LESBIAN/QUEER COMMUNITIES AND MENTAL HEALTH SERVICE ACCESS

The Pathways Project

BACKGROUND

The Pathways Project is a community-based research project studying access to effective depression treatment for women and/or trans people of diverse sexual orientations and gender identities across Ontario. The goal of this research was to use the knowledge gained to inform service delivery to improve mental health in these communities. An intersectional approach was used in this research; questions were asked not only about lesbian, gay, bisexual, trans and queer (LGBTQ) identities, but also its intersections with other identities and experiences that may be associated with oppression and/or privilege (e.g., experiences of being racialized, living in poverty). For more information on the project, visit: **http://www.lgbtqhealth.ca/projects/pathways.php**

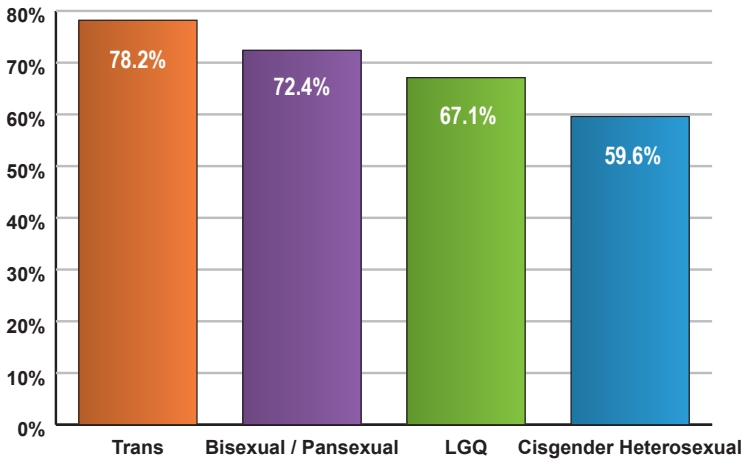
APPROACH

Our online questionnaire asked about participants' demographic information, relationships and social support, health and mental health symptoms, and use and satisfaction with mental health services. 704 people from across Ontario completed the survey – and 26 of those met with researchers for follow-up interviews, to discuss their experiences in more detail. 154 participants identified as lesbian, gay or queer.

KEY FINDINGS

Our study examined the rates of people's perceived unmet need – times during the past 12 months where they experienced a need for treatment, services, resources or support that was not fulfilled. While all respondents had high rates of both unmet need and untreated depression, our results show trans people (78.2%) had the highest rates of unmet need, followed by bisexual/pansexual people (72.4%), lesbian and queer identified women (67.1%), and cisgender (non trans) heterosexual women (59.6%).

Preceived unmet need for mental health care by sexual orientation/gender identity



"I don't tell my healthcare provider [about being a lesbian] because it's going to be on my record. […] I'm worried someone could access it, even though they say it's confidential, and I don't want to face discrimination in my housing and work."

– Asian lesbian participant

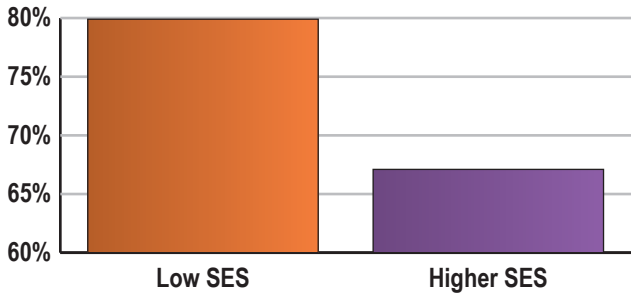
KEY FINDINGS (CONTINUED)

When surveyed about social supports – friends, family, and community members who people feel able to reach out to – lesbian and queer respondents indicated having less support available than cisgender heterosexual people.

Our results suggest that people who experience discrimination due to multiple aspects of their identities have elevated rates of unmet need for mental health support. While LGBTQ people of all economic backgrounds experienced higher rates of unmet need than cisgender, heterosexual people, LGBTQ individuals who had a lower socioeconomic status also experienced higher rates of unmet need (79.9%) than LGBTQ people with higher socioeconomic status (67.1%).

When factoring in other experiences of oppression, we found that LGBTQ participants who identified their racial, ethnic, or cultural identities as something other than white only (i.e – "racialized") had a nearly 16% higher rate of unmet need for mental health services than cisgender heterosexual people who were not racialized. Racialized LGBTQ participants also had a 6% higher rate of unmet need than non-racialized LGBTQ participants.

Unmet Need for Mental Health Care in LGBTQ Populations



"I always [have concerns] when coming out to a new doctor – a therapist, or psychologist."

– Black lesbian participant

"I lost my job because I was a lesbian."

– white lesbian participant

Along with issues of unmet need, experiences of discrimination were common amongst participants. Nearly 52% of participants who were LGBTQ identified experiencing some form of discrimination. Higher rates of discrimination were also experienced by participants who identified as racialized (51%) or of low socioeconomic status (52%).

Survey respondents who were racialized, LGBTQ and have low socioeconomic status experienced a 20% higher rate of unmet need than non-racialized, cisgender, heterosexual respondents with higher socioeconomic status. Racialized, LGBTQ participants with low socioeconomic status also had a 14% higher rate of unmet need for mental health care than non-racialized LGBTQ respondents with higher socioeconomic status. These findings suggest that LGBTQ peoples' experiences of mental health are influenced in important ways by a variety of their identities and experiences.

IMPLICATIONS

It is not just homophobia that makes it difficult for lesbian and queer people to access services and supports – we know other experiences of oppression also have impacts on a person's quality of life. The daily stresses of experiencing racism, sexism, ableism (discrimination towards people living with disability), and/or living in poverty can have real physical and emotional effects, too.

When you experience multiple forms of discrimination, its effects can be cumulative. Experiences of discrimination are potentially also interrelated (racist AND sexist, classist AND transphobic). While finding support that understands and appreciates one aspect of your identity can be a challenge, finding support that speaks to your whole self – all your various identities – can be much more complicated.

The current biomedical model utilized in health care provision doesn't recognize oppression as a factor that influences people's health and wellbeing. Our qualitative data suggest that health care that is informed by the identities and experiences of clients is an essential link in service provision. Service providers who acknowledge the stresses of homophobia and its relationship to other systems of oppression can more effectively meet individuals' needs. Providers must be aware that behavior, tone and other non-verbal cues can have an effect on individuals' perceptions of the care they are receiving, and ultimately themselves.

We all can play a role in making change. Service providers need to work to educate themselves and their colleagues about homophobia, as well as other oppressions, and their effects on health, and advocate for change to make health and social services more accessible to lesbian and queer people. If community members feel it's safe for them to do so, they can speak out about discrimination, or join friends, family and community groups to organize, protest and speak out together. We can all work to advocate for change in our government, social service organizations, and communities to make them more equitable for lesbian and queer women, and to end homophobia.

"There's homophobia [from counsellors]. Not freaking out, but that look they get on their face when they find out you're a dyke."

– Aboriginal, two-spirit and bisexual participant

This study is funded by the Canadian Institutes of Health Research (CIHR), Co-principal Investigators: Dr. Lori Ross, Dr. Leah Steele, and Punam Khosla. Co-Investigators: Dr. Andrea Daley, Loralee Gillis, Dr. Charmaine C. Williams, and Dr. Deone Curling. Partner Organizations: Rainbow Health Ontario, Women's Health in Women's Hands Community Health Centre, York University and the University of Toronto. Project Coordinator: Heather McKee (Year 1), datijie green (Year 2). We also acknowledge the essential contributions of our participants and Advisory Committee members. Please see **www.lgbtqhealth.ca** for details.