The background of the cover is a grid of small squares. The squares are colored in a rainbow gradient, starting with orange and yellow on the left, transitioning through green, teal, blue, and purple towards the right. The grid is slightly tilted and has a white border around the text area.

The Rainbow Mental Health Support Experiences Study

Summary of Findings

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In this report we use a few different umbrella terms to describe the people who've taken part in our research, including "rainbow community members," "sex, sexuality, and gender diverse people," and "queer, trans, and intersex people." We aim to be as inclusive as possible with our use of language, but acknowledge that not all of these terms work for everyone.

background

International research shows that sex, sexuality, and gender diverse people around the world experience high rates of adverse mental health outcomes as a result of stress caused by stigma, violence, and discrimination. Research from Aotearoa – a country well-known for being at the forefront of social change – suggests that mental health disparities within rainbow communities reflect those seen overseas, but there is a current lack of research examining whether rainbow community members are receiving the support they need from Aotearoa’s mental health system.

The aim of this study is to gain an in-depth understanding of the experiences and needs of queer, trans, and intersex people who access mental health support in New Zealand. Our hope is that this will highlight potential areas of improvement in New Zealand’s mental health service provision for queer, trans, and intersex clients. A second aim of the study is to consider ways in which these findings can inform the development of a resource to guide mental health professionals in their work with rainbow clients. The research questions for this study are as follows:

- What are the experiences of rainbow community members who access mental health support in New Zealand?
- What are the experiences of gender diverse people who undergo mental health assessments for gender-affirming healthcare in New Zealand?
- How can these findings inform the provision of high quality and responsive mental health care for queer and trans people in New Zealand?

project overview

The Rainbow Mental Health Support Experiences Study is a community-based research project led by Gloria Fraser from Victoria University of Wellington's Youth Wellbeing Study, in partnership with Gender Minorities Aotearoa, InsideOUT, and Rainbow Youth. We also seek guidance and advice from other rainbow community organisations and leaders. Gloria is supervised by Professor Marc Wilson and Dr Anita Brady. As a research rōpu, we make decisions around research design, interview and survey questions, research recruitment, and analysis of findings.

The project is made up of three parts: interviews with rainbow community members, an online survey with rainbow community members, and the development of a resource for mental health professionals, to guide their work with rainbow clients. This report summarises findings from Study 2, the online survey. Due to space constraints we have not been able to report on all of our findings. If you're interested in more detailed results, or have a question that is not answered here, you can contact us for more information (see the final page of this report for contact information). To see a summary of results for Study 1 (the set of interviews with 34 queer, trans, and intersex community members) visit <http://tinyurl.com/study-1-summary>. The resource based on Study 1 and 2 findings will be developed in early 2019, with a tentative launch date of July 2019.

The online survey was developed based on analysis of 34 interviews with queer, trans, and intersex community members about their experiences of accessing mental health support, past literature on rainbow mental health support experiences, and the advice of community leaders and organisations. After the survey was drafted we held a series of hui for feedback on the proposed survey, and made changes to the survey questions and design where needed. We also invited those we had previously interviewed to pilot the survey and provide final feedback on the design and questions. The survey was advertised through social media, asking community organisations to distribute our flyer through their networks, and posters in universities, cafes, and on community noticeboards.

method

1.4%
Northland

Auckland 29.4%

Waikato 6%

Taranaki 1.5%

3.9%
Whanganui &
Manuwatu

1.8%
Nelson &
Tasman

0.7%
West Coast

6.4%
Otago

1.7%
Southland

11.1%
Canterbury

0.9%
Malborough

28.9%
Wellington

2.5%
Bay of Plenty

0.5%
Gisbourne

2.3%
Hawke's Bay

1%
outside
Aotearoa

there were **1,575** responses
to the survey that we could use

respondents were
aged between

14-73

average age :

25

58

different
ethnic
affiliations

whakapapa
connections to

48

iwi around
Aotearoa

1.6%

were intersex or
had a variation of
sex characteristics
and **7.3%** were unsure

28.3%

were trans or nonbinary
and **9%** were unsure

gender- affirming healthcare

13.5% had accessed

2.7% are in the process of accessing

9.7% have not accessed but wish to access

gender & sexual orientation

Unlike most surveys, which ask about gender and sexual orientation using tick boxes, we asked our participants to describe their gender and sexual orientation using open boxes, meaning they could use as many terms as they liked. Survey respondents used a wide range of terms to describe their gender and sexual orientation. The word clouds on pages 7 and 8 visually represent responses to the gender and sexual orientation questions; the bigger the word, the more participants wrote it into the open boxes.

