22 June 2022

Queensland Department of Justice and Attorney-General
Births, Deaths and Marriages Registration Act Legislative Review

By email to: bdmlegislative-review@justice.qld.gov.au

Dear Queensland Department of Justice and Attorney-General

Re: Queensland Draft Births, Deaths and Marriages Registration Bill 2022

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide input into the working draft of the Births, Deaths and Marriages Registration Bill 2022 (the Bill) and accompanying fact sheets.

The RANZCP is the principal organisation representing the medical speciality of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists on policy issues. The RANZCP represents more than 7700 members, including more than 5500 qualified psychiatrists in Australia and New Zealand. The RANZCP is guided on policy matters by a range of expert committees including the Steering Group into evidence-informed mental health care for people experiencing gender dysphoria.

New gender registration framework for persons 16 years and over
The RANZCP supports omission of sexual reassignment surgery as a requisite to note change of sex on an individual’s birth registration. The RANZCP suggests further clarification on the following statement "A person who registers a gender will not be deemed to have changed their biological sex for legal purposes, Rather, sex and gender will be distinct concepts with different meanings and protections." Clarity around the definitions is required on the different meanings and legal protections associated with sex and gender.

Gender registration framework for children aged under 16
The RANZCP acknowledges that omission of sexual reassignment surgery as a requisite for changing a child’s gender marker is necessary. As noted in RANZCP Position Statement 103: Recognising and addressing the mental health needs of people experiencing Gender Dysphoria / Gender Incongruence, there are a variety of treatment options available for people presenting with gender identity concerns, especially children and young people. It is important to understand the different factors, complexities, theories, and research relating to Gender Dysphoria.

The RANZCP recommends further clarification on the following statement "A person who registers a gender will not be deemed to have changed their biological sex for legal purposes, Rather, sex and gender will be distinct concepts with different meanings and protections." The different meanings and legal protections associated with sex and gender outlined in the Bill, should be clear and easily understood.
The RANZCP also suggests further clarification on the definition of “developmentally informed practitioner”. A practitioner is defined in the Bill as “a person who holds appropriate qualifications and experience to write an assessment of a child”. Consistent with RANZCP Position Statement 103: Recognising and addressing the mental health needs of people experiencing Gender Dysphoria / Gender Incongruence, it is crucial that children have access to comprehensive, evidence-informed assessment which seeks to understand the child, their gender identity and context in which their identity has arisen, along with their personal and family history. Assessments must always be responsive to and supportive of the child’s needs. The RANZCP suggests that the definition of “developmentally informed practitioner” should be clarified and amended to a psychiatrist or clinical psychologist with appropriate training and expertise.

Contemporary family structures and other changes to support LGBTQIA+ people

The RANZCP supports the ability to register each of the child’s parents as being a “mother”, “father”, or “parent”. As outlined in RANZCP Position Statement 83: Recognising and addressing the mental health needs of the LGBTIQ+ population, the RANZCP notes that needs of LGBTIQ+ groups, including young people, older people, Indigenous people, and those from culturally diverse backgrounds should be included in all national health frameworks and strategies.

Retention of the term “mother” in the Bill is advised by the RANZCP given the importance of maternal physical and mental health during and immediately after pregnancy, including early infant-mother bonding. The term “mother” is associated with a substantial evidence base on early mother-infant bonding. Omission of the term “mother” would result in loss of access to much of this evidence. The RANZCP suggests that the term “birth parent” should not be used as a substitute for the term “mother”, and notes that inclusion of the term “mother/birth parent” in the Bill would be appropriate.

If you would like to discuss any of the items raised in this letter, please contact Nicola Wright, Senior Manager, Policy and Practice via nicola.wright@ranzcp.org or on (03) 9236 9103.

Yours sincerely

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President

Professor Brett Emmerson
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