

Mental Healthcare for LGBTQ+ Youth

Hajar Abdessamie, Julia Forestell, Olivier Hébert, Kathryn Instrum, Noah Turner,
Jessica Vandendorre

Policy plan presented to the House of Commons of Canada

Fredericton Constituency Youth Council
Fredericton, NB
May 2017

Table of Content

Introduction.....3

Why is this Important?.....3

History.....4

What is going well.....5

Areas of improvement.....6

Recommendations.....7

Conclusion.....8

Sources.....9

INTRODUCTION

It has been decided that this plan will be focus on policy for LGBTQ+ youth and mental health. It is a subject we, and a great many others, feel very strongly about and the hope is that by the end of this plan, the government will share our concerns and begin to execute key modifications necessary to implement this policy.

Our mission is to aide the federal government in evaluating how to offer LGBTQ+ individuals equal rights and access to support services essential to their mental health.

Mental health care is a topic that has been gaining significant traction in the past few years. Stress, anxiety, depression, are serious matters that are being discussed much more openly than they were just a few short years ago. Society is finally releasing that mental well being is just as, if not more, important as physical health. Steps are being taken by the government to insure the public has access to the mental health services they require. That being said, when it comes to access to adequate services and even day to day experiences, the LGBTQ+ community is often underrepresented and the target of much discrimination, resulting in poorer mental health than the general public.

WHY THIS IS IMPORTANT?

Sexual minorities are at a disadvantage when it comes to the social determinants of health and the ability to influence public policy; mental health care is no different. It is, however, a very important part of people's lives that needs to be addressed with focus and with care. As youth, we know what it is to be left out of the picture. To only get a chance to step into the light and share our voice when it is beneficial to those who brought us there. That is why we chose this subject. To champion mental health care for the queer community, but also to build a platform for the LGBTQ+ community to urge the government not to leave them behind.

This plan will give a brief history on the subject of LGBTQ+ mental health, highlight what is going well and what has room for improvement, as well as provide a list of recommendations for the government detailing what we think would help resolve some of the more pressing issues.

Our goal is to provide the government with a starting point for a policy that would grant LGBTQ+ youth the quality of service and access to the mental health care they require and deserve.

HISTORY

The fight for LGBTQ rights has been nothing short of an uphill battle. It was only a mere 44 years ago that identifying as gay was the equivalent to coming out with a mental illness. Gay acts were criminalized until 1969 and people in openly gay relationships were at risk of being charged as a “dangerous sex offender”. Nearly ten years later in 1977 the first amendment to a human rights code was made to prohibit discrimination based on sexual orientation – that same year gay men were granted the right to immigrate to Canada. Only in 1981 did the whole country include sexual orientation in their non-discrimination acts. We only began accepting gay refugees in 1994, and same sex adoption only became a reality in one Canadian province in 1995. Same-sex marriage was only allowed in Canada as of 2005 – this was only 12 years ago, we have all lived in a time where our countries did not accept love as love. All of this being said, despite the major progress in the last 50 years – in all of the policy changes that I just stated, did I mention anything about trans rights? Or policies in place to protect them? Well, that’s because the Transgender community has not been acknowledged in the world of policy making, or very little through ambiguous statements such as “we will recognize and protect trans rights”. We still operate primarily using a male/female binary on government documents, giving us little to no indication of the current state of how the trans community is doing and what policies are needed to protect them and their rights. Like many of the movements in policy I have listed above, we believe that one of the government’s priorities should be to place a focus on the Transgender community, as even within the laws protecting the LGBTQIA group, there are very few trans-specific policies.

After every human rights violation this vulnerable group has been subjected to, there are still remnants of this discrimination through systemic barriers placed against them. Access to mental health is simply one of them. We have decided to place our focus on trans rights specifically due to the fact that we feel they are the group of people who need reformed policy the most. One of the most telling parts of our research consists of the lack of information, statistics, and surveys completed on the trans population – this leaves a hole in the current state of services provided to trans people, as well as whether or not they are receiving appropriate services – how do you know what a population needs without taking the time to identify what those needs are? Issues such

as suicide, which we will explore later, are a tremendous issue. It is hitting trans communities twice as hard, and yet there has been no movement to provide support to this vulnerable community.

WHAT IS GOING WELL

Thankfully, steps have been taken by the government to improve mental health care and include the LGBTQ+ community.

In the 2017 budget, the government hopes for shorter wait times for mental health services for youth under the age of 25 in need of help.

From Budget 2017 : “Since Budget 2016, the Government has announced funding of \$69 million over three years, starting in 2016–17, to address pressing mental health and wellness needs. In Budget 2017, the Government is proposing an additional \$204.2 million over five years to increase support for mental health services for First Nations and Inuit:

\$118.2 million for mental health programming; and \$86 million for the Non-Insured Health Benefits Program to expand access to mental health professionals and—for the first time—make available the services of traditional healers to address mental health needs.”

There are many crisis centres available 24 hours a day across Canada. As well as many toll-free suicide prevention lines. These can be very helpful for youth in need of immediate help.

In the 2016 budget, I searched for data concerning the LGBTQ community and mental health care and found close to nothing. However, in the 2017 budget, many results came up when I searched for mental health and the LGBTQ community, so we can see a big improvement there and the government is realizing that this is a pressing issue.

