

MHCC/W2A: Rainbow Youth Health

Creating Safer Spaces for 2SLGBTQ+
Emerging Adults in Health Care

FORUM REPORT

November 8-9, 2018

Ottawa, Ontario / Wabano Centre for Aboriginal Health

mentalhealthcommission.ca



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Wisdom2Action
Savoir pour agir

The Mental Health Commission of Canada (MHCC) and Wisdom2Action (W2A) are committed to supporting the mental health and wellness of 2SLGBTQ+ emerging adults.

Citation

Mental Health Commission of Canada and Wisdom2Action. (2019). *MHCC-W2A Rainbow Youth Health Forum: Creating Safer Spaces for 2SLGBTQ+ Emerging Adults in Health Care*. Ottawa, ON: Mental Health Commission of Canada. Retrieved from: <http://www.mentalhealthcommission.ca>

Copyright

©Mental Health Commission of Canada, 2019

Suite 1210, 350 Albert Street, Ottawa, ON K1R 1A4

The views represented herein solely represent the views of the Mental Health Commission of Canada.

Production of this document is made possible through a financial contribution from Health Canada.

ISBN: English, Online Resource 978-1-77318-098-4

Legal deposit: National Library of Canada

Acknowledgements

The MHCC and W2A would like to thank the following people for their dedicated work to the advancement of this project and to 2SLGBTQ+ emerging adult wellness more broadly:

MHCC 2SLGBTQ+ Advisory Group: Alex Abramovich, PhD, Niigaani Binesi, Caro Castro, Lucy Gallo, Sarah Hunt, PhD, Fae Johnstone, Jason Koblogina, Myriam Lecousy, Albert McLeod, Mego Nerses

Forum Planning Committee: Caro Castro, Lucy Gallo, Fae Johnstone, Brandon Mott, Lynette Schick, Kam Tello

Youth Host Team: Niigaani Binesi, Myriam Lecousy, Jace Miller, Adrián Pérez Ara, Keegan Prempeh, Maree Rodriguez, Kaeden Seburn, Rodney Stehr

Wellness Supports at Forum: Sharp Dopler and Genevieve LeBlanc

TABLE OF CONTENTS

WHO ARE WE?

4

MHCC/W2A: RAINBOW YOUTH HEALTH

6

OUR APPROACH

8

Youth Host Team

8

Training Day

8

Hosting, Harvesting, and Experimenting

9

Creative Registration

9

EVENT OPENING

10

Feast Night at Wabano

10

Opening Circle and Welcome

11

EVENT ACTIVITIES

12

Pecha Kucha Presentations

12

World Cafe Conversations

15

Fishbowl Conversation

20

Open Space Conversations

21

EVENT CLOSING / FOLLOW-UP

31

Closing Circle and End of Event

31

Emerging Themes / Areas for Future Action

32

WHO ARE WE?

Mental Health Commission of Canada

The Mental Health Commission of Canada (MHCC) leads the development and dissemination of innovative programs and tools to support the mental health and wellness of Canadians. Through its unique mandate from the Government of Canada, the MHCC supports federal, provincial, and territorial governments as well as organizations in the implementation of sound public policy.

The MHCC's current mandate aims to deliver on priority areas identified in the first Mental Health Strategy for Canada in alignment with the delivery of its strategic plan.

The MHCC's staff, board, and advisory committees all share the same goal: creating a better mental health system for Canadians.

The MHCC convenes stakeholders, develops and influences sound public policy, and seeks to inspire collective action. The areas we work in include the justice system, primary health care, the workplace, and housing as well as other subjects that affect the lives of Canadians living with a mental health problem or illness and their families.

Each of its initiatives and projects is led by experts from across the country who bring a variety of perspectives and experience to the table. Consulting with people who have lived experience and their families is a key aspect in all MHCC work.

The MHCC provides recommendations to governments, service providers, community leaders, and many others and works with these partners to implement them.

The MHCC's two-year work plan from Health Canada for 2017-19 includes the 2SLGBTQ+ Emerging Adult Mental Health project. Building on recommendations in the Youth Strategy (Strategic Direction 4), specifically awareness that "sexuality and gender issues affect a person's risk for mental illness," this project aims to engage and develop partnerships with 2SLGBTQ+ communities and youth organizations across Canada with a specific focus on emerging adult populations and intersectionality. It also aims to identify gaps and needs in mental health services for 2SLGBTQ+ emerging adult populations. Key project deliverables include hosting a forum and developing and disseminating a forum report. This project was led by a pan-Canadian advisory group that created the vision and purpose of the Rainbow Youth Health Forum. Also, the forum planning committee played a key role in developing and implementing the proceedings of the forum.

Wisdom2Action

Wisdom2Action (W2A), formerly known as the Children and Youth in Challenging Contexts (CYCC) Network, is a national knowledge mobilization (KMb) initiative that supports researchers, community-based organizations, educators, policy makers, and others working to improve the mental health and well-being of vulnerable and at-risk children and youth.

Our network members include over 250 groups and individuals representing community-based organizations, health-care organizations, government agencies, academics, researchers, and more. We support their work by providing KMb and evaluation tools, services, and opportunities that are easy to use, accessible, and tailored to particular needs. We help them capture and share best practices, evaluate and improve programming, strengthen their case for funding, collaborate across sectors, and put what works into action, so they can better support the needs of the young people they serve.

W2A events bring together local community members who are passionate about improving the mental health and well-being of young people. The goal of the W2A series is to facilitate cross-sectoral connection and knowledge sharing between a diverse group of participants, including researchers, academics, community-based organizations, policy makers, and youth. The events provide a unique opportunity for participants to meet face to face, share practice-based evidence, evidence-based knowledge, and local knowledge. They also promote promising practices with each other and with wider networks to better serve the needs of vulnerable children and youth in their region. Our workshop format offers plenty of opportunities for small-group discussion, connection, and knowledge exchange and can be tailored to respond to any issue and meet the needs of various groups and individuals. To date, we've hosted ten W2A events across Canada and have engaged hundreds of participants. Many events have been regionally focused — bringing together groups from across the sector who work in Toronto, Ottawa, Halifax, Montreal, Nunavut, Surrey, and Vancouver. Other events were held to address emerging issues of national importance, including youth violent radicalization, incoming refugee children and youth, sexual violence, substance use, and suicide prevention.



