‘You learn from each other’

LGBTIQ Young People’s Mental Health Help-seeking and the RAD Australia Online Directory

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Twenty10

Twenty10 incorporating GLCS NSW provides a range of specialised services for LGBTIQA+ young people and people of diverse genders, sexualities and intersex status. Services include housing, mental health support, counselling and social supports for young people and counselling and social support services to adults. We work to see that people of all sexualities, genders and intersex status are Affirmed, Secure, Healthy and Connected and living in a society without oppression, persecution or violence.

twenty10.org.au

Freedom Centre

Freedom Centre is a peer support, information and referral service for LGBTIQ young people in Perth and WA. It is funded by the WA Mental Health Commission to promote mental health and prevent mental illness, and is managed by the WA AIDS Council. Freedom Centre promotes the health and diversity of young LGBTIQ people’s sexuality, sex and gender through its youth-owned drop-in centre, training, information provision and consultation to the community and service providers.

freedom.org.au

Curtin University

Curtin University is recognised nationally and internationally for excellence in education and practical research that is focused on solving timely, real-world problems. Curtin University is Western Australia’s largest and most culturally diverse university. It has also been named the highest ranking university in Australia for LGBTI equality for three years in a row (2013-2015).

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Western Sydney University

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Young and Well Cooperative Research Centre

The Young and Well Cooperative Research Centre is an Australian-based, international research centre that unites young people with researchers, practitioners, innovators and policy-makers from over 70 partner organisations. Together, we explore the role of technology in young people’s lives, and how it can be used to improve the mental health and wellbeing of young people aged 12 to 25. The Young and Well CRC is established under the Australian Government’s Cooperative Research Centres Program.

youngandwellcrc.org.au
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Executive summary

The ‘You learn from each other’ report gives an overview of the LGBTIQ Help-Seeking E-Tool project (2015-2016), funded by the Young and Well Cooperative Research Centre and conducted as a collaboration between the partner organisations of Twenty10 incorporating GLCS NSW, The Freedom Centre, Curtin University and Western Sydney University.

LGBTIQ young people are subject to a range of socio-cultural inequities that impact on their health and wellbeing and are particularly at a higher risk of facing mental health issues. Further to this, homophobia, transphobia, (non)disclosure of gender and sexuality identities, and fears of not being understood and/or being judged can prevent LGBTIQ young people from seeking mental health support. ‘You learn from each other’ reports on our research findings on the experiences of LGBTIQ young people seeking mental health support, and how technology can promote mental health and reduce barriers for help-seeking.

Our project aims to empower Australian LGBTIQ young people to access mental health support, and to assist service providers and mental health professionals in providing optimal care and support to LGBTIQ young people through the use of technology. The project culminated in the development of the e-tool prototype, RAD Australia – a user-driven online directory to support both LGBTIQ young people’s mental health wellbeing, and the referral processes of health and community workers.

Diverse populations, diverse needs

The findings of this research indicate that LGBTIQ young people’s experiences of mental health help-seeking are as diverse as LGBTIQ populations. Young people indicated that there is no simple or uniform ideal for mental health support. While all LGBTIQ young people are susceptible to discrimination in health care settings, it was commonly noted that young non-binary and binary trans people experienced greater discrimination, and face a greater likelihood of experiencing inadequate treatment from mainstream health services and professionals.

In 303 completed online surveys, 59% of young participants described themselves as female, 28% described themselves as male, and 22% used other terms. Key other terms were genderfluid, agender, non-binary, and genderqueer. Asked to describe their sexual identities using their own terms, 43% of participants used more than one term, and a sum of 86 terms were used. Participants most commonly identified as bisexual (32%), lesbian (21.5%), pansexual (19%), gay (18.5%), queer (15%), asexual (9%) and demisexual (6%).

While focusing on LGBTIQ young people, this report emphasises the needs of trans, gender diverse, and intersex status young people because it was found that they face greater barriers in accessing adequate mental health care, and have fewer existing digital tools that can respond to their experiences and needs.

Resourcing young people, community, and health professionals

From our initial research, it became evident that pursuing an online directory of health and community services for LGBTIQ young people in Australia should be our focus. From speaking with young people, members of the LGBTIQ support sector, and health professionals, we found that many informal channels of information-sharing and support exist.

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1 We use LGBTIQ as a recognisable acronym to refer to trans, gender diverse, intersex, queer, gay, lesbian, bisexual, asexual and other sexuality and gender diverse people, regardless of what terms of identification they use.

