BRITISH COLUMBIA | Ministry of Mental Health and Addictions

What we heard

Roundtable Dialogue with LGBTQ2S+ Communities

Vancouver, June 1, 2018

On June 1, 2018, the Honorable Judy Darcy, British Columbia's Minister of Mental Health and Addictions, convened 24 LGBTQ2S+ service-providers and community leaders for a roundtable dialogue in Vancouver.

This dialogue was part of the Ministry's engagement process for developing a strategy for a seamless, coordinated mental health and addictions system that is free of discrimination and stigma, culturally-safe and focused on a path forward. The initial stages of the process include meeting with a broad spectrum of individuals and organizations, as well as Indigenous peoples across the province. In addition, we are encouraging people to share their feedback on mental health and addiction services on the B.C. Government Engage website. What we learn from this engagement process will help inform the mental health and addictions strategy and be incorporated into a final report.

The Ministry recognizes that B.C.'s mental health and addictions system needs reform in spite of the best efforts of service providers who are working hard every day to serve people's needs. Hosted by the Honourable Minister Darcy and facilitated by Simon Fraser University's Morris J. Wosk Centre for Dialogue, the roundtable provided an opportunity to listen and learn from the experiences of members of LGBTQ2S+ communities—so we can build from the strengths and approaches that are successful.

Following opening remarks from Minister Darcy, participants were invited to introduce themselves and to share what brought them to this dialogue. After the opening circle, participants met in small breakout groups supported by a table facilitator to discuss what—based on their experience or observations—has worked or is currently working in the mental health and addictions system, and what challenges they have encountered or observed. Next, participants discussed in their breakout groups what changes would make a difference and identified priorities for action. In a closing circle, participants shared what gives them hope and what more needs to change in the mental health and addictions service system.

Participants' experiences and specific suggestions were captured by note-takers and through worksheets.[1] This report summarizes participants' input and suggestions by themes, illustrated with selected individual responses recorded in participants' own words. The themes listed in this report are ideas or suggestions mentioned by at least two of the participants in their worksheets. This means that the list does not indicate order of priority.

[1] The testimonies and suggestions recorded in this report do not necessarily reflect the views of the Ministry of Mental Health and Addictions or its staff. Individual statements reproduced in participants' own words are identified as such through quotation marks.

Decriminalization and legalization of drug and substance use including greater access to opioid alternatives other than Suboxone and methadone was most frequently mentioned as a priority for action. A large number for participants also called for better access to mental health and addictions services, increased availability of services, using existing facilities more effectively. It would also include lowering barriers to services, by providing services in multiple languages or reducing eligibility requirements. Participants also called for increased medical services plan (MSP) coverage for counselling services to make them more accessible.[2] Many participants also called for increased involvement of voices that are not currently heard, in particular the voices of trans-feminine individuals, sex workers and drug users.

The availability of competent and specific services to LGBTQ2S+ communities was also identified as a priority. This included calls for mandatory training of publicly-funded health professionals and effective accountability measures for service agencies and tangible consequences for harmful behaviour. Harm reduction measures were highlighted as a priority, as were systemic responses to addressing the overdose crisis, from treatment programs to affordable housing and education.

The full list of themes for priority changes and improvements includes:

- Decriminalization and legalization of drug and substance use
- Better access to mental health services
- Increased MSP coverage for counselling services
- Involving voices that are not currently heard
- LGBTQ2S+ competent and LGBTQ2S+ specific services
- Harm reduction
- Addressing overdose crisis systematically
- More funding for peer support and services provided by existing community groups
- Increased support for culturally-competent/sensitive services
- Providing sufficient training on trauma-informed/specific practices
- Increased crisis intervention and 24/7 emergency mental health services
- Taking a preventative and proactive approach to mental health, including through education and training
- Expanding LGBTQ2S+ specific services and networks to rural settings

[2] Because this change was mentioned frequently, it is listed here as its own theme.

