – particularly in relation to children and adolescents.

In Victoria, conversion practices are banned under the CSP Act. This means that mental health practitioners are not allowed to engage in practices that seek to change or suppress an individual's sexual orientation or gender identity. However, the CSP Act does not explicitly state what mental health practitioners are legally allowed (or not allowed) to do. There have been anecdotal reports that some mental health professionals may be reluctant to provide care to trans and gender questioning people due to misinformation and misunderstanding around the potential legal implications of giving professional advice around gender. For example, a recent article in The Australian claimed that there is widespread concern that the CSP Act is having a significant impact on mental health professionals' willingness to provide mental health care for children who are questioning their gender or experiencing 'gender distress' for fear of being reported if they do not immediately affirm a child's gender. [42]

Aims of this project

This project was undertaken to better understand the information needs of mental health practitioners in relation to the CSP Act and identify any questions or concerns they may have in relation to providing mental health supports to children and young people who are seeking support around issues relating to gender or sexuality. This research will help guide the development of information and resources for mental health practitioners in relation to the CSP Act.

36. Ashley, F. (2023) Interrogating gender-exploratory therapy. Perspectives on Psychological Science, 18(2) 472–481 doi:10.1177/17456916221102325

37. Ashley, F. (2023) Interrogating gender-exploratory therapy. Perspectives on Psychological Science, 18(2) 472–481 doi:10.1177/17456916221102325

38. Anti-LGBTQ+ orgs are using bogus "gender exploratory therapy" to trick queer people - Queerty

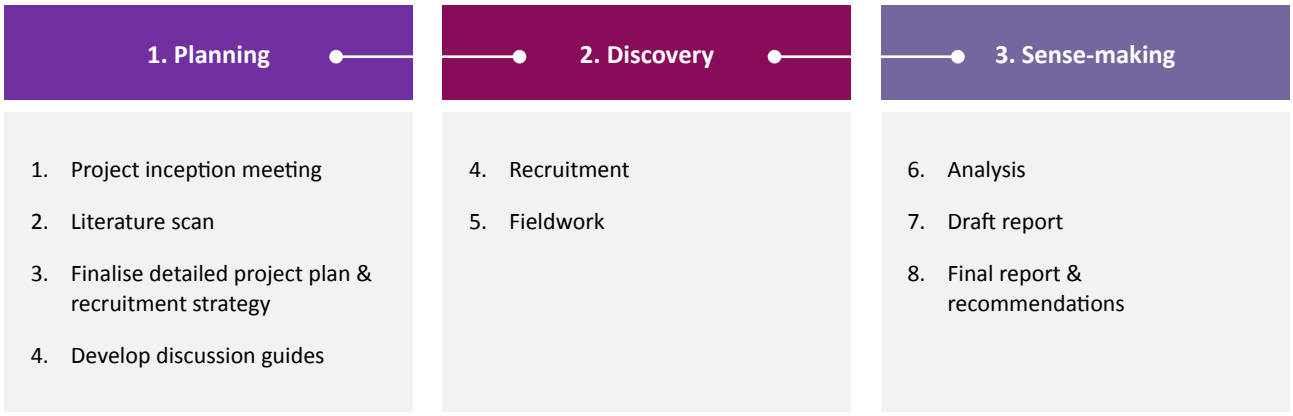
39. "Gender Exploratory Therapy" – Alternate "Conversion Therapy" Phrases | GLAAD

40. Use of psychological practices that attempt to change or suppress sexual orientation or gender | APS

41. The role of psychiatrists in working with Trans and Gender Diverse people | RANZCP

42. https://www.theaustralian.com.au/nation/doctors-fear-treating-genderdistressed-children-as-conversion-law-review-is-ignored/news-story/005e06b4e7709cc3cd125a74b08d65b1

Methodology



This project was undertaken in three stages across March and April 2026.

1. PLANNING

The project commenced with a set up meeting with relevant staff from VEOHRC to confirm the aims of project and key deliverables and discuss recruitment strategies and ideas for maximising participation. The next step was to finalise the detailed project plan confirming the research design, recruitment strategies and materials, and research protocols and tools and timelines.

Next, a scan of the grey and published literature in the area was undertaken. This involved a review of any previous research or studies already known to the VEOHRC, as well as searches of Google Scholar, Google and academic databases. The issues identified in this scan have been incorporated into the background section of this report.

Discussion guides and stimulus materials were carefully designed to address the research objectives, whilst allowing participants to speak to the issues and challenges that were most important to them.

2. DISCOVERY

The discovery phase involved the recruitment and conduct of consultations with 14 mental health practitioners.

Participants were recruited through a market and social research recruitment agency, with the view to obtaining a cross-section of mental health practitioners working in various settings including schools, community health services, hospitals and private practice.

To qualify for the study participants had to meet the following inclusion criteria:

- Provide mental health services in Victoria
- Be registered to practice as a mental health and wellbeing professional and/or be a member of a relevant professional body (e.g. Australian Health Practitioner Regulation Agency, Australian Register of Counsellors and Psychotherapists, Australian Counselling Association, Australian Association of Social Workers etc.)
- Work therapeutically with children and/or young people
- Have provided, or been approached to provide, advice and support around issues relating to gender and/or sexuality.

