

October 2025

LGBTIQA+ snapshot report

practice, translation
and impact



LGBTIQA+ young people at headspace

headspace is proud to be a welcoming and safe space for young people identifying as Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Asexual or any other sexuality (LGBTIQA+). headspace is the Australian National Youth Mental Health Foundation servicing young people aged 12 to 25 at one of 172 primary care centres located across the country and through our digital mental health programs, including eheadspace. Available headspace support includes mental health, physical and sexual health, alcohol and other drug support, as well as work and study support.

Supporting LGBTIQA+ identifying young people is a priority for our organisation as we recognise that young people with diverse sexualities, gender identities, and sex characteristics face unique social challenges that can negatively impact on their mental health and wellbeing and inhibit or delay help seeking. These challenges may include stigma, discrimination, minority stress, and barriers to timely, accessible, and affirming care (Hill et al, 2021; LGBTIQ+ Health Australia, 2023; Thomas, 2023).

That is why “improving headspace’s capability to support all priority populations, with an increased focus on LGBTIQA+ [...] young people, family and communities” is one of our Strategic Priorities in the headspace National Strategic Plan 2025-2028 (headspace, 2025). This is further strengthened by the headspace National LGBTIQA+ Strategy 2025.

LGBTIQA+ young people at headspace are those who self-identify as gender-diverse and/or having a sexual orientation other than straight/heterosexual.

On their first visit to headspace young people are asked the following questions:

Gender identity: encompasses female, male and gender diverse as response options in our survey question, and gender diverse can further be specified as trans woman, trans man, gender fluid, gender questioning, agender, non-binary, sistergirl or brotherboy.

Sexual orientation: encompasses straight/heterosexual, lesbian, gay, bisexual, other sexuality, questioning, ‘choose not to answer’, and ‘I don’t know what these words mean’ as response options in our survey question, and other sexuality can further be specified as queer, pansexual, asexual or any other sexuality not listed.



headspace
National Youth Mental Health Foundation

this report

In this snapshot report, we take a deep dive into our routinely collected data to describe some of the experiences of the LGBTIQ+ community at headspace (see definitions on the previous page). The report shows that over the past five years there has been a strong increase in the proportion of LGBTIQ+ young people using our centre services: almost 30 per cent of young people accessing headspace services identify as being part of the LGBTIQ+ community, evidencing both the greater need for mental health care and headspace's efforts to meet this need.

When accessing headspace centre services, LGBTIQ+ young people present with similar issues as others, but often with more severe symptoms. Nonetheless, LGBTIQ+ young people achieve outcomes comparable to the broader headspace population, with over two thirds experiencing significant improvement in their mental health, and only small differences indicated in terms of psychological distress reduction. For headspace, this represents an improvement from an earlier evaluation, which found lower rates of improvement across all outcome measures (KPMG, 2022). When asked about their service experience, LGBTIQ+ young people rate their experience at headspace highly positively, with stronger willingness to be at headspace compared to non-LGBTIQ+ young people.

A note on diversity

LGBTIQ+ identifying young people are not a homogeneous group; they belong to diverse communities with a spread of unique stories, strengths and intersectional experiences. Social identities, and the way in which they connect and interact, can play a major role in mental health and wellbeing. We strive to depict this diversity, and uncover intersectionality based on the data that we collect (acknowledging that this is just a subset of intersecting identities). However, for statistical and privacy reasons, most analyses look at the data in more aggregated form to gain an understanding of the common experiences of the LGBTIQ+ community.



background

This report is focused on young people accessing headspace primary care centres, and only in some instances includes statistics about other headspace services for comparison. The analyses were undertaken as a follow-up to an independent evaluation of headspace services led by KPMG and commissioned by the Australian Government Department of Health, covering the 5-year period from 1 July 2015 to 30 June 2020 (KPMG, 2022). This snapshot report looks at data from 1 July 2019 to 30 June 2024 to further explore access, presentations and services received for LGBTIQ+ young people at headspace.

analysis

The analysis includes a description of changes over time, graphical analysis, as well as descriptive statistics and results from regression analysis. Further details on methods are included at the end of the report.

routine data collection

The data come from the routinely collected headspace Minimum Data Set (MDS) for the primary centre program, which collects data on a young person's gender identity and sexual orientation as part of core demographic data. Like other health organisations, headspace maintains and updates a comprehensive MDS for all programs.