CSMC/ JCA: SANTÉ DE LA JEUNESSE ARC-EN-CIEL

MHCC/W2A: RAINBOW YOUTH HEALTH

Creating Safer Spaces for 2SLGBTQ+
Emerging Adults in Health Care

Créer des espaces sécuritaires
pour les adultes émergents
LGBTQ2S+ dans les soins de santé

**NOVEMBER
8/9, 2018
OTTAWA, ON**



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Wisdom2Action
Savoir pour agir

Financial contribution from
Avec le financement de



Health
Canada

Santé
Canada

RAINBOW YOUTH HEALTH

MHCC/W2A: RAINBOW YOUTH HEALTH

Creating Safer Spaces for 2SLGBTQ+ Emerging Adults in Healthcare

MHCC/W2A: Rainbow Youth Health took place at the Wabano Centre for Aboriginal Health in Ottawa, November 8-9, 2018.



We are significant enough of a population that health providers should be thinking about how to appropriately serve us and I don't think that's happening.

- KEEGAN PREMPEH

Two-Spirit, lesbian, gay, bisexual, trans, and queer (2SLGBTQ+)¹ emerging adults face particular challenges that put their mental health at greater risk, including significant barriers to health-care access. To support the larger goal of increasing health-sector access and improving the service-user experience for 2SLGBTQ+ emerging adults, the MHCC and W2A hosted a pan-Canadian forum aimed at creating safer spaces in health-care settings. Created and hosted in partnership with 2SLGBTQ+ emerging adults between 18 and 30, the forum provided a platform for young people to amplify their voices.

Across Canada, 2SLGBTQ+ individuals, allies, communities, organizations, and health-care professionals are addressing these issues through programs, services, and research. Young people play an important role in identifying the problems and solutions. Youth know the pathways to their own wellness and life enhancement. They lead programs in their communities that support other young people. They provide important peer support, both formal and informal. They are advocates for themselves and their communities.

Participants at the forum travelled to Ottawa from across Canada to share initiatives and approaches to increasing health-sector access and improving the service-user experience for 2SLGBTQ+ emerging adults. The discussions focused on youth-led initiatives and perspectives to make an emerging adult's experience safer and more inclusive. The forum provided participants with an opportunity to share best and promising practices for improving services to those affected by gaps and barriers in accessing health care.

¹ Language is significant for social and political reasons but importantly there is no universally agreed upon terminology within 2SLGBTQ+ communities, as meaning-making is a fluid process. Our event report uses the initialism 2SLGBTQ+, except where young people explicitly used other terms to describe their identities, communities, and experiences. Please note, this initialism stands for Two-Spirit, lesbian, gay, bisexual, trans, queer, and + (pronounced "plus"). In this case, "plus" respects the infinite variety of identities not represented in this initialism.

OUR APPROACH

Youth Host Team

W2A convened a youth team to design, facilitate, and host the event. The team initially met by teleconference to discuss the day's purpose and approach and, with mentorship from W2A, to design the day.

Federal government representation included the Prime Minister's Youth Council and the LGBTQ2 secretariat within the Privy Council Office.



Training Day

On November 7 and 8, the youth team met in person for the first time to review the proposed approach, build connections as a group, and identify how to host the day. For many, this was their first experience leading such an event.

Hosting, Harvesting And Experimenting

Participatory training methods and tools from the Art of Hosting and Harvesting Meaningful Conversations created a framework for the day with many opportunities for rich conversations.

The Art of Hosting is “a highly effective way of harnessing the collective wisdom and the self-organizing capacity of groups,” no matter what the size. Based on the assumption that humans “give their energy and lend their resources to what matters to them,” it blends “powerful conversational processes to invite people to step in and take charge of the challenges facing them.”

Harvesting refers to making visible what occurs at an event: the fruits of the conversations. Among the strategies we used to capture and share these conversations were graphic facilitation (large-scale imagery), participant-led note taking, video interviews, and Twitter. Our approach to harvesting was based on the question: How do we activate the wisdom in the room and share it with a wider network?

This report outlines the agenda of the day, the processes used, and the themes that emerged from the many shared stories and conversations.²

Creative Registration

As participants arrived for Feast Night, they were invited to create an “Instagram” profile to start connecting and sharing promising practices. Each person had their photo taken to put on a profile card with contact information, a description of their interests and skills, and a note about what they hoped to learn at the event. The profiles were then posted in a central location, so all participants could better connect with one another.

This harvesting tool immediately highlighted the richness and diversity of the people in the room and helped focus everyone’s personal learning objectives and offerings. The profiles served as a visual networking tool throughout the forum and, afterward, digital copies were circulated to all attendees who granted permission.

² Notes in the World Café and Open Space sections were recorded directly by participants during their discussions. While many quotes have been revised for clarity and consistency, the spirit of each message remains intact.

EVENT OPENING

Feast Night at Wabano

Feast Night gave participants the chance to connect with each other and the youth host team. Beyond sharing an amazing meal and getting to know one another, guests had the chance to explore Indigenous culture through a Feel the Heartbeat workshop hosted by Frazer Whiteduck and Erin Donelly of Aboriginal Experiences (Ottawa). The interactive workshop gave participants a chance to play hide drums and horn rattles and learn social and stomp-dance songs.

Two-Spirit Knowledge Keeper Sharp Dopler shared a meaningful opening song to welcome everyone to the space. Afterward, Ed Mantler, MHCC vice-president of programs and priorities, spoke to formally welcome participants to the event and W2A's Fae Johnstone then stepped in to MC the evening's activities.

Melissa Hammell from Wabano Centre for Aboriginal Health gave an eloquent presentation on the significance of the space, symbolism, and artwork in the building. One of ten Aboriginal health access centres, the award-winning facility provides a wide range of medical clinics, social services and support, and youth programs for more than 40,000 Indigenous people living in the Ottawa area.

Participants networked through an activity called Bingle that helped them learn interesting facts about one another.

To end the formalities, Sharp Dopler prepared a Spirit Plate before dinner and offered a closing song.



Opening Circle and Welcome

The following morning participants were guided into an Opening Circle where the day was framed and all were welcomed to the space. Sharp Doppler's opening introduction highlighted the importance of community connection.