Questions around experience and confidence to support children and/or young people with issues relating to gender and sexuality were included in the screening process to help ensure that the sample covered a diverse cross section of mental health practitioners.

The final sample included psychiatrists and psychiatric registrars, psychologists, psychotherapists, counsellors and mental health social workers and nurses. They worked in a variety of settings including private practice, community health, hospitals and schools.

Fieldwork was undertaken in March 2026 by Fiona Collis – an experienced and trauma-informed social researcher and former psychologist.

3. SENSE MAKING

The final stage of this project involved thorough content analysis of the conversations that took place with participants to identify the themes, insights and implications for the development of resources. Qualitative analysis is an intensive and methodical process that involves organising the input from research participants into concepts or categories, identifying patterns in the data, and exploring various explanations and exceptions to the rule. This work involves careful examination of interview notes and transcripts. It goes beyond what people say, and also considers their non-verbal reactions, emotions and hesitancy to discuss certain issues.

Limitations

In considering the findings of this report, please note that the research undertaken with mental health practitioners was **qualitative** in nature and based on a small sample of mental health practitioners. The intention was to identify, explore and better understand the range of views in the populations of interest, but does not measure the extent to which each of these views is held.

Research Findings

Views on providing mental health care and therapeutic support to LGBTQA children and young people

Providing mental health care to children and young people who have issues, concerns or questions around their gender or sexuality is seen as important work. But practitioners also report that this can be a challenging space to work in…

> *"It comes up a lot with young people these days, especially since Covid… But compared with older people they seem to be a lot surer about their identities, there's less shame and anxiety. Often it turns out that there are other issues that need to be resolved that actually have very little to do with how they identify, or at least not at a surface level."*
> *[Counsellor]*

> *"I've observed that many young people, especially autistic people, are quite decisive and comfortable in how they identify. The challenge often comes from parents who are not comfortable with the transition. You might have one parent who is accepting and another who is not. We also see issues with conservative or religious schools that have difficulty accepting a student presenting differently, which can impact the young person's mental health."*
> *[Psychologist]*

Most of the practitioners taking part in this study reported a significant increase in the number of LGBTQA children and young people who are seeking mental health support in recent years, and particularly since Covid. Presenting issues ranged from anxiety or confusion around their gender or sexuality, anxiety around 'coming out' or disclosing their identity to family members and peers, problems with bullying at school or at work, navigating family conflict where parents are unsupportive, seeking support with social transition (e.g. pronouns, changing their name, accessing bathrooms and changing rooms that align with their gender etc.), and getting information and referrals for medical affirmation. This is alongside a plethora of other mental health issues that weren't necessarily seen as being directly related to gender or sexuality such as anxiety, depression, eating disorders, substance use, friendship issues, learning difficulties, neurodiversity and domestic family violence.

Practitioners generally recognised that mental health challenges experienced by LGBTQA children and young people are often the result of trauma, discrimination, and lack of acceptance at a familial and societal level. Most wanted to help, and could not imagine themselves, or their colleagues, refusing to provide services to a young LGBTQA person who meets the general inclusion criteria for their program or service. In fact, refusing to do so was seen as discriminatory and out of step with both their personal values and professional code of ethics. It was also pointed out that mental health practitioners working in public health settings do not have the discretion to select their clients based on personal or ideological preferences.

Having said that, practitioners also reported that working with children and young people who are seeking support around issues relating to gender identity can be challenging. Comfort and confidence in providing mental health care to this cohort varied greatly across the sample and not all felt confident or appropriately trained to do so. With the exception of one early career practitioner who had recently gained a formal qualification in mental health care, gender identity wasn't covered as part of their undergraduate or post graduate training. Busy workloads can also mean that mental health practitioners have limited time and energy to stay abreast of emerging issues and evidence around safe and supportive gender care, particularly if working with this cohort is not a core part of their practice.

Some practitioners felt 'out of their depth' due to a lack of experience and training...

Specific sources of discomfort included:

- Concerns around inadvertently saying or doing something that might be considered offensive (for example, using the wrong pronouns). Practitioners with more experience working with this cohort argued that issues around language can be navigated fairly easily by adopting a person-centred approach in their interactions with clients and following their client's lead. However, others were apprehensive, particularly if they haven't had a lot of recent experience with younger cohorts or knowledge around gender issues.
- It was frequently pointed out that LGBTQA children and young people may have faced discrimination at school, at home, and from past service providers. These traumatic experiences can lead them to either shut down and refuse to engage, or to be highly reactive towards adults who say or do the wrong thing. Some practitioners said they worried about being 'cancelled' if they inadvertently said or did something that was perceived as being discriminatory or offensive.
- Challenges around gaining parental consent when working with minors. This can be especially complex if parents are not in agreement around how best to support their child. Some practitioners expressed concerns about parents lodging complaints against them with their employer or regulatory body if they provide advice or support to a child that doesn't align with one or both parents' wishes. Some also worried that they could get 'dragged' into family court proceedings.