2 607 young people contributed to survey data, but this report will focus on the 303 complete responses
for LGBTIQ young people and their health service providers. This is important and will continue, but the development of a central point of information for support, referral and review of health and community services can supplement this. As a user-led online directory through which young people can share details of supportive services and community spaces with their peers, RAD Australia connects to an existing culture of peer referral and provides greater access to a wider population of LGBTIQ young people. Because peer referral is highly regarded and trusted by many LGBTIQ young people, RAD Australia has the potential to improve access to professional health services for young people seeking this.

RAD Australia will be a valuable resource for LGBTIQ young people as well as health professionals and services. For those included in the directory, it will assist their own referral practices and encourage consideration of how they can further support the needs of LGBTIQ young people. RAD Australia provides referral options for all health professionals to ensure that LGBTIQ young people are referred on to the most relevant and experienced service providers.

Young people participating in our research noted the need for a broader approach to mental health and wellbeing that does not solely focus on mental health services. The directory will therefore include LGBTIQ-friendly sites that are not limited to the health sector, but which encompass community services and a range of other safe spaces and peer-based communities.

Key findings from our research

- Most young people surveyed felt it was necessary to discuss one’s gender, sexuality or intersex status with health professionals (76%), yet only 46% reported good experiences in doing so, and 41% said they had not discussed these matters with health professionals. This suggests a discrepancy between participants’ beliefs and practices about identity disclosure with health professionals.

- Reported barriers to LGBTIQ young people attending health services included fears of homophobia, transphobia and other discriminations, judgemental responses to one’s situation or identity, gendered assumptions, concerns around confidentiality, and difficulties with trusting health professionals.

- A need exists for mental health services to be more welcoming and open about their ability and willingness to discuss issues of LGBTIQ diversity, particularly relating to trans and non-binary genders, and intersex young people.

- Health professionals require access to more information about LGBTIQ young people’s needs, especially the needs of trans and non-binary gender diverse young people.

- LGBTIQ young people have more positive experiences in seeking help when they can exercise greater self-determination of their mental health status and needs.

- Health professionals can improve LGBTIQ young people’s experiences of mental health help-seeking by encouraging them to outline their needs for discussing gender/sexuality/intersex status or not, taking these on board, and addressing young people using their preferred names and pronouns.

- Assumptions and expectations of some health professionals can marginalise and damage rapport with LGBTIQ young people. This can be reduced when health professionals accept that not everybody has gender certainty or a common sex/gender narrative, and that expecting this can complicate their interactions with some young people.
Empowerment and confidence for mental health help-seeking is often achieved through peer and friend-based discussion and information sharing, and this should be supported by health professionals and service providers where possible.

Digital technologies can improve LGBTIQ young people’s access to mental health support, but should not stand in place for ‘real time’ interactions with health professionals and community service providers.

Key findings that informed the development of RAD Australia

When LGBTIQ young people were asked how they and their friends most commonly accessed information relating to mental health, the most commonly selected response was Online by using a search engine or Wikipedia (74%). This was followed by Friends (56%), Online from a mental health service or information site (51%), Other health services (22%), Family (19.5%), and Other (16%). The most common other sources were social media, school, and health professionals. This demonstrates that young people are using multiple methods for mental health help-seeking, and that support is commonly sourced online.

Service providers have varying strengths and weaknesses in terms of meeting the needs of LGBTIQ young people with diverse sexual orientations, gender identities and lived experiences. A resource that gives service consumers the power to discern these strengths and weaknesses in service provision is important.

Young people identified the potential of an e-tool that could not only list LGBTIQ-friendly health services, but in taking a broader approach to mental health and wellbeing, could list LGBTIQ-friendly and safe spaces beyond these, including cafes and hairdressers.

Technological innovations should not be seen as something with universal importance for young people and their service providers, since many young people involved in this study indicated that their use of digital media for health and wellbeing was limited or unlikely.

Recommendations for health service providers

Service providers should continually strive to pursue greater understanding of LGBTIQ young people’s diverse and individual experiences and needs in seeking help. LGBTIQ young people have a particularly diverse range of experiences and needs that require broad awareness development coupled with a person-centred, flexible approach. Recognising the connection between mental health issues and LGBTIQ diversities where relevant, or recognising when this is not, is an important aspect of providing valuable care and support.

Services should be visibly welcoming and accepting of young people who are LGBTIQ. Service intake forms, websites, administration systems, policies, accessible information about your experience and training on LGBTIQ diversity, and open, respectful communication are all identified as instrumental to this.

Key recommendations for RAD Australia

Twenty10 and Freedom Centre are well positioned to be responsive to user feedback that can inform necessary updates to the RAD Australia online directory and its functions. Key recommendations for RAD Australia are as follows:
- RAD Australia should be maintained by Twenty10 and Freedom Centre, particularly through the volunteer-driven RAD Action Group.

