

Healthcare & Mental Health

A 2SLGBTQI Issues Brief for Federal Elections



Egale





Table of Contents

Key Takeaways: 2SLGBTQI Healthcare and Mental Health	4
Setting the Scene: Quick Data on 2SLGBTQI Healthcare and Mental Health	5
The 2SLGBTQI Connection to Healthcare and Mental Health	6
Discrimination and Stigma.....	6
Healthcare Access for Gender Diverse Communities	7
Providers	9
Sexual Health and HIV Care.....	10
Egale Canada’s Healthcare and Mental Health Related Research	11



About Egale Canada

Egale is Canada's leading organization for 2SLGBTQI people and issues. We improve and save lives through research, education, awareness, and by advocating for human rights and equality in Canada and around the world.

Our work helps create societies and systems that reflect the universal truth that all persons are equal and none is other.

About this Document

Every electoral issue is a 2SLGBTQI issue. When heading to the polls, it is essential that 2SLGBTQI experiences are considered and understood. To bolster awareness on 2SLGBTQI issues and experiences ahead of the upcoming federal election, Egale Canada developed a series of briefs that each delve into how electoral issues affect 2SLGBTQI communities in diverse yet intersecting ways across the country. In mobilizing knowledge to support civic engagement, each brief aims to empower 2SLGBTQI communities and allies to step forward and *Vote with Pride*.

Key Takeaways: 2SLGBTQI Healthcare and Mental Health

- 2SLGBTQI individuals may avoid medical visits due to past negative experiences, fears of being outed or misunderstood, discrimination or stigma when accessing care, or concerns that they will be treated disrespectfully.¹
- Long wait times, particularly for trans and nonbinary individuals, cause great emotional distress.²
- Many healthcare providers lack training on 2SLGBTQI health issues, leading to misinformed or inappropriate care.³
- As healthcare is often provided in urban centres, for older 2SLGBTQI individuals living in rural communities, travelling to an urban centre further limits an individual's ability to access care or at the frequency needed.^{4,5}

1 Seida, *Queering Mental Health Supports in Canada*.

2 Wells, Hardy and Maine, *The lived experiences of trans and non-binary youth in Alberta. A qualitative research report*.

3 Jakubiec et al., *Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada*.

4 Pang and MacLennan, *Aging and Living Well Among LGBTQI Older Adults in Canada*.

5 Jakubiec et al., *Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada*.

Setting the Scene: Quick Data on 2SLGBTQI Healthcare and Mental Health

- In Egale's [Queering Mental Health Supports](#) in Canada,
 - **82%** of 2SLGBTQI individuals surveyed frequently feel nervous, on edge, or anxious, while **71%** frequently were depressed, felt down, or hopeless.⁶
 - **61.5%** of respondents delayed their mental healthcare due to reasons around affordability.⁷
 - **50.6%** of 2SLGBTQI individuals during the height of the COVID-19 pandemic did not receive the mental health supports that they needed.⁸
- Argento et al.'s study on sex workers' access to services in Canada found that **29%** of sex workers did not have access to the health services they needed. For individuals experiencing sexual or physical violence, **31%** of sex workers reported barriers to accessing counselling, which rose to **64%** at the height of the COVID-19 pandemic. For trans and nonbinary sex workers, **39%** of individuals reported being denied healthcare due to their identity, while **20%** avoided emergency rooms out of fear of discrimination.⁹

6 Seida, *Queering Mental Health Supports in Canada*, at 21.

7 Seida, *Queering Mental Health Supports in Canada*, at 20.

8 Seida, *Queering Mental Health Supports in Canada*, at 21.

9 E. Argento et al, "The impact of end-demand legislation on sex workers' access to health and sex worker-led services: A community-based prospective cohort study in Canada" (2020) 15:4 PLoS ONE e0225783, online: <https://doi.org/10.1371/journal.pone.0225783> [Argento et al., "The impact of end-demand legislation on sex workers' access to health and sex worker-led services"].