"Sometimes I'm just making it up as I go along and hoping I don't offend anyone really. If someone's not comfortable, they can make a complaint against you. They can go to AHPRA or ring the clinic and speak to a director … So that's always at the back of our mind when we're doing this work—I don't want complaints against my name. I don't want anyone to go to AHPRA. It's a very delicate space."
[Clinical psychologist]

"I don't know what's cool anymore. There's so many new ways of talking about things and new terms. I think there's sometimes this fear of saying something wrong."
[Mental health social worker]

"I think that just because of the discrimination and challenges that that some of these people face, they can be quite reactive at any perceived discrimination or stigmatisation - even when it's completely by accident… Sometimes there's this sense of walking on eggshells, that I have to say this right otherwise I'm going to cop it, I'm going to get a complaint."
[Mental health social worker]

"If at any point parents said we don't want you working with our child anymore our hands are tied and we're really stuck. And then the only way we could ever work with that young person again would be if they were acutely suicidal because in that case risk trumps consent."
[Mental health school nurse]

- Concerns working outside their scope of practice. All of the practitioners in this sample made it very clear that there are certain situations where they would refer on a child or young person to a specialist service, such as the RCH gender clinic, Monash Gender Service or a private therapist who specialises in this area.

  Specific situations where practitioners are likely to refer to a specialist include if a child or young person:

  - is experiencing gender dysphoria or significant distress due to issues relating to gender identity and expression. (Of note, practitioners in this sample rarely used the term gender dysphoria. A formal diagnosis was felt to require thorough assessment by a psychiatrist, clinical psychologist or medical practitioner with expertise in this area.)
  - is seeking access to puberty blockers, hormone therapy or advice around medical and/or surgical transition
  - is seeking evaluation of their capacity to consent to medical or surgical transition
  - has co-existing mental health issues requiring assessment and/or treatment that fall outside their scope of practice (e.g. assessment for autism, treatment with antidepressant or antipsychotic medication etc.).

  The sorts of issues described above were felt to require highly specialised knowledge and skills, and most of the practitioners in the sample saw these as being outside their scope of practice. Whilst they were often willing to continue to support these clients in other ways, they saw themselves as having an ethical obligation to refer such clients to a specialist gender service.

"You need to stay in your own lane and refer on if they need help with things that are outside your expertise and training… These are not issues that I have a lot of experience with."
[Psychologist]

"We would recommend they see someone at specific specialized gender identity services… Most staff in public mental health wouldn't have the expertise to provide an opinion on medical transitioning. It's quite a highly specialized area and a complex space. A lot of these consumers have co-morbid psychiatric issues, and it can be difficult to tease out how much is biological and how much is a symptom of something else."
[Psychiatrist]

"If a young person was to declare their desire to have body changes initiated, then I would obviously refer. They could continue coming to me to talk about whatever they want to talk about, but clearly, it is not my expertise to prescribe certain medications or hormone blocker or provide advice around that."
[Psychotherapist]

"I would refer them out [if they wanted advice around gender transition] because I wouldn't feel super comfortable with providing that. Like I can say I support any decisions you're making and we can talk about how that's going to impact you, but I always recommend speaking to a specialist who specializes in that area… I imagine that's a really common perspective that a mental health professional would take."
[Counsellor]

"In Victoria, there's only a handful of psychiatrists who will do those assessments. It's a complex area, and not many people want to get involved because it's not easy. It challenges your own ideas of gender and can challenge your own cultural beliefs and values, even as a clinician."
[Psychiatric registrar]

- **A misunderstanding of what gender-affirming care is.** As found in the 2024 scoping research with parents and families, practitioners sometimes wrongly assumed that affirming a person's gender will inevitably lead to medical or surgical transition – sometimes before a person has been given the opportunity to fully explore their identity and feelings around it. This could leave some practitioners feeling apprehensive about providing advice or support to gender questioning children and teens, believing that they are too young to make decisions that could impact their health and are potentially irreversible.
- **Conflicting views around best practice care.** Some of the participants in this sample disclosed reluctance to work with children and young people with gender dysphoria due to what they described as a lack of consensus around best practice care. One practitioner who strongly believed that puberty blockers should not be given to children or adolescents said there was open hostility in their profession towards anyone who questions the AusPATH guidelines. Despite having considerable experience and a strong interest in providing care and support to LGBTQA children and young people, this practitioner no longer works in this area due to what they described as a politicised environment that does not allow for respectful discussion or debate around ways to support children and young people.

These findings highlight the need to educate practitioners around evidence-based, safe and supportive practice.