Connecting

Working individually and in small groups, participants were invited to note ideas or principles about what they needed to participate fully in the event. After the large group reflected on what had been written, the notes became the principles for how the group would work together.

Event Principles

- Take responsibility: acknowledge your errors, make amends.
- Correct people if they use language that makes you uncomfortable.
- When beginning to speak about sensitive topics (e.g., suicide, self-harm, abuse), it is important to give people the chance to excuse themselves by giving them trigger warnings (TWs).
- Do not assume that everyone has had a good experience in the mental health-care system.
- Do not insist on eye contact.
- Give people enough processing time to take appropriate precautions for TWs.
- Make sure activities are accessible.
- Oops/ouch. We make mistakes as we learn and grow. Please use these as teachable moments and call people in. It is not about the mistake but about how we can grow and learn from it.
- Correct your misgendering, but don't beat yourself up about it.
- Put 2S first.
- All folks to engage as they are able (youth and adults).
- We are enough. Your experience is valid. Be seen and be heard.
- Ownership, accountability, hope, assuming best intentions.
- Don't use activist language to disparage others.
- Respecting where we all come from.
- Try not to compete about who has the worst mental illness.
- No judgment/negative comments about self-harm scars.
- La droit d'être privé, la droit d'être entendre et a la silence (the right to privacy, to be heard, and to silence).
- Give people an out before an activity.



EVENT ACTIVITIES

Pecha Kucha Presentations

The Pecha Kucha format is simple: 20×20 — that is, 20 slides using evocative images and figures that change every 20 seconds. Images encourage a storytelling approach to information sharing. The result is an energetic and memorable six-minute and 40-second presentation.

Our five presentations loosely followed the Pecha Kucha format to provide some background on current programs and youth-led initiatives focused on 2SLGBTQ+ access to health care.



1

2SLGBTQ+ EMERGING ADULTS AND THE HEALTH CARE SYSTEM: HOW CAN WE CREATE SAFER SPACES?

Elana Luks is a 2SLGBTQ+ community member and family medicine resident at McGill University with a keen interest in working with 2SLGBTQ+ communities.

Key messages:

- Health-care professionals need more education on 2SLGBTQ+. There is insufficient 2SLGBTQ+ education/training in medical school.
- Even in urban health-care settings, there is a lot of transphobia/homophobia.
- More inclusive language is needed to make spaces safer.
- Take time with patients to understand what they need/where they're coming from (no assumptions).

2 HEALTHCARE IN CANADA'S BIGGEST CITY FOR 2SLGBTQI+ YOUTH

T. Jae Teixeira is an educator working with secondary school students in their Greater Toronto Area districts.

Pree Reyal is an account manager by day and an artist-in-residence at Cedarbrae Library by night. They're an independent researcher and graduate of the joint master's program in communication and culture at York and Ryerson universities.

Key Messages:

- There are many barriers to accessing health care but also some positive examples, including The 519, Sherbourne Health, Egale Youth OUTreach, the Health Centre at 410 Sherbourne, and MOBYSS (mobile youth walk-in clinic).
- Standardize how health-care providers introduce themselves (preferred pronouns, standardized validation of identities/orientations).
- Gender is fluid. Ask: "What pronoun would you like to use today?"
- Suggest safe bindings/girdles.
- Informed practitioners should be the norm.

3 UNDERSTANDING BIAS AND OURSELVES: A NEHIYAW WORLDVIEW

Clayton Tootoosis is from the Onion Lake Cree Nation in Treaty 6 territory. He is currently a youth care worker within Saskatchewan's child welfare system and an Indigenous youth activist.

Key Messages:

- Two-Spirit encapsulates multiple identities.
- Change takes a long time, and we are changing things for the next seven generations.
- Change will come from us, the youth.
- Continue to ask why, and work on accepting ourselves.

EVENT ACTIVITIES

4 SAGE'S IMPACT

Jaime Campbell is a 2SLGBTQ+ mental health clinician at the Youth Wellness Centre in Hamilton, who provides psychotherapy, advocacy, and system navigation for 2SLGBTQ+ identified folks with mental health or substance use concerns.

Ty Laframboise is a trans person who uses his own experience within the mental health system to help others navigate and access resources. He is passionate about advocacy and does not give up on people.

Key Messages:

- SAGE (Support Around Gender Experience): an off-site peer mentoring program at St. Joseph's Hospital (Hamilton). Started because of lack of support, it's a space to connect and access resources twice each month.
- SAGE uses peer support principles: shared, lived experiences; mutual, equal relationship; hope; and self-determination.
- The program evolved to hire Ty as a trans support-worker

5 BEYOND BINARIES: GENDER DIVERSITY IN THE NON-WEST

Hazim Ismail is a Bugis, Javanese-Malay, Chinese, queer bissex/nonbinary approximate refugee, migrant (and a guest on Winnipeg Treaty 1 land), who is currently stationed at the University of Winnipeg's anthropology department.

Key Messages:

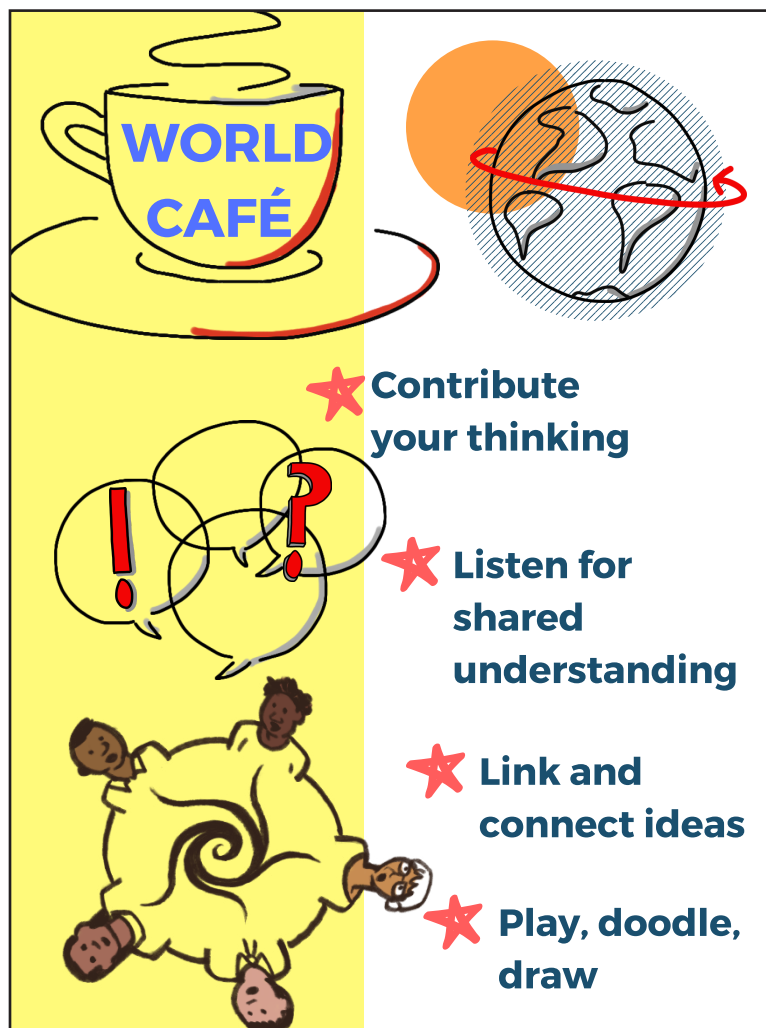
- We can't talk about gender conceptualizations without talking about colonization. Colonialism has resulted in an imposed set of binaries and gender constructions.
- As a refugee, navigating mental health services without citizenship is a nightmare.
- There is a need to adapt to every individual who walks in and use the terms they use to identify themselves.
- Over half of the world's languages are genderless. I'm bissex, but if someone says they're hijra, use that term!
- Counselling intersectionality — ensuring safety is key in health-care provider spaces.

World Café Conversations

Following the Pecha Kucha presentations, the whole group participated in a World Café, a process used to foster interaction and dialogue with groups of all sizes. This tool is particularly effective in bringing to the surface the collective wisdom of large groups of diverse people.

The World Café operates on the following principles:

- Participants are asked to form smaller groups at tables and rotate between tables to generate dialogue during three rounds of questions.
- They're given 15 minutes per question.
- A host at each table records notes and facilitates the conversation.
- At the end of each discussion, the groups put their top three highlights on sticky notes.



EVENT ACTIVITIES

WORLD CAFÉ QUESTION #1 - WHAT DOES ACCESSIBILITY MEAN AND LOOK LIKE IN HEALTH SERVICES?

Reduced barriers:

- Shorter wait times
- Better transition between youth and adult services
- Options to self-refer
- Mental health intervention (before, during, and after crisis)
- Cost-effective/subsidized
- Not placing education/research burden on patients
- Accessibility vs. accommodation

Inclusive:

- Cooperation between healthcare providers and patients
- Inclusive policies (e.g.: gender sensitivity training, inclusive forms, gender-neutral washrooms, services available in preferred language, formalized complaints process)

Availability:

- Available at various times/days
- Flexible delivery (i.e., meet clients “where they’re at”)
- Mobile/satellite care
- Services located under one roof (i.e., “one stop shop”)

Ready access to information:

- A network for medical professionals to contact for more 2SLGBTQ+ information
- Different types of resources and treatment

Trauma-informed and decolonized:

- Need for more 2SLGBTQ+ practitioners with diverse identities and backgrounds
- Should only need to tell your story once
- Assurance of confidentiality
- More peer to peer programs

WORLD CAFÉ QUESTION #2 - WHAT GAPS AND BARRIERS DO YOU FACE WHEN ACCESSING HEALTHCARE SERVICES?

Gaps/lack of:

- Continuity of care and a stable healthcare provider
- 2SLGBTQ+ relevant information
- Respect for informed consent
- Intersectional programming
- Outreach and connection to resources
- Self-referral options
- Policies that are inclusive and respectful of identity

Barriers:

- Long wait lists, age limits
- Healthcare providers unwilling to make referrals
- Fear of “outing” through medical records
- Research that is binary and excludes many experiences
- Difficult transition from youth to adult health services/system
- Gate-keeping for gender affirming interventions
- Systemic oppression

Need for:

- Mandatory and ongoing 2SLGBTQ+ training
- Mandatory policies re: asking about pronouns and a place to note this (e.g., medical charts)
- Access without provincial health card
- Focus on patient goals rather than provider assumptions
- Mental healthcare available evenings/nights

EVENT ACTIVITIES

WORLD CAFÉ QUESTION #3 - WHAT POSITIVE EXPERIENCES HAVE YOU HAD WHEN ACCESSING HEALTHCARE SERVICES? WHAT DOES AN IDEAL HEALTH SERVICE LOOK AND FEEL LIKE?

Service Design:

- Harm reduction
- Trauma informed
- Patient/user driven
- Inclusive forms/language
- No gatekeepers—able to self-refer
- Clear cues that space is inclusive
- Instant messaging crisis lines for accessibility (not everyone can phone)
- Holistic—combined mental and physical healthcare
- Available 24/7
- Stigma free