The 2SLGBTQI Connection to Healthcare and Mental Health

2SLGBTQI communities' connection to healthcare in Canada is a crucial and evolving topic. In Canada, we have witnessed intensified "rates of mental health disorders and concerns among 2SLGBTQI people."¹⁰ The pandemic also magnified previously known barriers to mental healthcare access, such as a lack of available and competent providers or de-prioritizing healthcare services such as gender affirming care. As in many parts of the world, 2SLGBTQI people in Canada face unique healthcare challenges, which are influenced by both systemic issues and specific needs related to their identities. As a result, the mental healthcare system continues to create unsafe and exclusionary spaces for 2SLGBTQI individuals, particularly for trans and nonbinary individuals.¹¹ This brief highlights how 2SLGBTQI individuals navigate healthcare and mental health in Canada.

The following section offers an in-depth look at how the electoral issue of healthcare and mental health impact 2SLGBTQI individuals. In particular, this brief discusses 2SLGBTQI individuals' diverse experiences with discrimination and stigma in healthcare settings, healthcare access for gender diverse communities, providers, and sexual health and HIV care.



Discrimination and Stigma

Healthcare Discrimination: Many 2SLGBTQI individuals experience discrimination or stigma when accessing healthcare services. This can be due to their sexual orientation, gender identity, or gender expression. Some patients report being treated unfairly or feeling judged by healthcare professionals, which can lead to feelings of discomfort and reluctance to seek care. For racialized LBQ individuals, much of Canada's mental healthcare system and practitioners replicate "racist assumptions

¹⁰ Kim Seida, *Queering Mental Health Supports in Canada: A Research Report* (Toronto: Egale Canada, 2023), online: <https://egale.ca/awareness/qmh/> at 6 [Seida, *Queering Mental Health Supports in Canada*].

¹¹ Jakubiec et al., *Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada*, at 64.

of racialized patients.”¹² These assumptions include paternalistic racism, framing “racialized groups as inferior and in need of ‘saving’” as well as biases around pain thresholds for racialized individuals seeking care.¹³ Among others, these experiences led to frustration, a lack of safety and belonging, and uncertainty for racialized 2SLGBTQI individuals.

Fear of Judgment: 2SLGBTQI individuals may avoid medical visits due to past negative experiences, fears of being outed or misunderstood, or concerns that they will be treated disrespectfully. This fear can result in delayed diagnoses, non-compliance with medical recommendations, or neglect of healthcare needs.¹⁴

Affordability: Many 2SLGBTQI individuals struggle with the lack of affordable and accessible mental healthcare. In Egale’s *Queering Mental Health* study, 61.5% of respondents delayed their mental healthcare due to affordability.¹⁵ As mental healthcare in Canada is not universal and has few financially accessible options available, individuals become reliant on comprehensive health insurance provided through an employer to access this healthcare. 2SLGBTQI individuals are also more likely to experience workplace discrimination and leave their jobs due to not feeling accepted. As a result, individuals frequently must decide whether to stay in a harmful workplace to maintain their mental healthcare coverage or to leave but lose their insurance.



Healthcare Access for Gender Diverse Communities

Barriers to Gender-Affirming Care: Trans and gender diverse people in Canada often face significant barriers to accessing gender-affirming healthcare, including hormone therapy and gender-affirming surgeries. The lack of knowledgeable healthcare providers, long waiting lists, inconsistent coverage, and rural versus urban divides across provinces and territories can create difficulties in accessing

¹² Jakubiec et al., *Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada*, at 61.

¹³ Jakubiec et al., *Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada*, at 61.

¹⁴ Seida, *Queering Mental Health Supports in Canada*.

¹⁵ Seida, *Queering Mental Health Supports in Canada*, at 20.

the care they need.^{16,17} While all provinces and territories provide coverage for sex re-assignment surgery, individuals are required to gain psychiatric approval and a referral to the procedure.¹⁸

Mental Health Needs: Some trans individuals may require mental health support to deal with gender dysphoria, social stigma, and discrimination. However, finding culturally competent mental health services that understand the specific challenges of the transgender experience can be difficult and financially burdensome¹⁹. As mental healthcare is not often covered by provinces or territories, an individual will have to pay out of pocket for care or have access to an employer's insurance.