1. What is working

- **Diverse, culturally-safe and queer-competent services where available**
    - Trusted practitioners in the community
    - Adequate training and competency among service providers not limited to specifically queer-serving programs
    - Ability to refer clients to safe and competent service providers
    - Clients' ability to ensure safety/competency before accessing services

- **Peer-led services**
    - Services provided by people who identify as queer and have lived experience with mental health and addictions
    - Peer support helps ensure that services are relevant and safe
    - Peer navigators helping make connections in the system
    - Directly involving queer youth in service delivery and planning

- **Community partnerships and collaboration**
    - "Nothing about us without us" (e.g. schools, indigenous folks, rural communities, etc.)
    - Partnerships with school districts and community services in offering co-programming
    - Collaboration to provide wraparound care
    - Improved communication and/or coordination between mental health and other service providers (e.g. employment and housing) and authorities (e.g. police)

"[I'm] starting to see an understanding of the needs of queer and trans communities: mostly around language of gender and the use of gendered spaces."

"A lot can be learned from existing anti-discriminatory practice (ADP) frameworks and queer providers."

"Trans Care BC is a good example of when consultation leads to something solid that is very effective—it came out of community consultation and led to a provincially-scoped program to ensure generally inclusive services are available within the existing services rather than as a separate hub that would be vulnerable to funding cuts."

"Peer-led services are working. We, as a community, are taking care of our people. We prioritize networks over systems that are oppressive."

"Peer-led services means services organized under the principles of 'nothing about us, without us.'"

- **Networks and informal referrals**
    - People who can refer clients to competent practitioners
    - Informal networks, e.g. through Trans Care BC
- **Community care and health centre models**
    - Community health centre models with collaboration between primary care, gender-affirming services, counselling and addictions services
- **Harm reduction**
    - Increase in the number of harm reduction sites/safe consumption sites
    - Availability of naloxone training and kits
- **Access to free (or low-cost) services where available**
    - MSP-funded mental health and addictions services and care
    - Free or low-cost counseling services
- **Education and prevention programs, including support for families of LGBTQ2S+ youth**
- **Reduced stigmatization**
- **Mental health services provided by non-profit groups**
- **Trans services navigation and coordination provided by Trans Care BC**
- **Availability of services in urban areas**
- **Expansion of services to more rural areas - where occurring**

"(Rare) instances where a continuum of care actually occurs – wrap-around collaboration - client supported throughout journey by communities of practice that collaborate and follow through."

"Programs that work best for LGBTQ populations are run by the community. For example, H.I.M.'s [Health Initiative for Men] counselling services are very accessible because of the price/by donation model and clients explicitly know these services are gay-friendly before even setting foot in the door."

"Since the opioid crisis, care is starting to move from emergency response (including harm reduction methods) to long-term treatment with connections to other supports (jobs, housing and counselling): focuses on getting people into treatment as soon as they request. Great holistic approach."

"Health authorities refer to non-profits every day."

"Identifying and wrapping services around youth and families who are vulnerable to support their resilience and increase protective factors BEFORE more serious interventions are required. These programs require universal prevention as a foundation: where all youth are engaged in health promotion to a) reduce stigma and b) ensure there are publicly funded "eyes and ears" in the life spaces of youth (schools) to identify vulnerability and initiate support."

"Services are working best for those who are English speaking, able to navigate systems, and able to self-advocate."

Specific programs, places and models:

"Free/low-cost counselling at places like community health centres, H.I.M. (Health Initiative for Men), QMUNITY, YouthCo, etc."

"Free outpatient treatment options - VAMP, + Daytox STAR that are queer competent."

"Queer competency training available through Prism."

"Pacifica is an excellent queer competent treatment centre."

"Specific psych that have been successful (West End MH team, Ravensong, Three Bridges, Catherine White Holman)."

"VAST-Vancouver Association for Survivors of Torture (funded by BC government) provides trauma counselling for ALL refugees arriving in B.C. (LGBTQ2S+ folks are a big percentage). This is the only mental health service specific to refugee mental health."

"MOSAIC's 'I Belong' program: monthly counselling group session proved effective."

"Youth shelter in Chilliwack."

"Dr. Peter Centre."