There are many national mental health awareness movements. For example, Mental Health Week takes place annually the first week of May. There is also the Mental Health Awareness week, that has been established since 1992, which is the first week of October. These raise awareness and break the stigma around mental health and make us realize that mental health is important and that it should not be dismissed.

Even with all of this progress, there is still a lot of work to do to ensure that everyone has full access to mental healthcare services.

AREAS OF IMPROVEMENT

In Canada, it is no secret that access to mental health services is extremely hard and can take a very long time and especially for the LGBTQ+ community. Although it is a benefit that our Medicare is free, it is a fact that getting the help of a psychiatrist can take a while and the wait for an appointment can take around months, can even go up to a year in extreme cases. For therapy, here in Canada we have the opportunity to get to a psychologist or social worker. For therapy, there is no wait but services are not covered by Medicare, and that can be a hard choice to make for some citizens (to choose to make an expensive payment to speak to a therapist). The average price to get the help of a social worker is around \$125 per hour of a session, in Canada, which is extremely expensive and especially if the person is going through a rough time and having to pay a lot of money can be another obstacle in their everyday life. The access there is also a struggle because of the cost. The people seeking for emergency mental health help should not have to choose between having to pay a lot of money or having to wait months to get it.

Another problem with the mental health services around Canada is the access to bilingual workers and getting the chance to meet with them to get to express ourselves with the language we are most comfortable talking with. For example, in New Brunswick there is only 1 psychiatrist that speaks both English and French and can get French new brunswickers that want the help, to get it. Since, there is only 1 in the whole province, it takes even more time for her to travel to help as many as she can.

Access is a big part of the mental health services around Canada, the Canadian government needs to understand the importance of mental health services that can access anyone in need of them because, according to the Centre for Addiction and Mental Health, nearly 4000 Canadians die of suicide every year, that makes 10 people per day. The suicide rate should be a part of the main focus - the issue is huge and serious. This statistic is alarming and we need to try every we can to make a difference about it. Also, 1 third of Canadians of 15 years old or older state that their needs for mental health help were not met when they reached out to mental health services and having waited from 6 months to a year, in 2016.

According to The Global and Mail, around 1.2 million Canadian children are affected by mental illness. And only 25% of those children get the suitable treatment and this is why the canadian government needs to act fast and try to make big changes in its

In fact, it is estimated that mental illness costs the economy more than \$50-billion a year. Because of the 6.7 million Canadians that suffer from mental illness, and illness tends to hit people hardest in their work years, this influences Canada's economy and its ability to go further with either research, development, education, etc. It is important to think of all the consequences the amount of services that is available in Canada.

RECOMMENDATIONS

1- Training for healthcare professionals: Healthcare professionals are currently receiving little to no education on the LGBTQ+ community and their unique health needs. Higher rates of mental illness (particularly depression), suicide, and STI's are some of the larger health concerns. Within the transgender community, access to services to medically transition (Hormone replacement therapy, gender affirming surgery, etc.) are a priority but often difficult to access due to a lack of knowledge on the side of physicians. Currently LGBTQ+ health seems to be a speciality that a select few healthcare providers pursue. We need physicians feeling confident in their ability to care for LGBTQ+ patients or this community will continue to suffer.

2- Access to mental health care: Queer and trans people are a population at higher risk for mental illness while simultaneously facing barriers in accessing care. Queer people are simultaneously statistically more educated than the average person while also being more likely to be living in poverty compared to the general population. Financial instability combined with limited access to trained professionals means that a lot of specialized therapists and doctors work privately making the cost for their services higher but their clients remain unable to afford it. Healthcare should not be a luxury reserved for the well-to-do but an institutions that can meet the needs of it's patients regardless of circumstance.

3- Reworking law, policy and paperwork to better reflect sexual and gender diversity: our laws and the structure of our institutions support and reinforce the social construct of binary sex and gender (male and female/man and woman). If we want to move towards a society that truly welcomes diversity, we must have legal documentation that reflects that. As it stands trans identities are not a part of legal forms, technically by law, these people do not exist. Our census, medical forms, passports, ID's, birth certificates, etc. need to evolve if we are committed to improving LGBTQ+ healthcare.

CONCLUSION

To conclude, as you can see, LGBTQ+ youth mental health is a topic we are very passionate about. Equal access to quality mental health services is our goal and we are confident we will be able to achieve it with the help of the federal government. After all, shouldn't every Canadian citizen have the same rights? The same opportunities for a healthy, happy life, no matter how they self-identify?

Sources

Determinants of Health. (n.d.). Retrieved May 30, 2017, from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>

Mulé, N. J., Ross, L. E., Deeprose, B., Jackson, B. E., Daley, A., Travers, A., & Moore, D. (2009, May 15). Promoting LGBT health and wellbeing through inclusive policy development. Retrieved May 30, 2017, from <https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-8-18>

Russell, S. T., & Fish, J. N. (2016, March 28). Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. Retrieved May 30, 2017, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4887282/>

<http://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=5559&context=etd>

http://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2011/06/RHO_FactSheet_LGBTQMENTALHEALTH_E.pdf