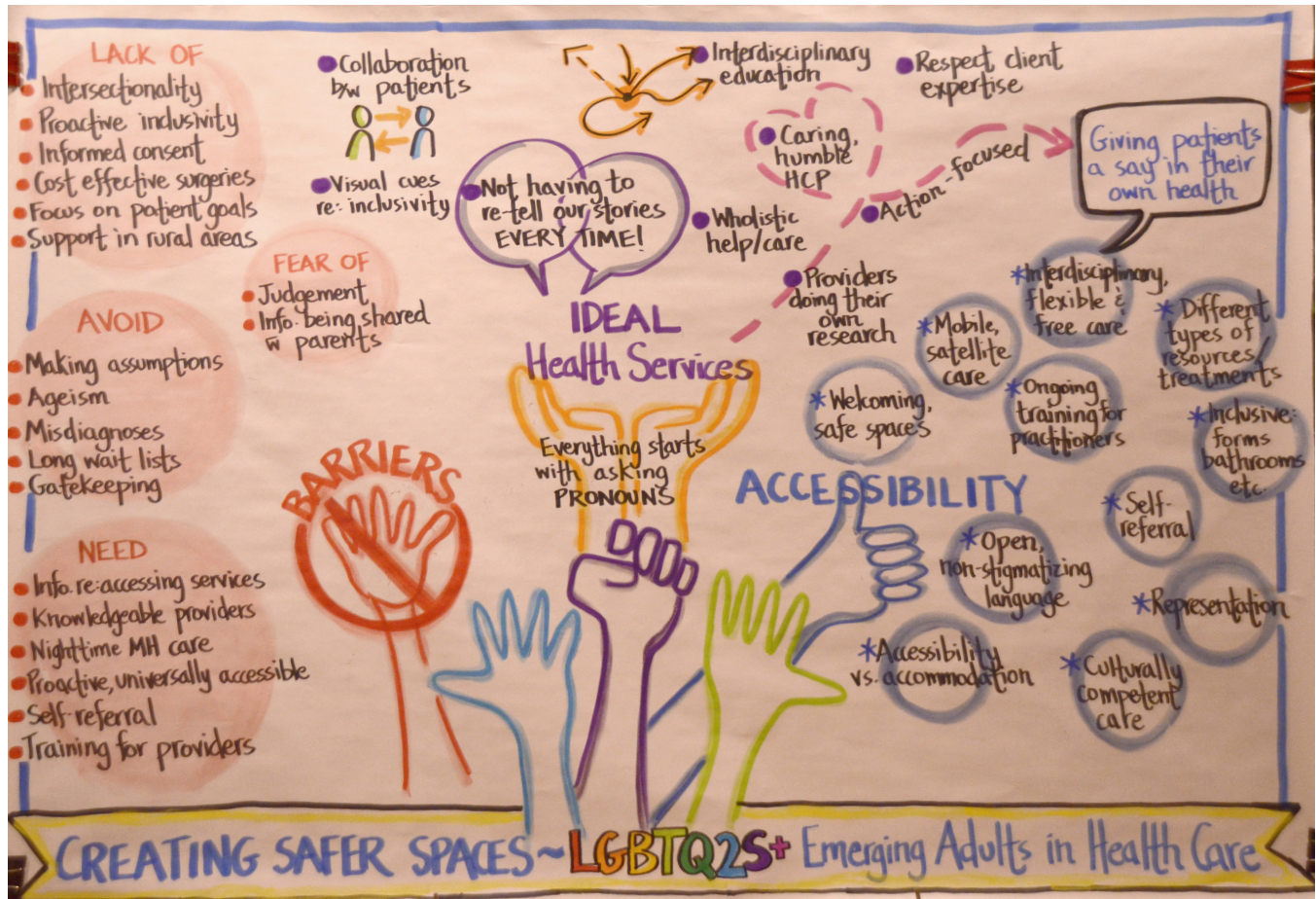
Staffing:

- Staff with diverse identities, including more 2SLGBTQ+ identified, Indigenous and racialized staff throughout the agency
- Break the white/cis/straight standard
- Hire trans people! Reduce wait times
- Interdisciplinary care
- Consistent professional development
- Understanding gender is a spectrum

Collaboration:

- Patient-Provider Collaboration
 - Include patients in their own care
 - Accountability and transparency
 - Being listened to (feeling heard)
 - Being at the centre, equally involved in determining your own care experience
- Patient-Patient Collaboration
 - Peer support and sense of belonging
- Provider-Provider Collaboration
 - Not having to tell our stories over and over