"There is a perception among conservatives that gender-affirming therapy happens too young or too quickly. They jump on the idea of medical transition and ignore the nuance of social transition—like clothes, names, and pronouns."
[Psychologist]

"I imagine people who work with these patients do so because they advocate for it or feel strongly. But people who don't work in that space probably have a bit more discomfort because it is quite polarizing. If you look at what happened in Queensland recently, it's explosive. Sometimes it feels like a space where you can't say the opposite for fear of being shut down. You can't sort of feel uncomfortable about transitioning or see that it could be a space where they are testing out their identity rather than a permanent wish to go down a specific path. It can be a tricky space."
[Psychiatrist]

"Once it gets to the point of puberty blockers, it would be out of my hands anyway because I'm not a medical practitioner. But I can see that there might be a sense of hesitation for a psychiatrist to prescribe or not to prescribe something. There's no consensus out there about this."
[Psychotherapist]

"I feel like your brain's still developing. You shouldn't be on any of this to begin with. You should be working with talk therapy, counselling, If anything the ban should be on children taking medication."
[Counsellor]

Familiarity with the *Victorian Change or Suppression (Conversion) Practices Prohibition Act* 2021

Awareness and understanding of the CSP Act amongst this sample of mental health practitioners was low...

Despite claims made in a recent article in The Australian that the majority of mental health practitioners were 'unwilling to work with gender-distressed youth for fear of being reported', [43] none of the practitioners who took part in this study spontaneously raised the possibility of being accused of engaging in change or suppression practices as a specific barrier to working with this cohort. However, it should also be noted that all but one of the practitioners in this sample were unaware of the CSP Act prior to taking part in the research. The CSP Act did not emerge as an issue that has been widely discussed or debated within their professional circles, and no one could recall coming across information about the new laws from professional associations or employers.

"We haven't been talking about this. No, we I mean we should be, but we haven't been."
[Psychologist]

"The colleagues that I speak to are all aware of the conversion approach that has been taken in the past by some of the more radical evangelic groups in the outer suburbs. Most counsellors that I speak to are horrified by that sort of thing. Beyond that, there hasn't been much discussion around the legislation beyond a vague sense that are probably laws against that type of thing."
[Counsellor]

"My immediate reaction is, hang on, what's being suppressed here? Is this on the side of people who are wanting to change their gender or is it not?"
[Psychotherapist]

"Is that a ban on children changing their sex? I think that's a good thing, because they are not fully developed until a certain age. They're not even legal to drink alcohol so they shouldn't be able to change their sex, not until they are fully developed. I'm guessing that's what this is about."
[Counsellor]

As found in a previous research project undertaken for VEOHRC around the information needs of parents, the name of the Act could be confounding.[44] Some practitioners, but certainly not all, were familiar with the term 'conversion practices' (associating it with outdated and highly unethical efforts to try to stop a person from being gay, such as 'ex-gay camps'). However, 'change or suppression practices' is not language that appears to be commonly used by mental health professionals. This led to some initial confusion around what had been banned. For some practitioners, the reference to a ban on 'change and suppression' practices left them thinking that new laws are in place to stop health and mental health professionals from supporting trans people to transition. It was not immediately clear that the laws were designed to protect LGBTQA people from practices that are based on the premise that being LGBTQA is a disorder.

This interpretation of what the CSP Act is about was a cause for concern for practitioners, with one psychologist who initially assumed that it was a ban on puberty blockers describing it as 'going against everything we believe in' when it comes to supporting young people, and a backwards step for Victoria.

43. https://www.theaustralian.com.au/nation/doctors-fear-treating-genderdistressed-children-as-conversion-law-review-is-ignored/news-story/005e06b4e7709cc3cd125a74b08d65b1

44. Collis, F. (2024) Parents' and families' CSP educational needs scoping project - Report of findings. Victorian Equal Opportunity Human Rights Commission. Parents-and-families-CSP-educational-needs-scoping-project-Report-of-findings-by-Fiona-Collis-2025.pdf

Perceived implications for mental health practitioners

Beliefs around the implications of the CSP Act for mental health practitioners were varied…

Despite some initial confusion about the intent behind the laws, practitioners' concerns often quickly evaporated once it was made very clear that the ban applies to treatment or therapies based in the ideology that being LGBTQA is a defect or disorder. Once they understood the intent behind the laws, most of these practitioners assumed it would make no real difference to how they engage with LGBTQA people. This is primarily because the majority in this sample have never viewed being LGBTQA as an inherent problem that needs to be fixed.

However, some practitioners did have lingering concerns around the potential implications for mental health practitioners. This included concerns that the laws could:

- **Increase risk for clinicians who are asked to assess competence or provide letters of support to access medical or surgical transition or to assess a client's competency to consent to medical treatment.** As discussed already, this can be seen as a complex area that requires specialist skills and time. Some felt that practitioners could be falsely accused of using conversion practices if they recommend that a person is further assessed before undergoing treatment.
- **Prevent practitioners from discussing the potential downsides of certain pathways and treatments**, such as the possible adverse side effects from puberty blockers or hormone therapy. These were seen as important issues that children, young people and their families should be able to discuss openly with their mental health support teams. Likewise, practitioners felt it was important that they provide balanced information that covers both the benefits and risks. Some practitioners worried that they could be seen as engaging in change or suppression practices if they pointed out possible side effects and negative impacts of such treatments.