The first headspace MDS was introduced to primary centres in 2013. In 2019 headspace National engaged in a year-long consultation with the Australian Research Centre in Sex, Health and Society (ARCSHS) in partnership with Rainbow Health Australia to improve the existing survey items relating to a young person's gender identity and sexual preferences. Since the Australian Bureau of Statistics (ABS) released a Standard for Gender and Sexual Orientation (ABS, 2020) in mid-2021, headspace has continually worked to improve our alignment with the Standard. The outstanding area at the time of this paper is that biological sex, and consequently, Variations of Sex characteristics, are currently not captured in the headspace MDS.

headspace will continue to review the data collected across its programs, especially considering changes recently announced regarding the introduction of sexuality and gender items in the Australian 2026 census (ABS, 2025).

new data on service access

key metrics

headspace has seen a strong increase in the proportion of young people who identify as LGBTIQ+ using centre services compared to five years ago. From just under a quarter (24%) of serviced young people in 2019/2020, LGBTIQ+ young people made up 28 per cent of the headspace service users in 2023/24. The absolute number and proportion of services provided to LGBTIQ+ young people has also increased steadily, and in 2023/24, 136,015 occasions of service, or one third of all services, were provided to LGBTIQ+ young people (Table 1).



Table 1.
Service access rates of LGBTIQ+ young people at headspace centres.

	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Serviced LGBTIQ+ young people	24.3% (18,639)	27.2% (21,248)	30.0% (21,296)	29.8% (20,587)	28.4% (19,714)
Occasions of service provided to LGBTIQ+ young people	29.0% (104,586)	31.3% (117,124)	33.9% (115,156)	34.9% (120,401)	33.2% (136,015)

The headspace digital mental health support service eheadspace has an even higher representation of LGBTIQ+ young people, with recent data indicating that 36 per cent of service users identify as LGBTIQ+. Other headspace programs, such as the vocational support programs, also see high numbers of LGBTIQ+ young people in their cohorts (Work and Study (IPS) centres: 37%; Work and Study Online: 38%; Career Mentoring: 33%; based on young people who commenced in 2023/24).

Compared to national statistics, LGBTIQ+ young people are strongly represented among headspace centre service users. While there is no census data on Australia’s LGBTIQ+ population yet, the ABS released the first ever estimates of LGBTI+ Australians in December 2024 (noting that Asexual and Queer are subsumed in the ‘+’ in the ABS acronym), based on combined data from recent ABS health surveys. These estimates show that nearly 10 per cent of Australians aged 16 to 24 identify as LGBTI+ (ABS, 2024; ABS, 2022).

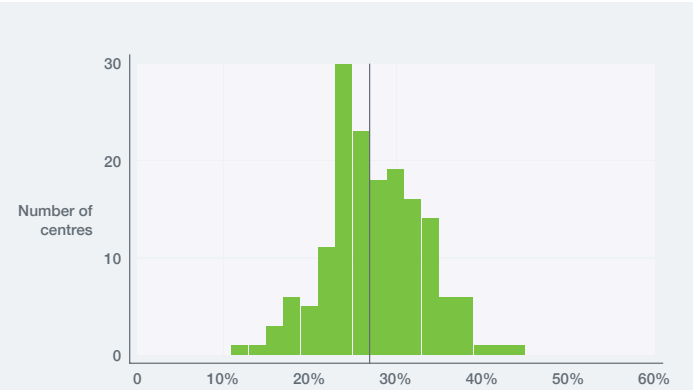


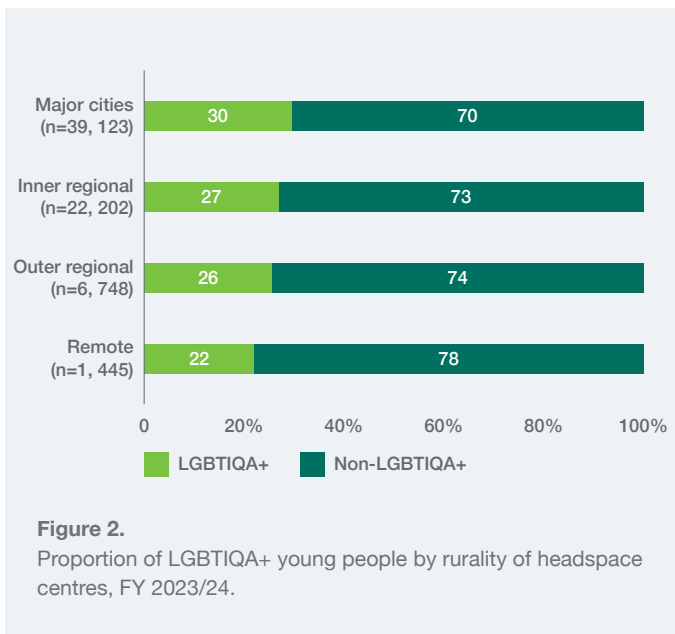
Figure 1.
Distribution of the proportion of LGBTIQ+ young people across headspace centres, FY 2023/24