World Café Graphic Harvest



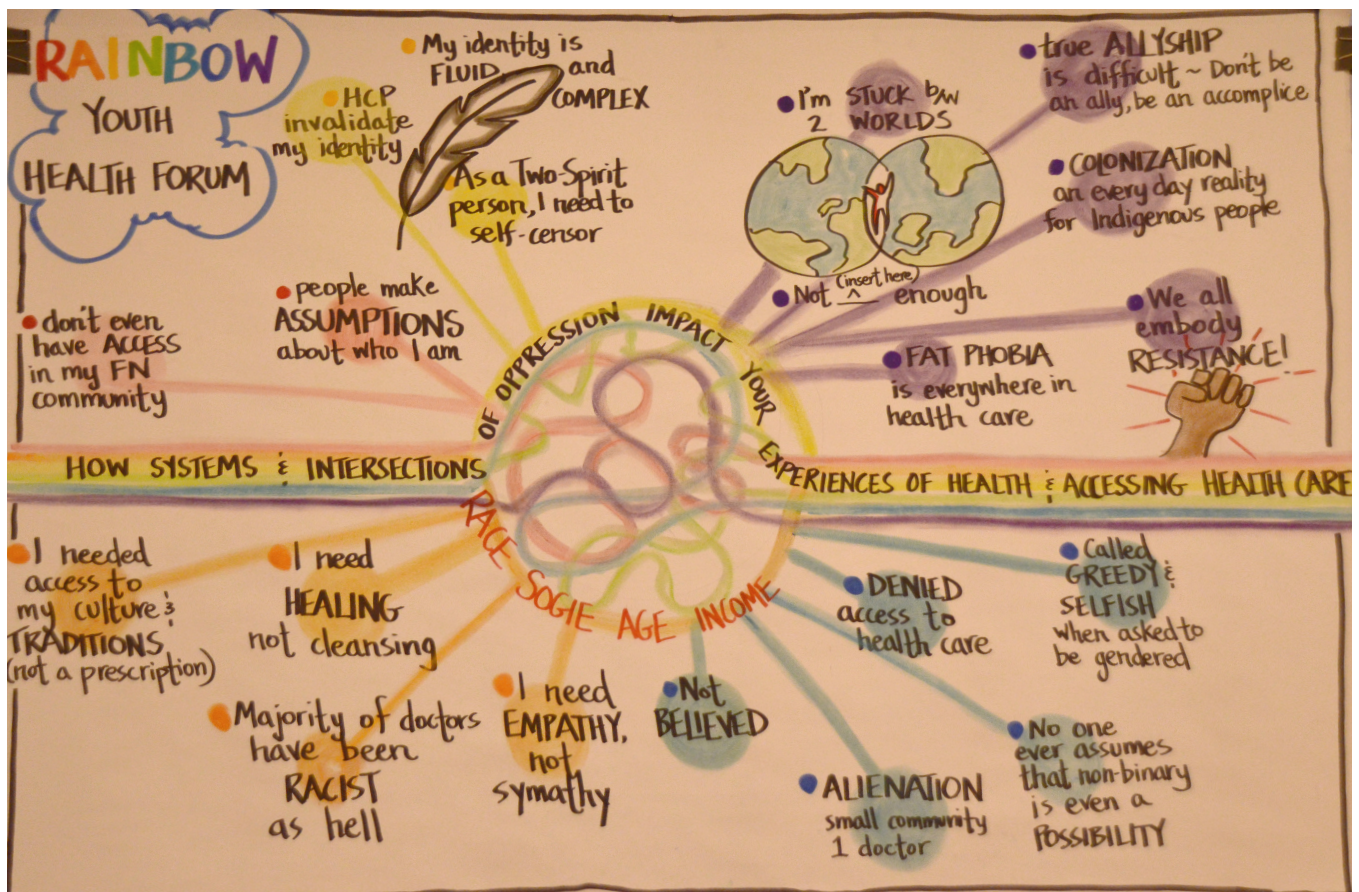
EVENT ACTIVITIES

Fishbowl Conversation

The Fishbowl Conversation, led by the youth hosts, allowed diverse youth with intersecting identities to talk about how systemic oppressions have affected their experiences of health and access to care. The circle of youth around them took on the role of listening and witnessing.

Key Messages:

- 2SLGBTQ+ identity is fluid and complex.
- Health-care providers often invalidate and make assumptions about one's identity.
- 2SLGBTQ+ people are often denied access to health care, and their stories are often not believed.
- Colonization is an everyday reality for Indigenous people.
- Often, 2SLGBTQ+ people feel stuck between two worlds, feeling "not (trans, sick, etc.) enough to receive treatment."
- Fatphobia is prevalent in health care.
- To be a true ally is complex and hard work.

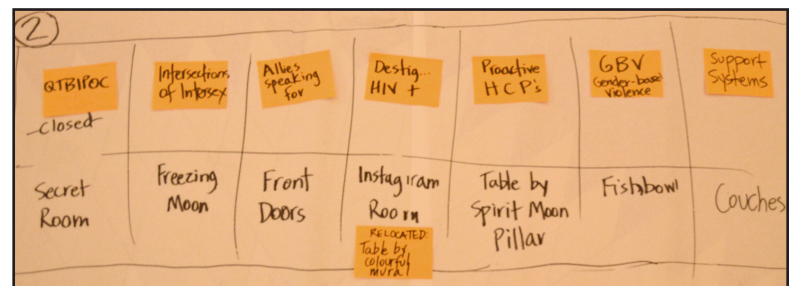
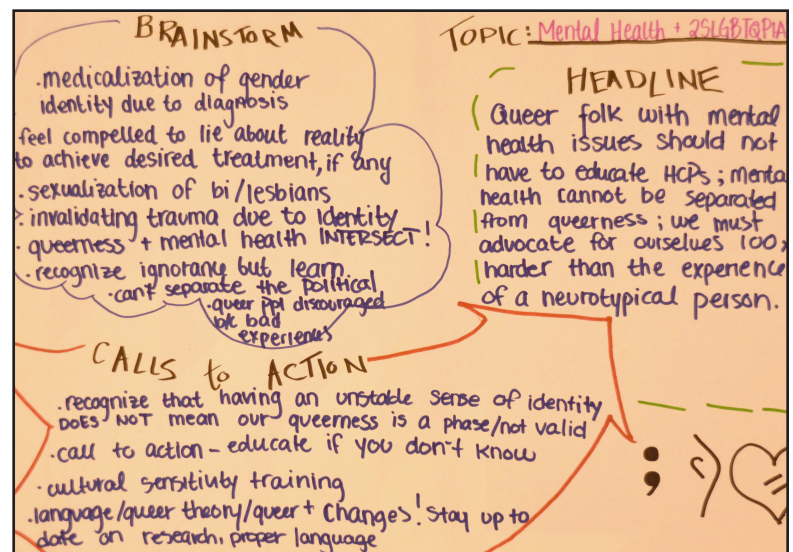
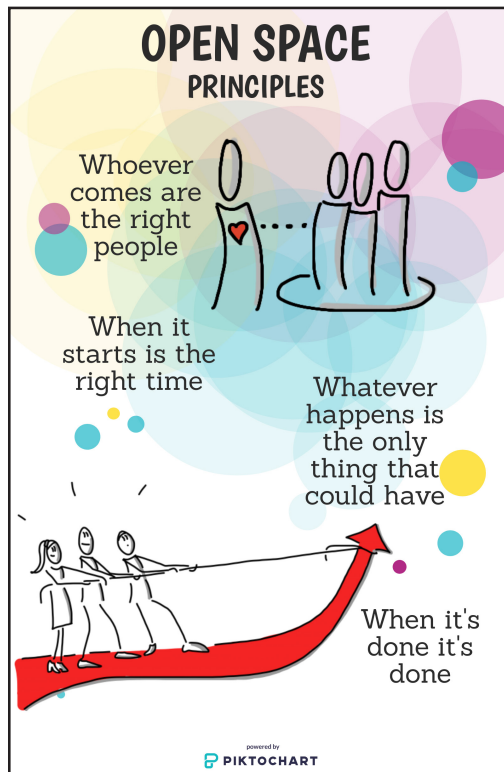


Open Space Conversations

Participants were then asked to use Open Space to let them host and take part in deep conversations on more specific topics.

The Open Space tool creates enough structure for people to self-organize into conversations they would like to have. The tool's format (inquiry, reflection, and learning) defines the start times and duration of the conversations which, once announced, take place at different areas in the open space.

Participants were asked to share their recommendations on the themes harvested throughout the day. They used visual templates to capture their conversations.