"At first when I read that I was worried that these laws were going to try to stop you from providing support and gender affirming care. But if it's actually just about banning things like conversion therapy, I'm all for it. It doesn't change anything for me because I would never try to discourage someone from being exactly who they are."
[Counsellor]

"Are they saying if someone believes their gender is female but born male and wants surgical intervention, and you say there are things I'd like to do beforehand, would that be considered suppressing or changing? You can say based on evidence-based practice there are steps [people need to take] before surgery, but could this be interpreted as suppressing?"
[Psychiatrist]

"What if there is a young person that has already stated their gender identity, but later changed their mind... would that put me at risk [being accused] of engaging in conversion therapy?... Like what if they were determined to transition when they came to see me, and then suddenly they changed their mind. It would have nothing to do with me, I'd support them no matter what. But what if some person known to this client heard that they changed their mind. Will that friend think 'Hey, your counsellor probably has applied some sort of conversion therapy'?"
[Psychotherapist]

- Result in practitioners being falsely accused of wrongdoing by clients who are mentally unwell. It was also pointed out that clients who receive treatment from a clinical psychologist or psychiatrist may experience psychotic episodes, delusions and other issues that impact on their ability to recall what was discussed during therapy or interpret their therapist's motivations. This could potentially put practitioners at risk of being falsely accused of malpractice, including use of conversion practices. One practitioner in the sample also worried that if their client starts transition and later changes their mind, confused friends and family members might blame think that the person's health practitioners had tried to persuade them not to transition – even if this is not the case.
- Impinge on the 'rights' of practitioners to express their personal beliefs. A counsellor pointed out that in some cultures and religions, being gay or trans is seen as a sickness or deviant behaviour. They argued that practitioners who hold such beliefs should be able to share their views openly and honestly with clients, without risk of being reported. However, under the CSP Act the line between sharing their honest opinions and change and suppression practices isn't entirely clear. They also felt that the laws might discourage mental health professionals from diverse cultures providing services to LGBTQA people. Whilst some would argue that it is appropriate that people who view being LGBTQA as a sickness aren't working with this cohort, they also pointed out that it is unlikely that the attitudes of these practitioners will ever change if they don't spend time getting to know and understand LGBTQA people.

"Someone who is having a psychotic episode might remember the situation very differently to you as their therapist. That can put a target on your back because if someone's delusional or really unwell you're not going to support going full steam ahead with transition. You've got to first make sure that the identity issues aren't stemming from their psychosis or delusions and working that out takes time."
[Psychiatrist]

"You would want an expert in the field like that to be able to talk about side effects [of puberty blockers or hormone therapy] without fear of being reported, because there's side effects to every drug. You want to hear both sides of the story so you can make a fully informed decision… So I assume it's okay for people to do that under these laws, but maybe it should make that really clear."
[Mental health nurse]

"If I was a psychiatrist or a psychologist and if I see that being LGBTQ is a disorder that needs to be cured then with the prohibition I'm not going to be seeing anyone with those letters because that's putting my job at risk. Why would I risk my degree and years of experience that I've set my reputation on just because of the values and that I hold, you know? But also if that's the view they have and if they're not exposing themselves to these kids or adults then they are not going to understand because sometimes you need to sit with them in order to understand… It's a bit of a vicious cycle."
[Counsellor]

Some practitioners were also resentful that government has 'issued orders' around how they can and cannot practice. They argued that practice should be based on clinical evidence, and not government directives (which can be seen as politically motivated). This suggests a strong need to demonstrate that the laws are shaped by evidence-based guidelines around safe and effective care.

Of note, the clause in the Act which states that practitioners can continue to engage in evidence-based practices that "in the health service provider's reasonable professional judgement, are necessary: (i) to provide a health service; or (ii) to comply with the legal or professional obligations of the health service provider" was often described as ambiguous. Many practitioners said they were unsure how to interpret this clause, including what constitutes 'reasonable professional judgement'. One viewed it as a loophole that would permit practitioners to justify potentially harmful, outdated practices as 'reasonable'.

For some, the lack of clarity around what has been banned also reinforced their beliefs that working in this space can be complex and therefore requires specialist knowledge and skills.

A list of all of the questions that were asked about the CSP Act is provided in Appendix A.

> *"That clause around 'reasonable professional judgement'. Is it a bit of a loophole? It sort of sounds like you can continue to do anything as long as you can justify is as reasonable or evidence based."*
> [Mental health social worker]

Professional development and information needs

There was a strong appetite for information, resources and professional development opportunities that could better equip practitioners with the knowledge and skills needed to support LGBTQA children and young people, including those with gender dysphoria…

Most of the practitioners in the sample had no formal training around issues relating to gender or sexuality and were interested in learning more. Key areas of interest are summarised on the following page.

However, the extent to which practitioners wanted to delve into these issues in depth varied greatly across the sample and reflected their current roles, professional interests and ambitions, the settings in which they work, and the extent to which they currently work with LGBTQA children and young people.