location

Across the centre network the proportion of young people identifying as LGBTIQ+ ranged from 12 per cent to 47 per cent, with most centres seeing between 21 per cent and 35 per cent LGBTIQ+ young people in their centres (Figure 1).

¹Percentages are calculated on the basis of known LGBTIQ+ status. A number of headspace users do not disclose their gender identity and/or sexual orientation, and those where LGBTIQ+ status cannot be determined due to missing data are excluded from the sample.



The average proportion of LGBTIQ+ young people was greatest in metropolitan centres (30%), followed by inner and outer regional areas (26-27%) and was lowest in remote centres (22%) (Figure 2). This pattern is consistent with ABS estimates showing that LGB+ people are more likely to live in major cities of Australia (noting that this does not include people identifying as gender diverse) (ABS, 2022).



diversity in the LGBTIQ+ community

sexual orientation and gender identity

The data on sexual orientation and gender identity show that LGBTIQ+ young people at headspace are incredibly diverse. In FY 2023/24, a large proportion of LGBTIQ+ young people had a bisexual orientation (46%); 8 per cent were lesbian and 6 per cent were gay. Fifteen per cent were questioning their sexual orientation, and 10 per cent were pansexual. Other sexualities included queer (3%), asexual (3%), straight/heterosexual (<1%) or another sexuality not listed (4%). Three per cent chose not to answer or left the question blank (Figure 3).

In terms of gender identity, over 60 per cent of LGBTIQ+ young people identified as female (61%); 17 per cent identified as male, and 22 per cent as gender diverse. Gender-diverse identities included non-binary (9%), gender questioning (3%), gender fluid (3%), trans man (4%), trans woman (2%) and agender (1%) (Figure 4).

The greatest change over the past five years has been a large increase in young people identifying as gender diverse, from 10 per cent in FY 2019/20 to 22 per cent in FY 2023/24. For the full headspace population, this equates to over 5 per cent of all serviced young people identifying as gender diverse (5.3% for 12 to 25 year olds; 5.9% for 16 to 24 year olds), a substantially larger proportion than in the general Australian population. According to the ABS, under 2 per cent of young people aged 16 to 24 in Australia identify as trans and gender diverse (1.8%) (ABS, 2022).

Given the widening mental health disparities faced by trans and gender diverse young people (Saxby et al., 2025), the strong help-seeking behaviour of gender diverse young people is encouraging.

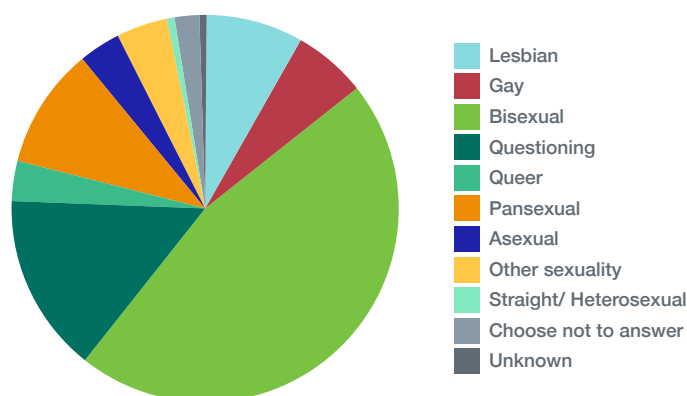


Figure 3. Sexual orientation of LGBTIQ+ young people, FY 2023/24.

