







# 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:

- |  |  |   |   |
|--|--|---|---|
|  | <b>Innovate to improve service delivery gaps</b>             |  | <b>Support providers with lived experience</b>              |
|  | <b>Create resource libraries for providers &amp; staff</b>   |  | <b>Create a “whole-person” concept of care</b>              |
|  | <b>Establish mandatory competency training for providers</b> |  | <b>Build partnerships to create communities of practice</b> |

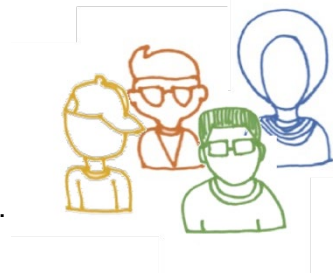
## Why It Matters

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

## 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.”*

## 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

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

<sup>2</sup> 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]

<sup>3</sup> Centre for Innovation in Campus Mental Health (2023), Intro to Mental Health in 2SLGBTQ+ Communities [https://shorturl.at/kpx28]

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

# 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

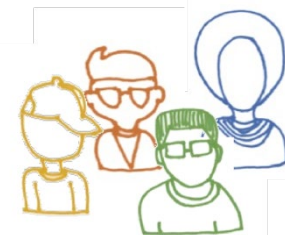
## Why It Matters

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

## 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."*

## ACTIONS FOR HEALTH SYSTEM LEADERS

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

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

<sup>2</sup> 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>]

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# 2SLGBTQ+ mental health and wellness

## Experiences and Opportunities

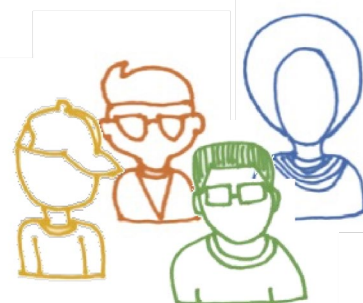
2SLGBTQ+ communities' mental health has been disproportionately impacted by the pandemic. In the face of growing demand, available options for mental health care in Ontario are struggling to meet the needs of 2SLGBTQ+ communities.

**A community at higher risk:** 2SLGBTQ+ people face higher risks for several mental health conditions<sup>1</sup> 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.<sup>2</sup>

**Struggling to access the right support:** recent research has highlighted that 2SLGBTQ+ communities face unique barriers to accessing appropriate mental health and addictions services<sup>3</sup>. These are compounded by marginalization related to stigma, discrimination, and socio-political hostility aimed at 2SLGBTQ+ people.<sup>4</sup>

## 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."*

# 2SLGBTQ+ mental health and wellness

## 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."*

# 2SLGBTQ+ mental health and wellness

## 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."*

# 2SLGBTQ+ mental health and wellness

## 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

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

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<sup>3</sup> 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>]

<sup>4</sup> 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>]