Most agreed that it is important that health professionals are receiving clear and accurate information about the CSP Act and the implications for clinical practice. As such, they felt that trainings and resources for mental health professionals should include information about the CSP Act, why it was introduced, and how it applies to mental health professionals. However, practitioners were far less motivated to seek out information or attend training that focusses solely on the laws and legal implications of the CSP Act for mental health practitioners. This suggests that information for mental health practitioners about the CSP Act should be presented as part of broader information and training around safe and supportive care.

"As clinicians, we all want to do better in terms of expanding our clinical knowledge and practice skills. So, if there was training around best practice in supporting children and young people who are questioning their gender or sexuality, in terms of what we do as practitioners, particularly if it's free training, we will want to do that. If it's just about laws though, that's a bit dry. So, sneak in the legal stuff in amongst that. Put it in with all the cool clinical practice kind of stuff. That's what will get people to come along. Slip it in as part of a bigger conversation."
[Mental health social worker]

"I'd be really interested in learning more about the gold standard of treatment of care for these young people."
[Counsellor]

"Training should address the unconscious biases. It's also vital to capture the nuance that not everyone wants surgery—the younger generation is much less focused on the gender binary… People tend to think that gender affirming care is all about transition, medical or otherwise, but in my understanding that's not always what people are looking for."
[Psychologist]

PROFESSIONAL DEVELOPMENT NEEDS: KEY AREAS OF INTEREST	
LGBTQA identity and how this develops in childhood and adolescence	• Concepts such as sexual orientation, gender identity, gender expression and how these show up in childhood and adolescence • LGBTQA identity formation and how this aligns with typical developmental milestones. • Intersectionality - how neurodiversity, disability, culture, religion, and socioeconomic status can shape LGBTQA young people's experiences
Mental health needs	• Minority stress theory: understanding how chronic stress from stigma, discrimination, and concealment can impact mental health • Common mental health presentations: anxiety, depression, self harm, trauma responses, body dysphoria, social withdrawal
Clinical considerations and evidence-based care	• Using affirming language and communication — How to ask about identity and pronouns, avoid assumptions, repair mistakes • Supporting young people who are questioning their identity — how to hold space for uncertainty and fluidity • Working with trans and gender diverse young people from culturally conservative backgrounds — balancing safety, identity, and family dynamics • Working with gender dysphoria — supportive approaches, distress tolerance, and exploring identity without pathologising or gatekeeping • Gender affirming care – what this looks like, what it's not, and the alignment with Australian Standards of Care and Treatment Guidelines • Supporting social transition (where sought), e.g. assistance with changing names, pronouns, clothing, communication with schools and families • Pathways, timeless and consent requirements for medical transition — puberty blockers, hormones, timelines, and the role of mental health practitioners
Working with families, schools and community systems	• Supporting parents and family members at different stages of acceptance, navigating conflict, and strengthening protective factors for young people • Navigating school environments: dealing with bullying, communicating with teachers and administrators, navigating access to gender appropriate facilities and services • Community resources: LGBTQA youth groups, peer support, crisis services, affirming health providers, and useful resources (such as Talking-with-your-child-Digital-version.pdf)
Crisis support and safety issues	• Suicide risk factors specific to LGBTQA youth — protective factors, warning signs, and safety planning • Responding to bullying, harassment, and online harm — practical strategies and advocacy • Supporting youth experiencing homelessness or family rejection — trauma informed approaches and referral pathways
Self reflection and professional ethics	• Identifying personal bias, assumptions and blind spots • Ethical responsibilities — confidentiality, mandated reporting, navigating conflicts between family wishes and young people's wellbeing. • Issues around consent when working with minors
The CSP Act and implications for mental health professionals	• Why the Act was introduced in Victoria • Plain language definitions of change and suppression practices with examples relevant to mental health care • Clarification around potential 'grey' areas, using examples and case studies • Clarification around how the CSP Act interacts with gender transition • Who can make a report and how these are investigated • Implications for mental health professionals

What practitioners need to know about the CSP Act

With respect to the CSP Act specifically, practitioners sought clarification around the following key areas:

- The overall intent of the Act (why it was introduced)
- Plain language definitions of change and suppression practices (using examples and case studies that are relevant to mental health care and avoid 'legal jargon')
- A clear explanation around why these practices have been banned
- Clarification around potential 'grey' areas such as:
  - 'reasonable professional judgement' and 'evidence-based practice' (for example, what does these mean in practice, who decides what is and isn't 'reasonable', 'evidence-based' etc.)
  - the difference between change and suppression practices and providing a safe space for a client to explore gender and its expression
  - cases where the clinician believes that a thorough psychiatric evaluation should be undertaken before supporting a client to take steps to transition (for example, if a client/patient has significant mental health issues, such as psychosis)
  - cases where one or more of the parents are opposed to gender affirming care or there is family conflict around how to best support a child who is questioning their gender or sexuality
- Who can make a report and how these are investigated
- Implications for mental health professionals.