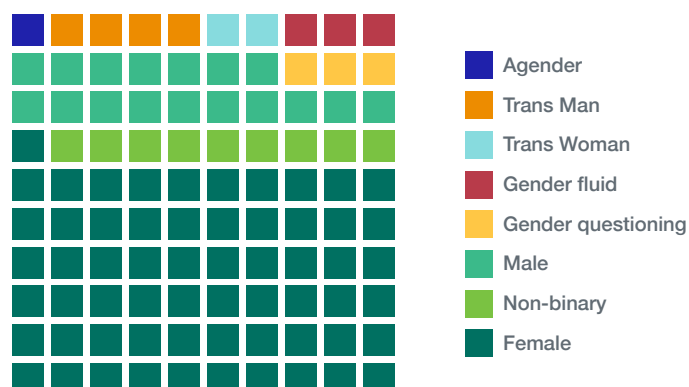


Figure 4. Gender Identity of LGBTIQ+ young people, FY 2023/24.

intersectionality²

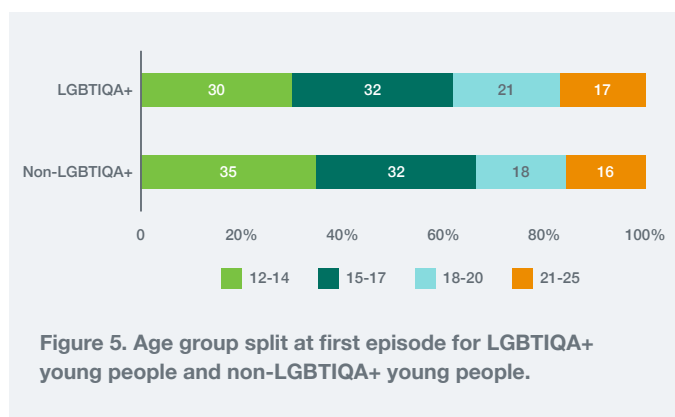
Substantial proportions of LGBTIQ+ identifying young people have a culturally and linguistically diverse background (11%) or identify as First Nations (9%). Along with LGBTIQ+ young people, headspace recognises multicultural and First Nations young people as priority populations (headspace, 2025). Being mindful of intersectionality can help to understand the additional complexities that many young people from the LGBTIQ+ community face.



circumstances and presentations

age

Young people identifying as LGBTIQ+ present to headspace centres at all ages (Figure 5). Compared to the broader headspace population, they are on average 3-4 months older when they access their first service.



life circumstances

A young person's living situation and whether they are engaged in work and/or study are predictive factors of mental health and wellbeing. In our data, LGBTIQ+ young people are almost twice as likely to experience struggles with housing than others: 11 per cent (vs. 6% of non-LGBTIQ+ young people) have somewhere to live but accommodation is an issue, meaning they may struggle to pay rent, have major conflicts with other people in the house, have concerns for personal safety, etc. They are also slightly less often engaged in work or study, although differences to the non-LGBTIQ+ community at headspace are small and to some extent influenced by age.

clinical presentations

LGBTIQ+ young people present with similar issues to non-LGBTIQ+ young people. The most common presenting issues for the headspace population are anxiety symptoms and depressive symptoms; about 1 in 3 young people experience anxiety symptoms, and about 1 in 5 experience depressive symptoms, and this is common for LGBTIQ+ young people and others.

Outside these top two presenting issues, borderline personality traits rise in prevalence for LGBTIQ+ young people (4%), and gender issues are common for Transgender and Gender Questioning young people (a subgroup of LGBTIQ+ young people) (9%). For non-LGBTIQ+ young people, anger issues (4%) stand out in comparison with LGBTIQ+ young people (Table 2).

²Intersectionality is defined as "the complex, cumulative way in which the effects of multiple forms of discrimination combine, overlap, or intersect especially in the experiences of marginalised individuals or groups" (Merriam-Webster). The term was originally coined by Kimberlé Crenshaw (1989), an American civil rights advocate and a leading scholar of critical race theory.



Table 2. Top 5 presenting issues for LGBTIQ+ and non-LGBTIQ+ young people.

LGBTIQ+	Non-LGBTIQ+
Anxiety symptoms (32.9%)	Anxiety symptoms (34.1%)
Depressive symptoms (20.7%)	Depressive symptoms (18.9%)
Stress related (5.8%)	Stress related (6.3%)
Difficulty with personal relationships (4.8%)	Difficulty with personal relationships (5.5%)
Borderline personality traits (3.7%)	Anger issues (4.4%)

Despite presenting with similar issues, LGBTIQ+ young people self-report higher levels of psychological distress (K10 of 32 (in the very high range) vs. 29 (just below the very high range) out of 50 for non-LGBTIQ+) and lower levels of quality of life (MyLifeTracker of 45 vs. 51 out of 100 for non-LGBTIQ+ young people) when they present to headspace. They are more likely to receive an above-threshold diagnosis for a mental disorder (31% vs. 22% for non-LGBTIQ+ young people) yet have a similar level of social and occupational functioning.