EVENT ACTIVITIES

Open Space Rounds

There were two rounds of participant-generated Open Space dialogue on 14 topics. Twelve were recorded and are described in the table that follows this topics list:

ROUND 1:

- Decolonizing Health Care for Two-Spirit People
- Drag — Exclusion of Drag Kings
- Hope
- Mental Health and 2SLGBTQPIA+ (pansexual, intersex, asexual) Stigma
- Poverty and its Comrades
- Supporting Supporters/ Caregivers
- Telephone Distress Centres

ROUND 2:

- Allies Speaking for the Community
- Building with Black, Indigenous, People of Colour (BIPOC) (closed conversation)
- Destigmatizing HIV+
- Gender-Based Violence
- Intersections of Intersex
- Proactive vs. Reactive Systems
- Support Systems

TOPIC	IDEAS AND BRAINSTORM	CALLS TO ACTION	HEADLINE TO SHARE
Decolonizing Health Care for Two-Spirit People	<ul style="list-style-type: none"> • Colonial laws in Canada impact everyone. • Problematic politics exist around Indian status. • There is a lack of cultural competency within the health-care system. • Binary gender roles impact ceremony too (e.g., male sweats, must wear the regalia of sex assigned at birth). 	<ul style="list-style-type: none"> • Access to Indigenous cultures, languages, and Elders • Understand the unique needs of people who live in urban versus rural/ remote and reserve settings. 	The health-care system must recognize the unique histories and needs of Indigenous communities

TOPIC	IDEAS AND BRAINSTORM	CALLS TO ACTION	HEADLINE TO SHARE
Hope	<ul style="list-style-type: none"> • Generation Z (queer informed, compassionate, and supportive of one another) • Positive change is happening: <ul style="list-style-type: none"> • People are sharing their stories to help others. • 2SLGBTQ+ is being included in curriculums. • Media representation is improving. • Peer support initiatives are growing. • Good doctors are willing to get political. • We've already made it this far! • 2SLGBTQ+ youth events provide a platform for our voice. 	<ul style="list-style-type: none"> • Listen to young people and let them lead the conversation. • Recognize the importance of self-care. • Normalize a mental health check-in within health-care service provision (e.g., "How are you?"). • Acknowledge when good work is being done. • Funding models should recognize intersections (e.g., clients who experience homelessness, mental health, and substance use issues) and encourage collaboration and collective action across sectors and agencies. 	The kids are all right; celebrate good times, come on!

EVENT ACTIVITIES

TOPIC	IDEAS AND BRAINSTORM	CALLS TO ACTION	HEADLINE TO SHARE
Mental Health and 2SLGBTQPIA+ (pansexual, intersex, asexual) Stigma	<ul style="list-style-type: none"> • Queer people are discouraged in the health-care system because of bad experiences. • Medicalization/diagnosis of gender identity (i.e., gender dysphoria) often leads people to lie about their reality to receive desired treatment. • Providers are reducing bi/lesbian people to the sexual dimension of identity rather than viewing them holistically. • Invalidating trauma due to identity • Queerness and mental health intersect (queerness is both a risk and protective factor for mental health). 	<p>Recommendations for providers:</p> <ul style="list-style-type: none"> • Recognize that having an unstable sense of identity does not mean queerness is a phase or is not valid. • Educate yourself if you don't know (current research, proper language, cultural-sensitivity training). 	Queer people with mental health issues should not have to educate health-care providers.

TOPIC	IDEAS AND BRAINSTORM	CALLS TO ACTION	HEADLINE TO SHARE
Poverty and its Comrades	<ul style="list-style-type: none"> • Homelessness and severe poverty are mental and physical traumas. • Some people are forced to stay in abusive relationships because of financial dependence. • People living in poverty bear a greater burden in relation to wait-lists and other access issues in a publicly funded system. • Essential medications and mental health services available outside the publicly funded system are out of reach for many living in poverty. 	<ul style="list-style-type: none"> • Less financial gatekeeping • Address the current financial barriers inherent in program design and delivery (e.g., location, parking/ transportation, child care, and missing work to attend appointments). • Shorter wait times 	Good health care and housing are citizen rights; quality of life should not be a class privilege.

EVENT ACTIVITIES

TOPIC	IDEAS AND BRAINSTORM	CALLS TO ACTION	HEADLINE TO SHARE
Supporting Supporters/ Caregivers	<ul style="list-style-type: none"> Many of us are doing the work of service workers for friends and family, with effects on our mental health: <ul style="list-style-type: none"> guilt lack of time if friends are frequently in crisis being kept in abusive relationships There is a lack of support from guidance departments/teachers. 	<ul style="list-style-type: none"> Social supports are very important and healthy: <ul style="list-style-type: none"> teaching self-care/resilience teaching skills on how to intervene more conversations regarding effects on supporters More 2SLGBTQ+ competent counsellors Interventions in communities without removing from communities 	The mental health system needs to do more to support the supporters.
Telephone Distress Centres	<ul style="list-style-type: none"> Telephone distress centres are crucial services and should be staffed as such to provide immediate care when people need it most. Police/911 and emergency mental health providers (e.g., in hospitals) are not always trauma informed. 	<ul style="list-style-type: none"> Fund call centres to eliminate wait times (time and speed are crucial). A trauma-informed lens and training for providers are necessary for client safety and trust building. 	Distress centres: answer the call!

TOPIC	IDEAS AND BRAINSTORM	CALLS TO ACTION	HEADLINE TO SHARE
Allies Speaking for the Community	<ul style="list-style-type: none"> Allies are not always fully aware of community needs. Siblings may experience oppression in their role as allies. 	<ul style="list-style-type: none"> As an ally, ask: <ul style="list-style-type: none"> “What do you need, and how can I help?” “Who is not part of this conversation? How can we make them part of this conversation?” Allyship should be based on intersectional representation (i.e., being mindful of your privilege so as not to take up too much space). Allies must be accountable to the community. Allies who choose to educate deserve 2SLGBTQ+ community respect. 	Use privilege to create a platform for the community to speak rather than speaking for them.

EVENT ACTIVITIES

TOPIC	IDEAS AND BRAINSTORM	CALLS TO ACTION	HEADLINE TO SHARE
Building with Black, Indigenous, People of Colour (BIPOC)	<ul style="list-style-type: none"> Anything less than meaningful consultation in health-care decisions feels tokenizing. BIPOC people feel invalidated by health-care providers regarding health-care concerns and how to address them. Under-representation of BIPOC providers affects BIPOC clients' sense of safety. BIPOC clients often made responsible by default for educating providers before receiving care. 	<ul style="list-style-type: none"> Recognize the silent voices. Service providers should reflect BIPOC identities and understand colonialism. Providers should self-educate on BIPOC identities, unique concerns, and options for equitable care. 	Collective care for and by Two-Spirit, queer, trans, black, Indigenous, people of colour (2SQTBIPOC)
Gender-Based Violence	<ul style="list-style-type: none"> Mental health and gender-based violence intersect. Certain forms of gender expression are harassed. There is a culture of disbelief around survivors of gender-based violence. The justice system does a poor job of addressing gender-based violence. 	<ul style="list-style-type: none"> Believe survivors of gender-based violence. It's important to teach positive models of masculinity, particularly for cisgender men. Embrace complexity (not equate experiences). Identify predators before they can hurt you. 	Recognize that gender-based violence is prevalent.