Given the current confusion and debate around best practice care, it is important that information about the CSP Act is in plain language, unambiguous and concise. However, practitioners need more than just a summary of the laws; they want to understand its practical application in complex clinical scenarios. Case studies are likely to be helpful in navigating nuance, such as case studies that illustrate the distinction between practices that have a pre-determined goal to "fix" or cure someone's identity and supporting a client to unpack their feelings without a specific end goal in mind. Clinicians also seek reassurance that the laws are aligned with Australian standards of quality care, and that it's ok to provide a safe, non-biased space for clients to understand and explore their identity and to have honest conversations around the pros and cons of different actions – as long as the advice and guidance they provide does not stem from the ideology that being gay or trans is a choice and inherently wrong. A brief summary of relevant legal cases pertaining to the rights of the family and child to access gender affirming care might also be of interest to some practitioners.

"Having it in lay person's language is key for me. The government jargon and a paragraph that goes on and on forever—you've lost me. I'm time poor. I just want to know the main points in clear simple language the better. Dot points and I think something like a case study is excellent because you can really get a feel for the individual and the outcome."

[Psychologist]

"I think case studies are really helpful, especially if they're presented by people that are already working in this area because they are dealing with this everything. Like case studies that show the gold standard treatment of care for these young people. Then you're like, okay, as long as I'm doing these things you're good."

[Counsellor]

Preferred formats

Ideally, information and education resources for practitioners should be available in a range of formats to suit different educational needs, learning styles, and time constraints…

"My preference is always for in person training, where you can really talk things through, role play and ask tons of questions."
[Mental health nurse]

"I couldn't bear to do another online learning training module. I understand it's the best way to do mass training, but if have to watch another bloody video, I swear..."
[Counsellor]

"I think a panel session with senior well-respected psychologists would be a really good way to talk through the implications of these laws. It's got to have the right people though, and be really well facilitated."
[Psychologist]

"Recorded seminars are good for this kind of thing. Bring in some really good psychologists or academic, have a panel session, everyone can ask questions or have some case studies. Then that's up there for us to access whenever we want. That would be amazing."
[Psychologist]

Suggestions made by practitioners included:

- **Education and professional development opportunities for mental health practitioners, co-developed and co-delivered with trusted LGBTQA and youth mental health specialist organisations** (such as Thorne Harbour Health, Switchboard, Orygen, etc.). Whilst content should include information around the CSP Act and implications for mental health practitioners, to maximise the appeal and impact of this training it could also cover a range of topics relevant to mental health practitioners who want to build or improve services offered to LGBTQA children and young people, framed as an opportunity for practitioners to build their knowledge and clinical skills to better support LGBTQA children and young people. Ideally, this would be available as face to face or interactive online education for those seeking in depth training to build their knowledge and skills, as well as an accessible digital guide to providing safe and supportive mental health care to children and young people who are gender questioning or experiencing gender distress.
- **Live or recorded online seminars or panel discussions.** This format would be ideal for mental health practitioners who are time poor and less interested in in-depth training around LGBTQA issues but are nevertheless interested in learning more about specific topics (such as standards of care and treatment guidelines, identifying personal bias and blind spots, navigating family conflict around how to support a young person etc.). Panel discussions that feature experts in different fields or professions (including but not limited to representatives from VEOHRC) were also seen as an interesting way to explore some of the more nuanced or contentious issues around the implications of the CSP Act for mental health practitioners. Practitioners also valued the opportunity to have questions answered by experts with relevant clinical and legal knowledge and expertise.

- **Targeted web-based content for mental health practitioners.** This could be hosted on a dedicated section of the VEOHRC website. Content could be developed over time and include a curated sample of both existing and new resources such as: articles on topical issues (ideally written by experts in their field); a digital guide to providing safe and supportive mental health care; eLearning modules; short videos around the harmful impacts of change and suppression practices featuring testimonials from young people; case studies that demonstrate what is and isn't allowed under the new laws; FAQs for mental health practitioners; recordings of recent seminars (see above); and links to fact sheets and other resources that practitioners could share with clients and their families (such as the booklet Talking with your child about sexuality and gender identity).

"It's pretty important that there's good online content out there that you can tap into in an instant. There's probably a lot of that stuff out there already, I just wish it was in one place so you didn't have to go digging around for it."
[Psychotherapist]

"I'm always looking for good, concrete resources I can hand over to families. Like information on how they can best support their child and talk to them around sexuality would be great."
[Psychologist]

Trusted Delivery Channels

Practitioners seem most likely to engage with and trust information and resources that are delivered or endorsed by their relevant professional and regulatory bodies or organisations that are widely recognised as authorities on LGBTQA issues…

Trusted sources vary for different professions, work settings and perspectives on gender, but for this sample typically included:

- **Specialist LGBTQA and youth services:** Information provided by specialist services was generally trusted due to their long track record of providing quality evidence-based services to LGBTQA people and/or young people. Specific mentions were made of Thorne Harbour Health, ACON, Switchboard, RCH Gender Clinic and the Monash Gender Service (as authorities on gender and sexuality), as well as Orygen and Headspace (as authorities on youth issues).
- **Professional and regulatory bodies:** Organizations such as the Australian Health Practitioner Regulation Agency (AHPRA), the Australian Psychological Society (APS), the Australian Association of Psychologists (AAPi), the Australian Counselling Association (ACA), the Australian Association of Social Workers (AASW) and the Royal Australian and New Zealand College of Psychiatrists (RANZCP) are primary 'go-to' places for information and guidance around policy, ethics and regulatory issues. However, knowing who to turn to or trust for advice can also be quite complex for those who work across sectors or under a number of different regulatory frameworks (for example, a registered mental health nurse employed by the Department of Education, or a psychologist working for a registered NDIS provider). Hence practitioners also rely on clinical supervisors, more senior and experienced colleagues, as well as their managers and employers for guidance and support – particularly around 'tricky issues' and workplace policies.
- **Government websites:** For information about legal matters, such as the CSP Act, some practitioners prefer to go directly to the relevant government agency to ensure they are getting the most accurate and up to date information. Although prior to taking part in this research participants hadn't sought out information about the CSP Act or thought of going to the VEOHRC website for advice, there was an expectation that the VEOHRC website would contain clear information and guidance for mental health practitioners about the CSP Act and related issues around providing safe and effective care. Some said it would also be helpful if there was a dedicated phone number that practitioners could call if they had questions or needed reassurance about legal or ethical issues.

"I would trust information from gender-affirming agencies and researchers who are at the coalface, doing this work."
[Psychologist]

"One place I would look up in terms of policy would be the ACA. Another person I would talk to would be my own supervisor. Other places I know are the various gender clinics or Headspace."
[Counsellor]

"I generally look at the APS website. Or there's another good one that sends out information via email—MHPN (Mental Health Professionals Network)."
[Psychologist]

"I'd want to be talking about this as part of supervision. If I'm having doubts, or I'm not sure if I'm doing the right thing, I bring it up in supervision."
[Counsellor]

"I'd just go to the government website if needed to know about the laws. I'd google it, I guess. But it's good to go to the source."
[Psychosocial recovery coach]

Appendix A: List of practitioners' questions about the CSP Act

1. Questions about intent

- Why was the CSP Act introduced?
- What does it aim to achieve?

2. Questions about definitions and scope

- What does it mean to change or suppress someone's gender identity or sexuality?
- What are examples of what is and isn't considered a change or suppression practice in a clinical context?
- Why are these practices considered harmful? What is the evidence base for this?
- How do the laws align with the latest evidence around safe and supportive care?
- Where is the line drawn between a change or suppression practice and providing clients/patient with all the information they need to provide informed consent?
- What does "reasonable professional judgment" mean in a clinical context? Who decides what is "reasonable" and "evidence-based?"
- Does it matter how old the client or patient is?

3. Questions around implications for mental health practice

- How do change and suppression practices differ from client-led exploration of identity and feelings around gender and sexuality?
- Could practitioners be reported if they discuss the possible risks, side effects or challenges that people may face if they transition?
- Does the ban apply in situations where a clinician identifies or suspects that underlying psychiatric or psychological issues may be contributing to gender dysphoria?
- Could undertaking a thorough psychological assessment and/or treatment of psychiatric issues that could be influencing a client's distress in relation to gender or sexuality be seen as a suppression practice?
- How to the laws apply to practitioners if they are working with a minor and the child's parents or guardians do not consent to gender affirming care or do not agree on the best way to support their child?
- Could practitioners be reported if a client initially decides to transition, and then later changes their mind?
- Are practitioners legally allowed to express their own personal opinions, experienced and values around gender and sexuality?
- Could a practitioner lose their career or face AHPRA complaints if they question a client's wishes or decisions or present alternative pathways?

- What safeguards are in place to ensure that practitioners are not wrongly accused of change and suppression practices?
- How can practitioners protect themselves from vexatious complaints and wrongful accusations?
- Where can practitioners go to ask questions or seek reassurance if they are worried their conduct might be perceived as conversion therapy? Is there training or guidance around this for mental health practitioners? Where can practitioners get legal advice?

4. Questions around what happens if a complaint is made against a mental health practitioner

- Where can reports or complaints against mental health practitioners be made? How are these reports or complaints handled?
- What happens if a complaint is made about a mental health practitioner? How does this intersect with AHPRA complaints processes?
- What triggers an investigation? What happens during an investigation? How long does an investigation take? Who is involved in this? What are the time frames?
- What evidence is used to determine whether a practitioner has broken the law?
- How is intent to change or suppress someone's gender identity or sexuality determined? Is this judged through the eyes of the professional or the client/patient?
- What happens when the investigation is over?
- What are the possible consequences for mental health professionals who are reported? Could having a report made against them impact on their registration and/or ability to practice? Are there other penalties such as fines?
- What support is available for practitioners who have had a report made against them? Should practitioners get legal advice?

Victorian Equal Opportunity & Human Rights Commission