"West end mental health teams, trauma recovery centre on Vancouver Island."

"Some Vancouver Coastal Health programs."

"Prevention and early intervention programs specifically SACY [School Age Children and Youth] and SACY LRP [Leadership and Resiliency Program] through Vancouver Coastal Health."

"Health Initiative for Men and Prism, as well as Centres for Excellence are working really well (BC Centre on Substance Use, BC Centre for HIV/Aids). They do a really good job of ensuring research is informing practice—too often things are being done that are out of date (especially when it comes to youth).

"H.I.M.'s (Health Initiative for Men) counselling services: H.I.M.'s counselling services are also very accessible because of price/by donation service. Also clients explicitly know this service is gay friendly before even setting foot in the door."

"Models where there is an integration of social supports and primary care (community services models – ex. Foundry; Catherine White Hollman Centre)

"SOGI (sexual orientation and gender identity) 123."

"Indigenous Cultural Safety trainings through Provincial Health Services Authority."

"RainCity LGTBQ housing."

"Three Bridges (for those who meet criteria)."

"High school in Golden has many services for mental health and addictions: Kikino room is welcoming."

"MNBC (Métis Nation British Columbia): accepting, looking to learn more."

“Kelowna APU (Adolescent Psychiatry Unit): "accepting" of identities, my room on "guy" side.”

“QMUNITY binder.”

“The existence of GSAs (Gay-Straight Alliances) in high schools.”

“AIDS Vancouver’s Health Promotion Case Manager program—client navigators specific for gay men, sex workers, disabilities, etc.) anyone can refer (even by e-mail).”

2. Themes for suggested changes and improvements

- **Decriminalization and legalization of drug & substance use**
    - Legalization/access to opioid alternatives outside of Suboxone/Methadone
- **Better access to mental health and addictions services**
    - Increased availability of treatment (e.g. more beds)
    - More effective use of existing facilities
    - Lowering barriers to accessing services
    - Offering services in multiple languages
- **Increased Medical Services Plan coverage for counselling services**
- **Involving voices that are not currently heard**
    - Include e.g. trans-feminine voices, sex workers, and drug users
- **LGBTQ2S+-competent and LGBTQ2S+-specific services**
    - Clear definition, regulation, and accountability for queer-competent services – including for those already labelled as queer-friendly
    - Mandatory training to increase LGBTQ2S+ competency among service providers
    - Safe mechanism to report incidents of harmful behaviour by service providers
    - Consequences for harmful behaviour by service providers
    - Increase availability of queer competent and queerspecific services in rural areas (e.g. addictions services)
    - Ensure queer competency, safety, and homes for LGBTQ2S+ youth in care
    - Housing support focused on LGBTQ2S+ clients
    - 24-hour suicide hotline specific for LGBTQ2S+
    - Create intentionally inclusive spaces
    - Focus less on police as part of overdose response as their response is often not queer-friendly

"De-funding law enforcement and criminalization."

"People are killing themselves, they are overdosing while they wait. Give people the service they are dying for."

"Need more funded counselling services that are ongoing and culturally responsive."

"Better use of existing facilities. For example, the Dr. Peter Center is empty 6 nights a week."

"Privilege queer and trans voices and especially people of colour and Indigenous people and trans-feminine folks."

"Clinical counsellors need to be included as mental health service providers funded through the Medical Services Plan!! They are the ones that do the work."

"Stop funding practitioners and organizations who are reinforcing oppression regarding gender and sexuality, pathologizing people, or denying care."

"People don't get the trans thing. They don't know what needs to be offered in the space. One client told me they had to present as a man because they didn't feel safe as a woman in the addiction treatment facility."

"Queer/sex-work focused housing: specific to the community and couched in care with supportive services available ON SITE (nurse practitioners, counsellors, etc.)."

"Ministry of Children and Family Development (MCFD) having safer homes, programs and training for social workers so that queer and trans children and youth are safer and less likely to end up unhoused."