TOPIC	IDEAS AND BRAINSTORM	CALLS TO ACTION	HEADLINE TO SHARE
Intersections of Intersex	<ul style="list-style-type: none"> • A general unawareness of intersex needs and issues exists. • Intersex people don't need to be "fixed." • Under-representation of intersex people in research and training affects quality of care. 	<ul style="list-style-type: none"> • More education for health-care providers on intersex issues • More representation in media/health-care settings • Inclusion in the 2SLGBTQI+ community 	We are not to be "fixed"; accept us as we are.
Proactive vs. Reactive Systems	<ul style="list-style-type: none"> • Barriers to asking for help (cultural) • Certain kinds of experiences within the health-care system discourage people from reaching out (e.g., invalidating the illness). • Overgeneralizing about group characteristics (e.g., age cohort) does not allow providers to see the unique needs of each client. • It's insufficient to only talk about mental health issues after a tragedy. • The mental health system should invest in prevention alongside intervention strategies. 	<ul style="list-style-type: none"> • Doctors should proactively recognize symptoms of mental health problems and illnesses. • Providers must recognize that mental health symptoms manifest differently across age groups. • Negative and positive emotions should be validated; experience needs to be respected and listened to. • SafeTALK (suicide alertness training) should be mandatory for providers. 	<p>Health-care providers must</p> <ul style="list-style-type: none"> • reach out and recognize where preventive help is needed • go above and beyond, see us as worthy of help • help us develop resiliency, so we can persevere.

EVENT ACTIVITIES

TOPIC	IDEAS AND BRAINSTORM	CALLS TO ACTION	HEADLINE TO SHARE
Support Systems	<ul style="list-style-type: none"> • Some people experience isolation (lack of friends/group support). • Difficult disruption in supports can occur when people move away. • It is important to have professional and personal support people (e.g., friends, counsellor, partner, community groups) and maintain healthy boundaries within those relationships. • Supportive relationships embody certain key qualities (e.g., being able to talk about emotions, shared interests, humour). 	<ul style="list-style-type: none"> • Ask friends for help. • Offering various platforms for support is key (e.g., online, text, telephone, in-person). 	Reach out when you need supports; you're not alone!

EVENT ENDING / FOLLOW-UP

Closing Circle and End of Event

Two Spirit Knowledge Keeper, Sharp Dopler, performed a travelling song to wish everyone well on their journey home.

In the closing circle, participants were asked to share a word or phrase about how they were feeling or what they were taking away from the event. Emerging themes are visually represented in the word cloud below:



EVENT ENDING / FOLLOW-UP

Evaluation

We asked participants to complete an event satisfaction survey to evaluate event management, facilitation format, and sense of safety at the forum.

Emerging Themes

Many themes emerged from the rich discussions throughout the day. There was no shortage of ideas when it came to creating safer spaces in healthcare settings for 2SLGBTQ+ emerging adults. There were many commonalities that bridged all of the presentations and conversations. But which recommendations should serve as starting points for action? And what will fulfilling those recommendations actually look like?

Below is a list of guiding principles that attendees emphasized should factor into any initiative moving forward. Future work related to 2SLGBTQ+ safer spaces in healthcare should aim for the following:

- Be trauma-informed to build client safety and trust
- Meet clients “where they’re at” using a harm-reduction lens
- Create safety for Indigenous and racialized 2SLGBTQ+ clients and providers with anti-racist and anti-oppressive frameworks
- De-colonize healthcare through an equity-based approach rooted in the social determinants of health and a focus on holistic health and wellness
- Assure respect for confidentiality
- Uphold informed consent

Areas for Future Action

The following themes emerged across participant perspectives, helping to inform four overall recommendations for long-term action:

- Raise awareness on the importance of safer spaces in healthcare settings for 2SLGBTQ+ emerging adults. This should involve sharing firsthand accounts of people with lived experience, including their experiences of gaps and barriers in the healthcare system. Connecting with allies in healthcare is an important step to advancing change in the healthcare system, though ally voices should never speak over or on behalf of 2SLGBTQ+ communities.
- Prioritize intersectionality by ensuring your strategies are rooted in anti-oppressive and anti-racist frameworks that meet the unique needs of all 2SLGBTQ+ communities, including members who are Indigenous, racialized, or who live in rural or remote areas.

- Build momentum across the healthcare and 2SLGBTQ+ serving sectors. There is great work happening and we need to learn from promising practices across the country. Peer support and youth-led initiatives are of particular interest and importance. Most importantly remember that 2SLGBTQ+ young people know their experiences and stories best. Ask for their input, listen to their ideas and recommendations, and let them lead.
- Affect change through actionable strategies. Invite service providers, policy makers, and other decision makers to be part of the change. Concrete ideas include the development and implementation of rigorous, mandatory, and ongoing training rooted in best practices. Positive change also requires research and evaluation through the collection, monitoring, and reporting of data. Check-list tools are another great way for organizations to evaluate the presence or absence of required knowledge, skills, or behaviours.



Mental Health Commission of Canada

Suite 1210, 350 Albert Street
Ottawa, ON K1R 1A4

Tel: 613.683.3755
Fax: 613.798.2989

mhccinfo@mentalhealthcommission.ca
www.mentalhealthcommission.ca

[@MHCC_](https://twitter.com/MHCC_) [f/theMHCC](https://facebook.com/theMHCC) [▶/1MHCC](https://youtube.com/1MHCC) [@theMHCC](https://instagram.com/theMHCC)
[in/Mental Health Commission of Canada](https://www.linkedin.com/company/mental-health-commission-of-canada)



Health
Canada

Santé
Canada

The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this material is made possible through a financial contribution from Health Canada.