Long Wait Times: 2SLGBTQI individuals' access to healthcare is often hampered by long wait times. In Wells, Hardy, and Maine's study on Albertan trans and nonbinary youth, respondents emphasized an outsized concern around healthcare access due to excessive wait times for gender-affirming care and mental health support. Youth cited that they were frequently on the wait lists for both services and that, even once they began to receive care at a clinic, "the wait times in between appointments or for referrals was distressing."²⁰

Accessibility: Mental healthcare providers are typically located in urban centres. Particularly before the COVID-19 pandemic, options for remote consultations were limited. For older 2SLGBTQI individuals who have their own barriers to accessing care, acquiring transportation and travelling to an urban centre further limits an individual's ability to access care or at the frequency needed.²¹

16 Seida, *Queering Mental Health Supports in Canada*.

17 Jakubiec et al., *Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada*.

18 Emily Mertz, "Gender-affirming health coverage by Canadian province, territory" (2022), Global News, online: <https://globalnews.ca/news/8900413/gender-affirming-healthcare-province-territory-transgender/>.

19 Seida, *Queering Mental Health Supports in Canada*.

20 Kristopher Wells, Teresa Hardy and Emilie Maine, *The lived experiences of trans and non-binary youth in Alberta. A qualitative research report* (2024), online: <https://resourcesforpractice.policywise.com/resource?id=117> at 31 [Wells, Hardy and Maine, *The lived experiences of trans and non-binary youth in Alberta. A qualitative research report*].

21 Celeste Pang and Ellie MacLennan, *Aging and Living Well Among LGBTQI Older Adults in Canada: Findings From a National Study* (Toronto: Egale Canada, 2023), online: <https://egale.ca/awareness/alw/> [Pang and MacLennan, *Aging and Living Well Among LGBTQI Older Adults in Canada*].

Seniors and Older Adults: 2SLGBTQI seniors and older adults experience a myriad of barriers in accessing healthcare, including navigating healthcare systems, finding care providers, deciding whether or not to disclose their identity, and a lack of 2SLGBTQI-friendly healthcare spaces.²² 2SLGBTQI seniors and older adults frequently experience providers who were hostile, unwilling to recognize their relationships, or generally silent on the topic of sexuality even when relevant to their care. To try and mitigate harm, 2SLGBTQI older adults acknowledged that seeking out safe healthcare spaces was not always an option, due to long wait times and region-specific healthcare shortages.^{23,24}



Providers

Misinformation and Lack of Knowledge: There is a “shortage of competent providers” in Canada for 2SLGBTQI patients.²⁵ Healthcare providers are not always knowledgeable about the specific sexual health needs of 2SLGBTQI individuals. Many healthcare providers lack training on 2SLGBTQI health issues, leading to misinformed or inappropriate care. For example, trans individuals may face healthcare professionals who are not familiar with gender-affirming care, leading to suboptimal treatment or a lack of understanding regarding their needs.

Gatekeeping: Feelings of a lack of knowledge or understanding translate into some individuals perceiving that health professionals were gatekeepers to gender-affirming care and that they had to “prove they were ‘trans enough’ to receive the care/services they desired.”²⁶ The lack of cohesion between primary care providers and mental healthcare also create barriers, with 2SLGBTQI individuals often having to prove time and time again their needs.²⁷

22 Pang and MacLennan, *Aging and Living Well Among LGBTQI Older Adults in Canada*.

23 Pang and MacLennan, *Aging and Living Well Among LGBTQI Older Adults in Canada*, at 73.

24 For more information on 2SLGBTQI senior and older adults’ experiences, please see our 2SLGBTQI Issues Brief on 2SLGBTQI Seniors and Older Adults.