- **Increased harm reduction**
  - Prescription drugs (including heroin)
  - Recognize food as a harm reduction approach

- **Addressing overdose crisis systematically**
  - Harm reduction (see above), more treatment programs and detox beds, and decriminalization (see above)
  - Provide affordable housing
  - Increase awareness and education about crisis

- **More funding for peer support and services provided by existing community groups**
  - Fund already existing community services that are queer-safe and -friendly
  - More funding for peer-led services

- **Increased support for culturally-competent/sensitive services**
  - Expand Provincial Language Services for non-profits
  - Provide counselling services for refugees
  - Increase specific services and support for Indigenous people

- **Providing sufficient training on trauma-informed and trauma-specific practices**
  - E.g. training on EMDR (eye movement desensitization and reprocessing) for practitioners

- **Increased crisis intervention and 24/7 emergency mental health services**

- **Taking a preventative and proactive approach to mental health, including through education and training**
  - School-based prevention and early intervention that brings services to youth and families (rather than the other way around)
  - Educational programs to increase LGBTQ2S+ competencies and address stigma, including for youth, families and teachers
  - Funding for training programs (such as Prism) for service providers across all health authorities

"Mandate harm reduction in all publicly-funded spaces: treatment centres, jails/prisons, schools."

"Really good work is happening in communities already. Don't duplicate by government services that are not necessarily safe, just fund the work that is being done by the community organizations."

"Fund what's already working: QMUNITY's counselling budget is $8,000/year."

"Support non-profits doing the work. They get referrals from health authorities on a daily basis."

"Peer support (paid more than minimum wage) in the community to help folks navigate systems, or just talk to and spend time around similar bodies/lives."

"Read and act on Dean Spade's Normal Life: this should be the framework/strategy."

"Our most marginalized members are street-involved, drug-using, etc. We want them to be the priority, improving their life chances."

"The government needs to continue to draw attention to overdose deaths which could easily be done by media/website."

"Need training and systems change in the ER or other space for emergency mental health!"

"Need stage 4 crisis intervention teams (24/7) that provide a continuum of care until people are safe and connected to proper services."

- **Expanding LGBTQ2S+-specific services and networks to rural settings**
- **Providing a continuum of care**
    - Improved referrals
    - No discharge to the streets
    - Integrating primary care and existing mental health services
    - Integrating services in a way that allows clients to choose the services that help them
- **Reduced wait times and care for those on waitlists**
- **Addressing housing crisis**
- **Support for families and friends of LGBTQ2S+ individuals**
- **Decriminalizing sex work and improving mental health services for sex workers**

"I think the one thing that will really help is education—in schools and for parents of queer kids."

"Family and parent support: more peer groups (that include trans people co-facilitating) and talking with families: more parent/caregiver of trans children/youth support in child and youth mental health (CYMH) and MCFD and in community. This is prevention. Research shows parents having language and tools to be supportive and gender-affirming is key to trans youth mental health (see Trans PULSE research for more)."

"Mental health should be moved out of a reactive/risk-based approach (i.e. MCFD) and into a proactive, public health approach. Waiting for 'stage 4' before funding intervention only contributes to stigma and sets the system up for failure."

"Integration of services: child and youth mental health co-existing with health promotion services (as opposed to with protection services)."

"Mental health services to keep people housed. Not necessarily just more housing."

Other comments and suggestions

"Intersectional approaches."

"Expanding and relaxing gender norms/categories."

"Food as harm reduction needs to be recognized."

"More health providers taking IFH (Interim Federal Health Program) and aware of what it is! Many refugee clients get denied services. The province needs to be aware that this happens for those not yet accessing MSP."

"Case management model not working."

"Detoxes/recovery co-ed, more beds that support OAT/OST (Opioid Agonist Therapy/Opioid Substitution Treatment), allow smoking on site, reduce time limitations, no discharging people back in the street or unsafe spaces."

"Provide gender-affirming surgery more quickly."

"Let queer and trans people direct/spend funds for health promotion."

"Continue to consult with queer/trans communities, BIPOC [Black, Indigenous, and People of Colour] communities, First Nations, sex workers and people who use drugs."