Related to higher psychological distress is suicidality. Suicidality is much more often a reality for LGBTIQ+ young people than for others: an LGBTIQ+ young person presenting to headspace has 65 per cent higher odds than a non-LGBTIQ+ young person of being assessed as having suicidal thoughts or behaviour during their episode of care (see also Albrecht et al. (2025)).

clinical care and outcomes for LGBTIQ+ young people

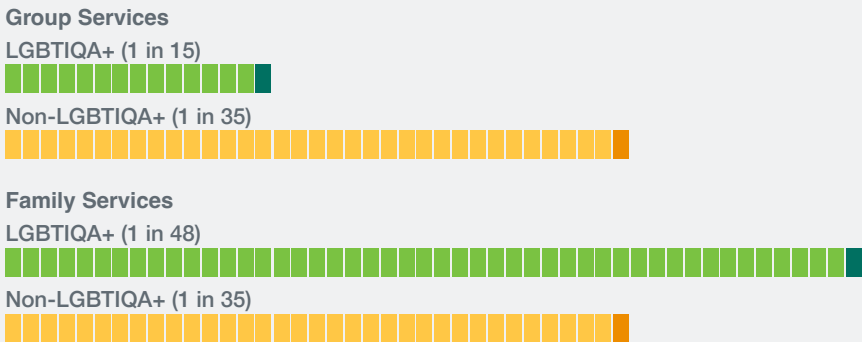
As expected for young people with higher levels of distress and more severe symptoms, LGBTIQ+ young people access more headspace services than others. While a substantial proportion comes for a single session (25%), half of LGBTIQ+ young people attend 4 or more sessions at headspace; the average number of services received in an episode of care is 6 for LGBTIQ+ young people (5 for non-LGBTIQ+ young people).

Some of these additional services are Group services, which are more popular among LGBTIQ+ young people. One in 15 services is a Group service (compared to 1 in 35 for non-LGBTIQ+ young people) (Figure 6). In contrast, Family services (either a service with family present or one provided to family only) are less common for LGBTIQ+ young people, where approximately 1 in 48 is a Family service (compared to 1 in 35 for non-LGBTIQ+ young people).

An exception are Transgender and Gender Questioning young people, whose care is more likely to include a Family service (1 in 29 services), which is in part explained by their younger age but also due to a higher number of services provided to family only.



Figure 6. Illustration of the number of Group services and Family services by LGBTIQ+ status.



changing identity

At the end of an episode of care, two thirds of LGBTIQ+ young people achieve a significant improvement³ in at least one outcome measure, with 36 per cent having a significant improvement in psychological distress (K10), 42 per cent in social and occupational functioning (SOFAS), and 51 per cent in quality of life (MyLifeTracker). These outcomes are comparable to those of the broader headspace population, with the exception of psychological distress (approximately 39 per cent of non-LGBTIQ+ young people experience significant improvement in psychological distress (a very small difference in statistical terms, Cohen's $d = 0.05$).

LGBTIQ+ young people rate their experience at headspace highly (with an average My headspace Experience score of 7.9 on a 10-point scale at the end of care), similar to non-LGBTIQ+ young people. After accounting for differences in individual characteristics and psychological distress, LGBTIQ+ young people show a significantly more positive assessment of headspace than non-LGBTIQ+ young people, particularly in the domain 'willingness to be at headspace' (+0.3 higher willingness on a 10-point scale).

Data on gender identity and sexual orientation are collected at the start of an episode of care. When young people commence a second episode of care, there is a new opportunity to share these identities with headspace. For a subset of LGBTIQ+ young people reported on in this snapshot, historic records on gender identity and sexual orientation were available. Comparing current headspace records of young person details with their first entry, for those who had at least two episodes of care, 10 per cent (2,190) of LGBTIQ+ young people recorded a change in sexual orientation. About 2 per cent (396) of LGBTIQ+ young people recorded a change in gender identity between their first record and their latest record.

