

2SLGBTQ+ mental health and wellness

Experiences and Opportunities

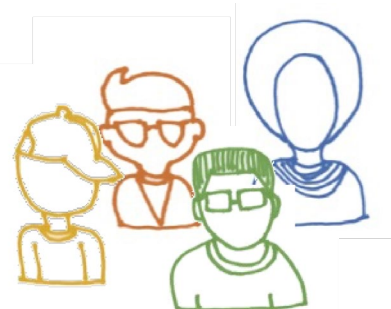
2SLGBTQ+ communities' mental health has been disproportionately impacted by the pandemic. In the face of growing demand, available options for mental health care in Ontario are struggling to meet the needs of 2SLGBTQ+ communities.

A community at higher risk: 2SLGBTQ+ people face higher risks for several mental health conditions¹ and have lower self-reported mental health than the general population, with only 24% of 2SLGBTQ+ respondents reporting "excellent/very good" mental health in 2020/21 compared to 43% of non-2SLGBTQ respondents.²

Struggling to access the right support: recent research has highlighted that 2SLGBTQ+ communities face unique barriers to accessing appropriate mental health and addictions services³. These are compounded by marginalization related to stigma, discrimination, and socio-political hostility aimed at 2SLGBTQ+ people.⁴

Amplifying voices of 2SLGBTQ+ clients and providers

In early 2023, Sherbourne Health and Canadian Mental Health Association of Ontario joined forces to hold a series of conversations about mental health services in 2SLGBTQ+ communities. **We wanted to hear from people in their own words about their needs and experiences, and the improvements they wanted to see in the current care system.**



What people told us about their care

We held two focus groups with people from the community who are either connected to mental health and addiction services in the Greater Toronto Area, or who have not yet been connected. Their experiences reflected diversity of the community itself and its many intersectionalities – what they had in common was a desire to share their experiences and contribute to the conversation on how to improve the system.

"I don't even know what good care looks like. I don't think that's a question I should have after years."

BAD EXPERIENCES ERODE TRUST

"I went to the ER for a kidney stone and kept getting misgendered. It's such an avoidable thing - that lack of consideration really degraded my trust."

IT FEELS RISKY TO ASK FOR HELP

"It's challenging to find mental health supports that also understand the queer lens. I've received mental health care through my GP because I'm afraid of not being understood elsewhere."

LACK OF SAFE SPACES

"I don't expect you to know or understand everything - but kindness and compassion creates safe spaces for sharing and learning."

THE HEALTH SYSTEM IS CONFUSING

"I put off accessing [mental health] services for a long time because it just felt too confusing. I didn't know where to start."

PROVIDERS DON'T REFLECT – OR RESPECT – MY EXPERIENCE

"I'm a queer person, and I'm also a Black person. Finding someone that understands me on these levels feels almost impossible unless you've been there."

PROGRAMS COME AND GO

"I get tossed around [between providers], and I'm constantly going through new intakes, assessments, building trust. I feel like I'm never actually able to make progress."

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Experiences and Opportunities

COMPETING FOR SCARCE RESOURCES

"I continue to see my therapist because, if not, I'll lose access to her services, and will need to re-join a waitlist if I need her again."

PAID SERVICES FEEL OUT OF REACH

"The financial issue is real. People just can't afford to get care."

Learning from the experiences of 2SLGBTQ+ providers

We also talked to providers serving 2SLGBTQ+ communities in the Greater Toronto Area – all of whom identified as 2SLGBTQ+ themselves – to get their unique perspective on opportunities within the sector.

In total, 28 providers participated, including psychotherapists, counsellors, primary care providers, nurse practitioners, social workers, community workers, trauma therapists, youth advocates, settlement workers, and peer support workers. This is what they told us.

Issues & challenges in the mental health system

Providers talked about the diversity of needs within 2SLGBTQ+ communities and expressed concern that people aren't getting the care they need in a system that often feels unsafe and unwelcoming, confusing and inaccessible.

"This all falls on people from within our community to do this work. We need better education in the system and stronger allies."

CLIENTS WITH MULTIPLE MENTAL, PHYSICAL & SOCIAL NEEDS

"People sort of DIY their own mental health journey. I get asked a lot, is there a case worker or a social worker who can hold these pieces together for me?"

LACK OF ACCOUNTABILITY TO OFFER SAFE, QUEER-AFFIRMING CARE

"You see family practitioners saying, well, I don't really do gender affirming care. That's not my specialty. I'm not part of the community. I don't need to do anything about it. If you're a family practitioner, that is your specialty."

LACK OF CLEAR PRACTICE GUIDELINES

"There is no clear practice around what safe space means. And no oversight of who says they offer queer-affirming care."

GAPS IN CONTINUITY & CONSISTENCY OF CARE

"Folks will be able to access free counseling for 10 to 20 sessions somewhere, then they'll have a year in between, leaning on friends. It's not consistent."