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"Increase welfare and PWD (Persons with Disabilities) rates NOW: poverty leading to increase of illness is an evidence-based paradigm."

"Support frontline staff where queer people are over-represented."

"More of Car 87, less police involvement in mental health."

"Inter-ministerial work that needs to be done. Youth are being rejected because of transphobia/homophobia – there is no place for them to go."

"Massive impact of sexual violence – we keep associating it with other issues."

"There are not enough residential treatment centres that are queer-competent. There are a lot of recovery houses and treatment centres that I would not refer a queer client to. A lot of them have just popped up and are not regulated. It's 'buyer beware', but that's not good enough. There are only two places in Vancouver I can refer clients to."

"Bundling mental health and addictions creates issues by pathologizing people who've already been historically stigmatized: for many people, the gateway to gender-affirming care is mental health and that's a big problem."

"When I came out, I had to see a psychiatrist to confirm that I was trans enough to access MSP."

"Funding for IN PERSON training […] the demand Trans Care BC sees is HUGE, but resources are not sufficient. We are willing to collaborate and/or lead on this provincially if resources were available!"

"Remove the focus on solutions – which is coming from law enforcement and justice. You can't punish people into being well. You can't ignore people into being cis. You can't jail people into recovery."

"Clients get sent away because they are too well. For example, if you thought about suicide seven months ago, you don't qualify. It's very difficult for queer and Indigenous youth to access services because they have been told there is no help, when they access it they are told it's been seven months, so you don't qualify."

3. What gives you hope? And what more needs to change?

"It's a struggle to feel hopeful in the work that we do."

"I think this consultation was probably quite cursory. There will not be a magic wand. People who are not here need to know what their future will look like, that they will have housing, that they have access to health care, that they can go into a business."

"There is so much that needs to be done at the systems level."

"We have to take care of ourselves and teach others who are not part of our community to do that well. It's a testament to the strength of our community that we still show up, over and over again."

"Today has reaffirmed for me that community-driven, community-governed, community-centred care is one of the things that makes this work. Please listen carefully to this, not just today, but after this session is over."

"As queer people, we've always had to solve problems ourselves. We've never had the institutional support to help us."

"I'm moved by how the opioid crisis is affecting service providers at my table. People are dying and we need to start there."

"We need to remember that work is being done in other areas outside of Vancouver. These folks are not here because they are fighting every day or feel silenced."

"What I come away with today is a sense of being reaffirmed in community and the queer and trans community. The way that we push through. The way that we serve and push these conversations beyond and the way we question the systems and services that perpetuate violence."

"A lot of research and work has been done to say what has to happen, so I hope this actually happens."

"I can share a little bit of hope that I have. I'm working for a municipality and in close partnership with the queer community. We are serving queer youth and we've seen how this work can build capacity among our youth. We're seeing some really strong queer youth coming up in our community (Victoria). I feel very privileged to be witness to that."

"People who aren't here are doing tons of work and even more work than we do. There is so much happening on an inter-personal basis. People saving others' lives in the middle of the night without getting paid at all."

"What I'm hoping is that all levels of the community can be supported (beyond just economic support)."

"I'm hoping that my small town in the Kootenays will catch up soon to where Vancouver is at. I feel like to get there, we need some big things, similar to how the opioid crisis brought more addictions support, but I hope this doesn't need to happen for us to get more support."

"My hope is to bring a renewed sense of passion and intensity in trying to come at some of these negative influences on people that I care about and work with daily."

"I'm feeling the weight of the room. I'm feeling education fatigue of queer and trans folks who have to educate service providers, practitioners. If all that happens is that everybody at the Ministry reads Dean Spade's "Normal Life", that will be a big step towards what we really need."

"We're all carrying a lot of spiritual pain and trying to heal while also supporting others to heal. And this is all about social justice.

"I am touched by the solidarity in the room today. My feeling in the room is that we don't want to keep resisting, we're good at that, but we want to heal. We're struggling every day to support people to heal while they don't have a space to live, where they are being criminalized for their substance use, pathologized for their mental state."

"How can we truly welcome trans people who come from away if we still stigmatize those who came from here?"