Figure 7 illustrates how sexual orientation changed for these young people. Initially straight/heterosexual young people most often changed their sexual orientation to bisexual or questioning, but almost all transitions can be observed in the data. The most frequent change of recorded gender identity included young people who originally indicated female, selecting non-binary, trans man or male upon their second episode of care. Young people who initially indicated their gender as male most often changed their selected gender identity to trans woman, female and non-binary.

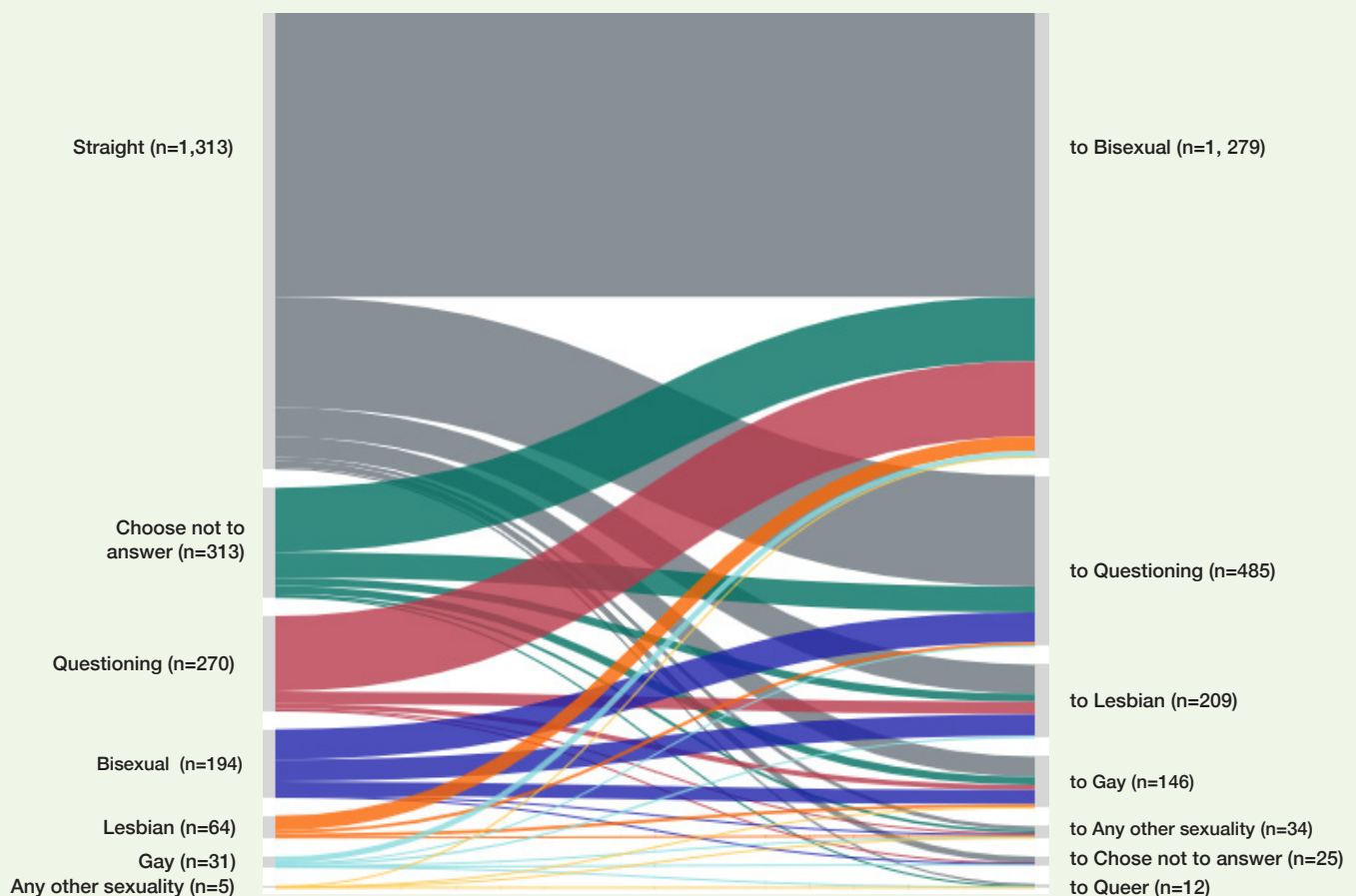


Figure 7. Sexual orientation changes for LGBTIQ+ young people whose current record was different from their first record.