RESOURCES & SERVICES THAT ARE HARD TO FIND

"It's a lot of work to keep up. It's a challenge getting up-to-date information about what's available, it seems like it is always changing."

PROGRAMS THAT COME & GO

"Traumatization happens from the constant starting-and-stopping of it all. And it's very tricky to figure out how to guide folks through the system in a way that can maximize continuity."

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Experiences and Opportunities

LEGACY OF DISCRIMINATION IN MEDICAL EDUCATION

"It's hard to develop queer competent providers when so much of the research and theories are embedded with homophobia and transphobia".

LACK OF SUPPORTS FOR YOUTH

"People need places where they feel safe to explore who they are...especially folks between 15 and 30, whether it's access to safe housing or food or jobs and schooling, or just a social group."

Experiences as 2SLGBTQ+ providers

Providers shared both the joys and the pressures of working in mental health care. They talked about the pressures they experience trying to meet the needs of the community and described some of the ways that they protect their own wellness to prevent burn out.

"There are so few providers offering queer and trans affirming care."

FEELING LIKE I'M GOING ABOVE & BEYOND

"I feel a pressure to keep up. Because the resources are so slim. It's very difficult to help clients manage things. Often a client needs more support than I can offer."

ALWAYS ACTING AS THE ADVOCATE & CONNECTOR

"I find there's this balance of trying to fight for change and communicate change. But there's a huge limitation to what I can do. And that just drains me."

LACK OF REPRESENTATION IN THE HEALTH PROFESSIONS

"Organizations need to recognize that queer-affirming providers are important to have on staff and to compensate accordingly. They bring a lot to the organization."

DEPENDENCE ON INFORMAL NETWORKS

"I'm connected to the queer and trans therapist network, which is where I get all my resources. And I've put together my resources, but our clients don't have access to that."

LINKING TO SOCIAL SUPPORTS & SERVICES

"We know that if they get some of those things managed, their mental health is actually going to be better. It would actually alleviate a lot of probably my work on the mental health side."

INTERSECTIONS OF IDENTITY

"Having lived experience of immigration, and racism and queerness in addition to my psychoanalytic training and trauma training, and my connections in the community have supported my practice profoundly."

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Experiences and Opportunities

Recommendations & opportunities

Providers highlighted that these issues and experiences are not unique to mental health care and encouraged system and organizational leaders to take stock of opportunities for improvement – both for providers and for the patients and clients they serve. These are some of the recommendations they offered.



A baseline expectation of all providers to offer safe, gender affirming care

Across the professions, providers told us stories of other care professionals needlessly making referrals or shifting their caseloads to someone who identifies as in the community. They called for mandatory competency training and an accountability to care particularly in primary care and community mental health.

“It constantly falls on us...we’re the shortfall for everything and it’s not fair that we have to continuously take this on.”



An easy-to-navigate referral network with up-to-date information on services and programs

Providers spoke about time commitment and work to maintain their own lists in an ever-changing landscape of programs and recommended a reliable and regularly updated referral network of both public and privately funded options.

“It’s a lot of work keeping up because the resources are so slim.”



Competency training for safe workplaces

Providers spoke about their experiences in the workplace, which often felt isolating and at times unsafe. They questioned whether they had the same opportunities for recognition and compensation and highlighted that for racialized 2SLGBTQ+ people and these experiences were often compounded.

“Many organizations tokenize queer staff and put all the work onto them to create queer programming and serve queer staff.”



Fostering mentorship and peer networks

Providers shared examples of successful mentorship programs and encourage greater use of peer-to-peer training – both to support non-2SLGBTQ+ providers gain competence, as well as to provide greater peer support to those working within the community.

“The queer/trans service provider Listserv has been amazing, also word of mouth among my peers, and Instagram!”



Elevating roles for people with lived experience

While most of the participants were in professional roles, providers spoke about the need people with lived experience to play a variety of roles in the system, acting as peers, helping to navigate to care and providing access to a broader social network.

“Although it’s great to have providers who are kind and eager to learn, it is such a relief to have a provider who knows what you need.”

References

¹ Olivier Ferlatte, Maxim Gaudette & Celeste Pang (2021), *2SLGBTQI Suicide Prevention Research in Canada: Evidence, Gaps, and Priorities* [<https://shorturl.at/rBFQR>]

² The Canadian Centre on Substance Use and Addiction and the Mental Health Commission of Canada (2022), *Mental Health and Substance Use During COVID-19 Summary Report 6: Spotlight On 2SLGBTQ+ Communities in Canada* [<https://shorturl.at/gkuyS>]

³ Michael Chaiton, Rebecca Billington, Ilana Copeland, Luc Grey & Alex Abramovich (2022), *Mental Health and Addiction Services Exclusive to LGBTQ2S+ during COVID-19: An Environmental Scan* [<https://www.mdpi.com/1660-4601/19/10/5919>]

⁴ Alexandra Mae Jones (2022). ‘As anti-trans health bills surge in U.S., some Canadian experts are expressing concern’. CTV News [<https://shorturl.at/vi29>]