2SLGBTQ+ mental health and wellness

Six critical action areas for mental health organizations to close the gap on care

2SLGBTQ+ providers and clients indicated that mental health organizations should prioritize timely action in these areas:

- **Innovate to improve service delivery gaps**
- **Create resource libraries for providers & staff**
- **Establish mandatory competency training for providers**
- **Support providers with lived experience**
- **Create a "whole-person" concept of care**
- **Build partnerships to create communities of practice**

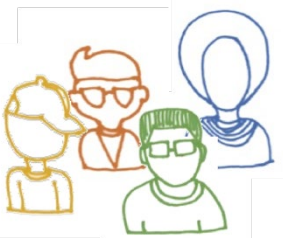
Why It Matters

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."

"[The self-navigation process] is inadequate. If I'm going through a crisis, I don't have the capacity to navigate my options. We need to ensure resources are available before the crisis happens."

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ACTIONS FOR MENTAL HEALTH ORGANIZATIONS

Providers and clients shared ideas for how mental health organizations can continue their work to improving the mental health, safety, and well-being of 2SLGBTQ+ people in their communities. **These ideas included:**

Innovate to improve service delivery gaps

Access to care can be inadvertently challenged by gaps in eligibility, lack of consideration for intersectionality, and service inaccessibility. Organizations should consult clients about their needs, and adapt service options accordingly – for example, creating online options, investing in interpretation services, and ensuring physical spaces are accessible.

> *"I've worked in the hard of hearing community for years and there are barely any 2SLGBTQ+ supports for this group."*

Create resource libraries for providers and staff

Providers report inconsistent knowledge on 2SLGBTQ+ issues, and often don't know what resources are available in their community. Organizations should equip staff with information to learn about providing culturally competent care, intersectionality, and local service options, and should hire 2SLGBTQ+ people to create resources and support navigation.

> *"[As a provider], right now it's up to me to keep track of who offers what, and where my clients can access care."*

Establish mandatory competency training for providers

Inconsistent training on 2SLGBTQ+ issues can lead to knowledge gaps among providers in caring for this population. Mandatory staff-wide training led by 2SLGBTQ+ people, with a schedule for ongoing training annually to build cultural competency, is urgently required.

> *"Providers need a basic, "101" understanding [of 2SLGBTQ+ issues] so we can let the client be the client."*

Support providers with lived experience

2SLGBTQ+ providers often carry responsibility for caring for their community and educating their provider peers. Organizations should be responsive to pressures faced by these providers, gather feedback on what supports they need (e.g., mental health stipend, paid time off), and avoid over-reliance on these providers to deliver 2SLGBTQ+ programming.

> *"Burnout is a huge problem: many organizations put all the work on [2SLGBTQ+ staff] to create programming."*

Create a "whole person" concept of care

Organizations should adopt a "whole person" concept of care delivery which considers identity as a function of both physical and mental health. This includes creating space for peer supports and community gathering in organizational programming, providing interdisciplinary care where possible, and facilitating connection to social supports as needed.

> *"It's challenging to find good mental health supports that also understand my queer experience."*

Build partnerships to create communities of practice

Providers report difficulty navigating 2SLGBTQ+ services, and few avenues to share their perspectives on challenges and opportunities to enhance 2SLGBTQ+ care. Organizations should establish communities of practice to create local care networks (for referral and resources), and to share ideas for improvement of care at the organization / system level.

> *"It's up to me to keep track of who offers what. I wish there was somewhere I could go to connect with peers and [mutually] share."*

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]

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