³ A significant improvement is an improvement from first to last measurement of at least half a standard deviation, a moderate effect size in statistical terms.

methods

Data was collected from young people and service providers via hAPI, the headspace data collection platform. Data is collected at each occasion of service from the young person and the service provider, and the items vary according to the young person’s visit number. Demographic variables, including gender identity and sexual orientation, are collected at the first visit.

We analysed hAPI data from five financial years, starting from financial year 2019/2020 up until the end of financial year 2023/2024. Unless indicated otherwise, statistics refer to the five-year period. The dataset included 1,829,724 occasions of service delivered across 329,848 episodes of care, to 244,981 young people.



Measures contained in the report include:

<i>K10</i>	10-item self-report Kessler Psychological Distress Scale (Kessler et al., 2022).
<i>MyLifeTracker</i>	5-item self-report quality of life measure (Kwan et al., 2018)
<i>SOFAS</i>	1-item Social and Occupational Functional Assessment Scale (Goldman et al., 1992), assessed by service providers
<i>My Headspace Experience</i>	5-item self-report measure of session experience at youth mental health services (Rickwood et al., 2023)

Statistical analyses included (group-specific) descriptive statistics and frequencies, Chi²-tests of group differences across years, controlled linear regression and logistic regression, and graphical analysis. All reported differences and results are statistically significant with p<0.05.

It is important to note that the analysis was focused on headspace clients in the headspace primary program (centres) and limited to young people who provided the demographic information necessary to determine LGBTIQ+ status. This excluded approximately 25 per cent of the full population of headspace service users. Further limitations of our data are the limited ability to draw comparisons between different sub-populations of the LGBTIQ+ community and a lack of data on dimensions of wellbeing that may be especially relevant to LGBTIQ+ young people, such as perceived stigma in the community or discrimination based on gender or sexual identity.

where to from here?

This analysis was part of an internal project (conducted by the Evaluation & Monitoring Team and Strategic Initiatives) to better understand our services for LGBTIQ+ young people and their experience at headspace. The Team is using insights gained from this project to inform projects and advocate for more support to headspace services in their work with LGBTIQ+ young people, families and communities.



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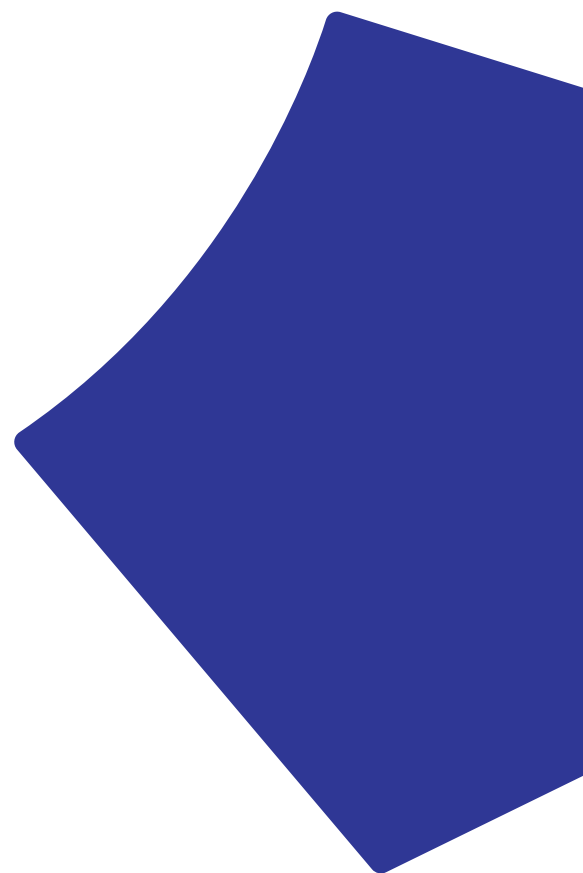
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headspace centres and services operate across Australia, in metro, regional and rural areas, supporting young Australians and their families to be mentally healthy and engaged in their communities.



headspace would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community. We pay our respects to Elders past and present and emerging and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.



headspace is committed to eliminating all forms of discrimination in its programs and services. headspace celebrates and values all identities, experiences, cultures, abilities, faiths, bodies, sexualities, and gender identities through continuous reflection and ongoing improvement. headspace celebrates and values the diverse and intersectional living experiences of lesbian, gay, bisexual, transgender and gender diverse, intersex, queer and asexual (LGBTIQA+) young people, family and communities.