

Key takeaways and recommendations from *Queering Mental Health Supports in Canada*





In Canada, 2SLGBTQI people face physical and mental health inequalities and inequities due to exclusion, discrimination, and a lack of affirming healthcare (Gibb et al., 2020; Stinchcombe et al., 2018). The COVID-19 pandemic has intensified many barriers to mental healthcare for 2SLGBTQI people. These barriers will only become more urgent to address given the increase in anti-2SLGBTQI discourse and actions.

The *Queering Mental Health Supports in Canada* (QMH) research project seeks to better understand the impact of the COVID-19 pandemic on 2SLGBTQI people's mental healthcare needs in Canada, as well as the needs of mental healthcare providers who work with 2SLGBTQI people. This research utilized a Social Determinants of Health framework, which investigates the root causes of mental health challenges and how social determinants interact to shape mental health outcomes (Compton & Shim, 2015).

This research summary presents key takeaways as well as emergent recommendations.

For more details, see Egale Canada's [full research report \(Seida, 2023\)](#).

The QMH project involved multiple research methods:

| | |
|---|---|
|  <p>A national survey (N = 304)</p> |  <p>Focus groups and interviews (N = 61)</p> |
|  <p>A national community consultation event (N = 34)</p> |  <p>Participant feedback responses to Egale's "2SLGBTQI Inclusion for Mental Health and Social Service Providers" webinars (N = 1260)</p> |

Our research questions were:

1 How has the COVID-19 pandemic impacted the social determinants of mental health among 2SLGBTQI communities in Canada?

2 What gaps and challenges do mental health professionals and social service providers identify and face in delivering inclusive care for 2SLGBTQI people in Canada during the COVID-19 pandemic?



Key Takeaways



1) Access to healthcare

The social determinant of mental health most widely impacted by the pandemic was access to mental healthcare. Many study participants expressed the need for more affordable and accessible mental healthcare. 76% of participants also reported disruptions in access to medical care. These access barriers are particularly pronounced for those seeking gender affirming care.



2) Importance of social and peer support

Negative changes in social support and community connections due to the pandemic were mentioned by most study participants. Many participants also discussed peer support as a form of mental healthcare.



3) Financial issues

Participants addressed the pandemic's impact on employment and income alongside rising costs of living. These negative changes had correspondingly negative impacts on mental health. Participants also cited concerns regarding food and housing insecurity.



4) Service provider challenges

The pandemic presented 2SLGBTQI and allied mental healthcare providers with a range of challenges in meeting the needs of 2SLGBTQI service seekers. These challenges include a lack of resources and navigating the tension of taking on clients whose needs may be out of their scope of practice because of a lack of affirming service providers.

Recommendations

- 1 Offer free or more affordable mental healthcare to help deal with stress caused by COVID-19, discrimination, and other stressors.
- 2 Connect mental healthcare services to community-based organizations and provide more funding for community-based 2SLGBTQI organizations.
- 3 Increase representation by holding professional governance bodies accountable for discriminatory practices that prevent 2SLGBTQI folks from holding these positions.
- 4 In training, education, and implementation of learnings, go beyond the basics and unpack the structural barriers to care that 2SLGBTQI people face (e.g., transphobia, racism, ableism).
- 5 Make 2SLGBTQI cultural responsiveness training mandatory and include comprehensive evaluative components that assess what learners have changed in their workplaces, practices, and approaches to service delivery over time.

References

- Compton, M. T., & Shim, R. S. (2015). The social determinants of mental health. *Focus*, 13(4), 419–425. <https://doi.org/10.1176/appi.focus.20150017>
- Gibb, J. K., DuBois, L. Z., Williams, S., McKerracher, L., Juster, R., & Fields, J. (2020). Sexual and gender minority health vulnerabilities during the COVID-19 health crisis. *American Journal of Human Biology*, 32, e23499. <https://doi.org/10.1002/ajhb.23499>
- Seida, K. (2023). *Queering mental health supports in Canada: A research report*. Egale Canada. <https://egale.ca/wp-content/uploads/2023/07/Queering-Mental-Health-in-Canada-4.0.pdf>
- Stinchcombe, A., Wilson, K., Kortés-Miller, K., Chambers, L., & Weaver, B. (2018). Physical and mental health inequalities among aging lesbian, gay, and bisexual Canadians: Cross-sectional results from the Canadian Longitudinal Study on Aging (CLSA). *Canadian Journal of Public Health*, 109(5), 833–844. <https://doi.org/10.17269/s41997-018-0100-3>