2SLGBTQ+ mental health and wellness

Four critical action areas for health system leaders to close the gap on care

2SLGBTQ+ providers & clients indicated that Ontario's health system leaders should prioritize timely action in these areas:

Invest in navigation supports for 2SLGBTQ+ care

Identify and address 2SLGBTQ+ service delivery gaps

Enhance access to peer-to-peer supports

**Support providers with lived experience**

Why It Matters

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.

2SLGBTQ+ people face higher risks for mental health conditions[1], lower self-reported mental health than the general population, and experience unique barriers to accessing appropriate care[2]. **One-third** of 2SLGBTQ+ Canadians report **poor mental health**, with **2 in 5 diagnosed with an anxiety disorder**.[3] **40% of transgender individuals have attempted suicide** (and 82% having experienced suicidal ideation), compared to **4% of the general population**[4].

What We Did

In collaboration with the Canadian Mental Health Association, Sherbourne Health held a series of conversations with 2SLGBTQ+ communities about mental health services. They voiced concerns about the **lack of appropriate and safe options** for care among mainstream services. They also offered insight into the **growing burden** on both clients and providers from within 2SLGBTQ+ communities to **maintain continuity** of mental health care.
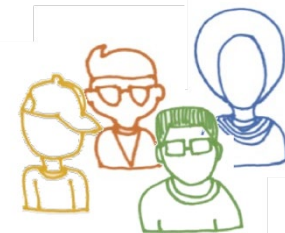
What We Heard

→ The mental health system feels **fragmented**, **ad-hoc,** and **out of reach**.

→ Availability of and access to **culturally competent / gender affirming care varies** across Ontario, and continues to be a challenge.

→ 2SLGBTQ+ **providers carry disproportionate burden** to support their communities; non-2SLGBTQ+ providers are often **reluctant to treat** as their **cultural competency and knowledge of services** is limited.

→ Waitlists, narrowly-defined eligibility criteria and lack of consistent program funding adds to the **complexity of navigating** services.

→ 2SLGBTQ+ communities are diverse, and **intersectionalities of identity** often create additional barriers to access.

"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."

"A lack of [sectoral] funding for mental health perpetuates a lack of access to care when people need it most. Providers are making do with limited resources - but we're stretched."

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Mental health for all

Grounded in experience and practice, providers and clients shared ideas for how Ontario's health system could help better support the mental health, safety, and well-being of 2SLGBTQ+ people in their communities. **These ideas included:**

Invest in navigation supports for 2SLGBTQ+ care

Finding – and maintaining – access to resources over time is a challenge for 2SLGBTQ+ people, particularly for those with multifaceted needs.

Access to navigation supports (including dedicated health system navigators) to navigate the mental health landscape, facilitate connections between services, and keep resources up-to-date is urgently needed.

"If I'm in a crisis, I don't have the capacity to research my options. We need to plan and know our options before the crisis happens."

"My clients report difficulty connecting with their community in settings that aren't group therapy. There's a need for more social spaces."

Enhance access to peer-to-peer supports

Not all supports need to be clinical; 2SLGBTQ+ people desire for more safe community spaces to build connections and provide support within their community.

Investment in organizations to provide peer supports (in programming, and through hiring peer support workers) can provide reprieve to those awaiting access or seeking non-acute support.

Identify and address 2SLGBTQ+ service delivery gaps

Access to care is uneven across geographies / sectors; limited-visit programs, eligibility gaps, and closures can even lead to no options being available.

There is a need to understand local needs/gaps, and prioritize provincial investments based on this data (including "whole health" resources, longitudinal service delivery such as 52+ therapy sessions, and low-to-no cost options).

"There's less [2SLGBTQ+] awareness among providers outside the GTA. You shouldn't have to go to Toronto to access dignified care."

"Burnout is a huge problem. Many organizations tokenize 2SLGBTQ+ staff and put all the work on them to serve their community."

Support providers with lived experience

2SLGBTQ+ providers often carry responsibility for both caring for their community and educating their provider peers.

"One stop shop" access to resources, employer supports for 2SLGBTQ+ staff, and upstream supports to reduce barriers to profession entry (e.g., equity-based admission, scholarships, mentorship) can help to lessen the load.

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] Centre for Innovation in Campus Mental Health (2023), Intro to Mental Health in 2SLGBTQ+ Communities [https://shorturl.at/kpx28]

[4] Ashley Austin, Shelley L Craig, Sandra D'Souza & Lauren B McInroy (2020), Suicidality Among Transgender Youth: Eludicating the Role of Interpersonal Risk Factors. *Journal of Interpersonal Violence,* 37 (5-6) [https://shorturl.at/fxzU3]