"I would like to see something like this happen quarterly."

"I feel very sad – haven't been to a meeting like this in a long time – and it comes from the reflections I've heard today. But I've lived in the West End for more than 20 years and I've seen changes. Even to contemplate concepts like a career or a relationship was not possible. There is change, it's slow, but it's there."

"I'm feeling really heartbroken today. I'm in recovery. And I've had a lot of privilege that has helped me to escape. But there are so many people out there who don't. There's still way too many people suffering and dying in the opioid crisis. There was a great rallying in the 1980s and 90s around HIV/AIDS in the queer community and I think there is some hope that we can do this again. I do think that this government has an opportunity right now to systemically address what's going on out there.

"I'm very grateful to be here and see all the passionate people. But I'm very overwhelmed and need time to process this."

"I'm very proud. There is so much great work that is happening in the community. I'm excited to share what happened here today and take it out of this room."

"We need a collaborative working relationship with the government to address trans and queer issues, but also include the other types of marginalization. There are incredible innovations in the community and the ministry needs to learn about them so I invite you check out what is happening in the community."*

"Our strength is in rallying around things like this. I'll echo that this crisis feels familiar to us because it feels like the HIV crisis."

"I love listening to colleagues and looking around the room and getting nods from others because this is very personal stuff."

"Movements like Pride, protests by trans people, have led to massive parades that everyone attends. A lot of the time social change happens on our backs that benefits everyone else."

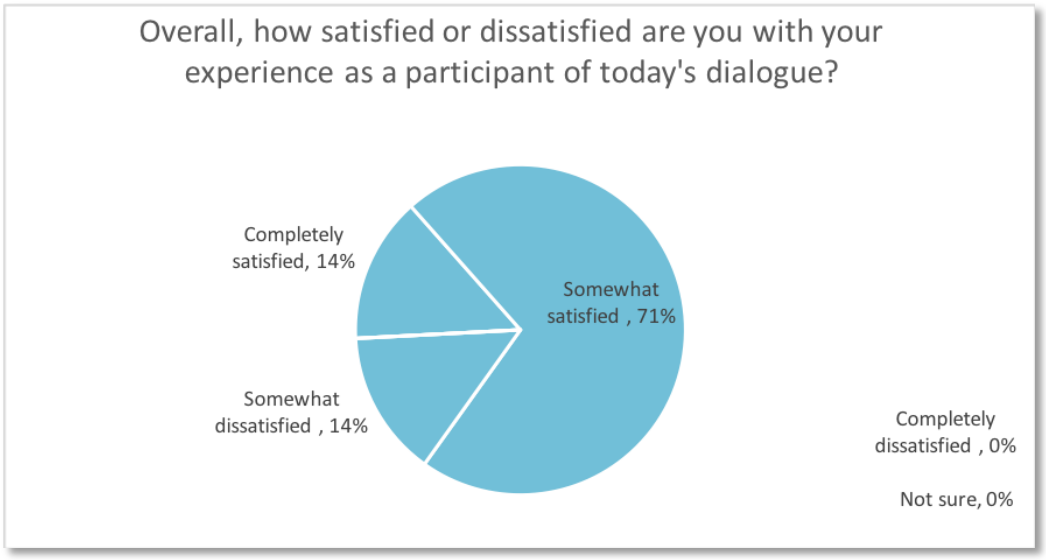
"How many kids committed suicide in high school to give birth to gay-straight alliances? We are not a box to be ticked in a consultation, we are the reason why so much change has happened over the past several years."