These responses highlighted how complex and multifaceted gender and sexual orientation can be. Many participants told us how difficult it was to provide short responses to these questions, with some sharing that they may describe themselves in different ways depending on the context, or might simplify the words they use to help other people understand them. Survey respondents often noted that their gender and sexual orientation shifted over time, and others shared that they were unsure about their gender or sexual orientation, with some saying they didn't think they were going to find out any time soon – and that this was fine with them!

gender

sexual orientation

hauora / wellbeing

access to mental health support

- Lengthy waiting times made existing mental health difficulties a lot worse.
- Some participants had been told by their GP that they were unlikely to receive publicly funded mental health support, due to high demand and lack of availability.
- Some reported that they were only able to access help following a suicide attempt, or if they were considered to be high risk, while others noted that once they had told services they had no suicidal intent, they did not receive any follow up referral.
- Several participants had accessed care privately and noted that this was a privileged position – that to others having to pay for private care would be a significant barrier.
- Although most feedback about waiting times was negative, some participants shared that they were seen very quickly by their mental health service.

helpfulness of mental health professionals

Thinking about all the mental health professionals you have seen - overall, how helpful have they been in supporting your mental health?

extremely helpful

mostly helpful

neither helpful nor unhelpful

mostly unhelpful

extremely unhelpful

We also asked participants to rate the helpfulness of different types of mental health professionals. Psychologists and therapists were, on average, rated as most helpful.

Participants also got support from those around them, like whānau, friends, partners, and rainbow organisations. On average, these sources of support were rated as mostly or extremely helpful.

experiences of discrimination

A third of participants had heard stories of other queer, trans, and intersex folks having negative experiences with mental health professionals.

Almost half had experienced discrimination outside of mental health settings.

Over 20% had had negative experiences with other health professionals in the past.

Participants who had experienced discrimination outside of mental health settings, or had heard of others having negative experiences with mental health professionals:

- felt less comfortable discussing their sex, sexual orientation, or gender with a new mental health professional, and
- were more likely to worry that a new mental health professional would respond awkwardly or with discomfort when they came out.

Survey results showed that participants' average number of positive experiences has increased over time.

The average number of negative experiences has stayed relatively stable over time, but there is some evidence to suggest that the kinds of negative experiences people have has changed over time:

- far fewer participants reported that their mental health professional had tried to change their identity in the last five years than those who saw a mental health professional more than five years ago,
- but the number of people who said their mental health professional required education about sex, sexuality, and gender diversity has increased.

The figure on the next page shows the proportion of people who had each experience, positive and negative, within the last five years.

experiences in therapy

creating rainbow-friendly spaces

To explore how mental health services could be more rainbow-friendly, we provided participants with a list of different things mental health professionals could do, and asked them to rate how helpful each would be. All of our suggestions were, on average, rated as helpful by participants – though some more than others. In order of most to less helpful, they were:

most helpful	Using inclusive language that doesn't assume identity, e.g. "do you have a partner, or partners?" instead of "do you have a boyfriend/girlfriend?"
	Displaying rainbow posters, flags, or other visual signs of support
	Checking what pronouns clients use
	Asking how clients identify their gender/sexuality as part of the initial assessment
	Sharing what pronouns they (the mental health professional) use when introducing themselves
less helpful	Asking how clients identify their gender/sexuality on a form

Overall, results from the mental health services section of the survey highlighted the need for:

- Training for mental health professionals about gender, sex, and sexuality
- The importance of following the client's lead when it comes to discussing identity
- The need for an affirmative approach, where all identities are seen as valid and potentially fluid
- Consideration of the impact of structural factors (like homophobia, transphobia, and intersex discrimination) on mental health and wellbeing

gender-affirming healthcare

In this study, we defined gender-affirming healthcare services as any services that affirms and validates a person's gender, including support to talk about life stuff, and transition-related services like hormones or surgery. We focussed most of our questions on medical transition services, as there's very little research on access to these services in Aotearoa, and an urgent need to improve public health provision of these services.