25 Seida, *Queering Mental Health Supports in Canada*, at 20.

26 Wells, Hardy and Maine, *The lived experiences of trans and non-binary youth in Alberta*, at 32.

27 Jakubiec et al., *Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada*, at 60.

Provider Burnout: For service providers who identify as 2SLGBTQI, when asked to discuss their perceptions of mental healthcare in Canada, they responded that they have experienced “inaccessible or harmful mental healthcare”, felt isolated, and lacked “connection to other 2SLGBTQI providers.”²⁸ As these providers frequently became responsible for caring for numerous 2SLGBTQI clients, they discussed “the issue of overextending themselves in response to seeing 2SLGBTQI clients or patients struggle in accessing supportive care.”²⁹ This carried both a mental burden of frequent burnout but also a financial burden as 2SLGBTQI practitioners often provided pro bono or discounted services out of their pocket. For 2SLGBTQI service providers, the responsibility of ensuring accessible services often fell on them rather than on the state.



Sexual Health and HIV Care

Higher Risk of HIV: Gay and bisexual men, particularly those living in urban areas, are at higher risk for HIV and other sexually transmitted infections (STIs).³⁰ Access to HIV prevention measures, such as PrEP (pre-exposure prophylaxis), is essential, but many 2SLGBTQI individuals may face barriers due to limited awareness or reluctance to access services due to stigma.³¹

Sex Workers: Sex workers across Canada often face barriers in accessing healthcare, particularly due to fear of ill-treatment, stigma, judgement, and providers’ reluctance to take sex worker’s needs seriously. In a study conducted in Vancouver, 29% of workers did not have access to the health services they needed.³² For individuals experiencing sexual or physical violence, 31% of sex workers reported barriers to accessing counselling.³³ These rates only grew during the COVID-19 pandemic, with

28 Seida, *Queering Mental Health Supports in Canada*, at 21.

29 Seida, *Queering Mental Health Supports in Canada*, at 21.

30 Public Health Agency of Canada, Population-Specific HIV/AIDS Status Report: Gay, Bisexual, Two-Spirit and Other Men Who Have Sex With Men, Chapter 3, accessed March 24, 2025, <https://www.canada.ca/en/public-health/services/hiv-aids/publications/population-specific-hiv-aids-status-reports/bisexual-two-spirit-other-men-who-have-sex-men/chapter-3-status-hiv-aids.html>.

31 Roger Pebody, “Pre-exposure prophylaxis (PrEP)” (2024), online: *AIDSMAP*, <https://www.aidsmap.com/about-hiv/pre-exposure-prophylaxis-prep>.

32 Argento, et al., “The impact of end-demand legislation on sex workers’ access to health and sex worker-led services.”

33 Argento, et al., “The impact of end-demand legislation on sex workers’ access to health and sex worker-led services.”

64% of sex workers reporting increased barriers to healthcare access due to the closure of community services.³⁴ For trans and nonbinary sex workers, 39% of trans and nonbinary sex workers reported being denied healthcare due to their identity, while 20% avoided emergency rooms out of fear of discrimination.³⁵

Egale Canada's Healthcare and Mental Health Related Research

- Brittany Jakubiec, et al., *Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada: A research report* (Toronto: Egale Canada, 2023), online: <https://egale.ca/awareness/lbq-health/>.
- Kim Seida, *Queering Mental Health Supports in Canada: Priorities for Research, Policy & Practice* (Toronto: Egale Canada, 2023), online: Egale <https://egale.ca/awareness/qmh/>.
- K.A. Kenney et al., *Aging with Affirmation: An Exploration of the Healthcare and Social Service Experiences and Needs of Transgender and Gender-Diverse Older Adults in Canada* (Toronto: Egale Canada, 2025), <https://egale.ca/awareness/aging-with-affirming/>.

34 Sex Workers' Action Program Hamilton, *Literature review of Canadian sex workers' experiences with police interactions, healthcare access, and social exclusion* (2024), online: <https://macsphere.mcmaster.ca/handle/11375/29938>.


35 S. E. Arps et al, "Health and well-being among trans and non-binary people doing sex work" (30 March 2021), online: Trans PULSE Canada <https://transpulsecanada.ca/researchtype/reports>.

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