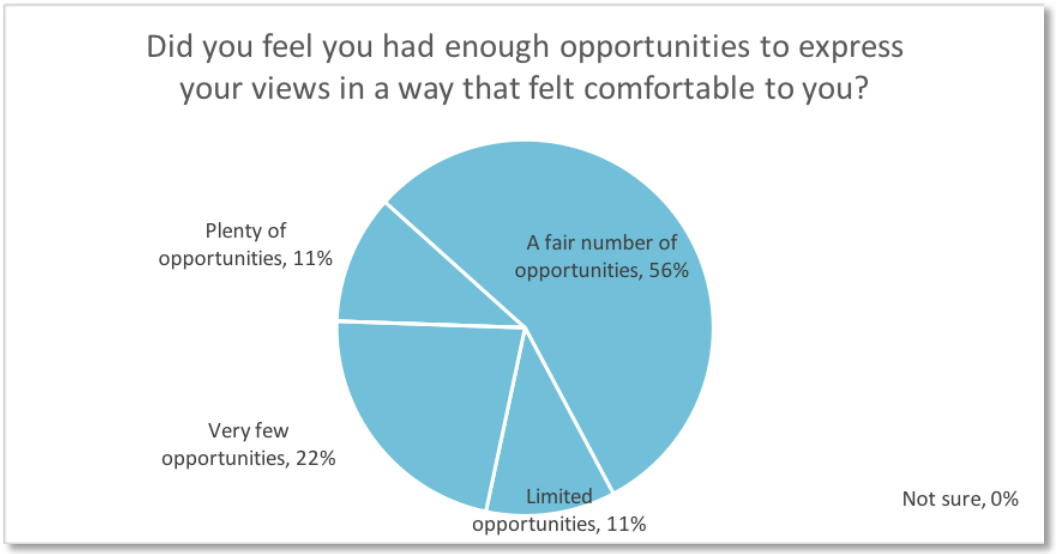
"Very little input from people trying to access services. I don't know that the priorities we came up with today would be the same if we were hearing from service users, young people, people of colour, and people with disabilities."

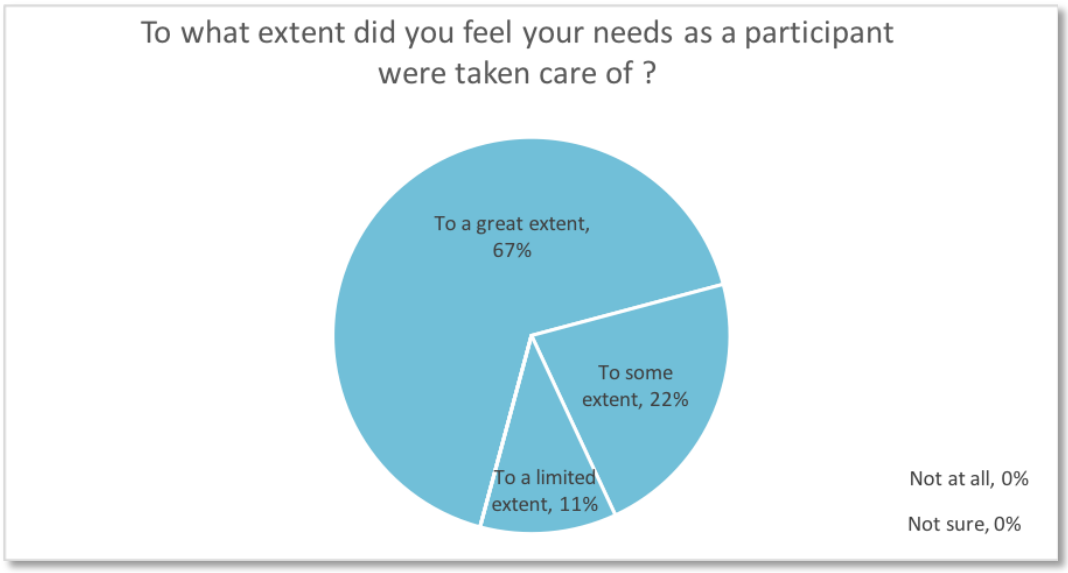
"In 2001, I piloted the first LGBT victim assistance program. I'm hopeful for what this might look like in 20 years because of each and every one of you, so thank you."

"We are not just a box to tick. The government needs to centre the small, marginalized groups."

4. Participant feedback about the session






To what extent did you feel your needs as a participant were taken care of ?
To a great extent, 67%
To some extent, 22%
To a limited extent, 11%
Not at all, 0%
Not sure, 0%