90% The most common gender-affirming healthcare service participants had accessed was hormone therapy, with 90% those who'd accessing gender-affirming healthcare accessing hormone therapy.

The average waiting time between participants first requesting hormone therapy and getting their first injection was 47 weeks – far too long when considering that long waiting times increase distress and exacerbate mental health difficulties.

47 weeks

58% of participants had accessed care through the public system

through the private system **8%**

34% through a mix of the public and private system

The most common reason for accessing care privately was because the waiting time was too long in the public system – over half of those that had gone private reported this as a reason for doing so.

Of those participants who'd accessed gender-affirming healthcare or were in the process of doing so, three quarters had seen a mental health professional for an assessment in order to access that care.

68%

reported that the person doing the assessment had respected and validated their gender, but 62% said they felt pressure to conform to a dominant narrative during their assessment, e.g. having a binary identity, knowing they were trans from an early age, or feeling “trapped in the wrong body”. This suggests that though many individual professionals providing good support to their clients, professionals must still ask outdated questions because of systemic demands.

Over a quarter of participants who tried to access gender-affirming healthcare had been denied it. The most common reason they were given for this was that they needed to be more mentally well to access care. This was followed by being told they needed to think about it for longer, and needed to lower their BMI or lose weight.

Overall, results from the gender-affirming healthcare section of the survey highlighted the need for:

- An increase in availability for gender-affirming services
- Shorter waiting times for gender-affirming services
- Clear pathways and information about accessing gender-affirming services
- Implementing an informed consent model, rather than a gatekeeping model, for gender-affirming service provision

strengths

Because research often focusses on the negative experiences of sex, sexuality, and gender diverse people, we asked participants at the end of the survey what they thought is amazing about being queer, trans, and intersex. For the most part, responses emphasised the opportunities to find community, see the world from different perspectives, and love freely:

“The ability to fall in love with the best parts in anyone.”

“It opens your eyes to not accepting a lot of other bullshit we're taught about relationships, sexuality, gender, and gender roles. There's a lot of cool community stuff to be part of. You get to help other people. Being queer can prompt you to get a better understanding of politics, society, and the world we live in and why we need to change it.”

“Love, freedom, creativity, not having to conform, being able to integrate all of yourself together, compassion for others who are stigmatised, realising everyone has something painful about themselves and feeling connected, healing shame by learning to trust and connect, having a amazing broad family, being able to create your own family.”

“My identity taught me strength, resilience and perseverance more so than any other experience in my life.”

“You meet so many lovely understanding and open people.”

“It's liberating resisting toxic gender stereotypes, and I have met the most amazing non-judgmental people along my journey. I feel my transness is something to be celebrated, and love wearing T-shirts which make my gender diversity known to the world. I have an appreciation for how people of all genders experience the world because of the bodies they inhabit. I just wish everyone else felt the same about how cool being trans is!”

“Te whakawhanaungatanga me te manaakitanga o mātou ki a mātou anō. Ka tū māia mātou i ētahi wā i te mea kei te mōhio mātou ko wai mātou.”

ngā mihi

This study wouldn't have been possible without the help and support of hundreds of people who gave feedback on our study design, helped to spread the word about the study, and filled out the online survey. From the bottom of our hearts, ngā mihi nui ki a koutou.

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contact us

For any questions, whakaaro, or feedback of any kind on this report or our wider project, please email Gloria.Fraser@vuw.ac.nz

Watch out for the last part of our project
our resource for mental health professionals
launching mid

2019!

The Rainbow Mental Health Support Experiences Study
is presented by:

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