- Diversify listings to encompass a broader approach to mental health and wellbeing, including safe and LGBTIQ-friendly spaces beyond healthcare settings.

- Extend the focus of RAD Australia to support LGBTIQ people of all ages, since it was noted by participants that difficulties in accessing adequate mental health support are not exclusive to LGBTIQ young people.

- Develop a social media presence for RAD Australia.

- Review the site and its uptake after six months of use and modify the directory in response to common user feedback.

- Investigate opportunities to fund development of an app equivalent of the RAD Australia online directory.

**Recommendations for Twenty10 and Freedom Centre**

- Collaborate with other LGBTIQ services, groups and organisations around Australia to promote, contribute to and further develop RAD Australia.

- Ensure that RAD Australia is managed and supported by LGBTIQ community members and that this involvement is accessible to interested community members.

- Collect further evidence of LGBTIQ young people’s positive and negative experiences with service providers on RAD Australia service listing reviews in order to inform strategic responses within Twenty10, Freedom Centre and other services.
1 Introduction

This report gives an overview of the LGBTIQ Help-Seeking E-Tool project (2015-2016), funded by the Young and Well Cooperative Research Centre (YAW-CRC) and conducted as a collaboration between the partner organisations of Twenty10 incorporating GLCS NSW, The Freedom Centre, Curtin University and Western Sydney University.

LGBTIQ\(^3\) young people are subject to a range of socio-cultural inequities that impact on their health and wellbeing. Fears of homophobia, transphobia, (non)disclosure of gender and sexuality identities, and fears of not being understood and/or being judged may prevent LGBTIQ young people from seeking mental health support (Robinson et al. 2014). Our project aims to empower Australian LGBTIQ young people to access mental health support, and to assist service providers and mental health professionals in providing optimal care and support to LGBTIQ young people through the use of technology.

The project had three core phases (outlined below) culminating in the development of the RAD Australia e-tool prototype. RAD Australia is a user-driven online directory designed to support LGBTIQ young people’s mental health wellbeing, and the referral processes of health and community workers throughout Australia.

This project sought to investigate the help-seeking experiences and needs of LGBTIQ young people and how technology could be used to reduce barriers faced and to promote effective help-seeking. Following an initial research phase involving 678 participants, most of whom are LGBTIQ young people, RAD Australia was developed to respond to Australian LGBTIQ young people’s needs and experiences of mental health help-seeking.

This project was informed by recent Australian studies that report on the needs and experiences of LGBTIQ young people, including Growing Up Queer (Robinson et al. 2014), From Blues to Rainbows (Smith et al. 2014), Private Lives 2 (Leonard et al. 2012), and Writing Themselves In 3 (Hillier et al. 2010). Our study particularly draws on methods and learnings from the Growing Up Queer study that was conducted by Western Sydney University and Twenty10.

PHASE 1: Research and needs assessment

A literature review was undertaken to better understand the issues facing LGBTIQ young people’s access to mental health support, and issues facing health and community professionals who engage with these populations. Research was conducted involving LGBTIQ young people, LGBTIQ youth service providers, and a range of health professionals. The following methods were used for the collection of Phase 1 data:

- Focus groups with LGBTIQ young people aged 16-25 years (3 focus groups in both Sydney and Perth).
- Focus groups with service providers who work with LGBTIQ young people (2 focus groups in both Sydney and Perth).
- Interviews with health professionals, particularly those who provide mental health support services to LGBTIQ young people regarding mental health support (4 interviews in both Sydney and Perth).

\(^3\) We use LGBTIQ as a recognisable acronym to refer to trans, gender diverse, intersex, queer, gay, lesbian, bisexual, asexual and other sexuality and gender diverse people, regardless of what terms of identification they use.
- A national online survey for LGBTIQ young people aged 16-25 years (607 responses, including 303 full responses).

**PHASE 2: E-tool development**

Following preliminary data collection and analysis, key findings were established. These findings were used to guide the development of the RAD Australia online directory. In Phase 2, an environmental scan was undertaken to identify other examples of digital media that support LGBTIQ young people’s mental health help-seeking. We also explored the possibilities of collaborating with RAD Remedy (US) – an online directory for trans, gender non-conforming, intersex, and queer people – as this closely resembled our proposed intervention. We then engaged with a web design and marketing agency (Loaded Communications) who adapted the RAD Remedy (US) open-source software to develop RAD Australia.

**PHASE 3: RAD Australia online directory**

From April-May 2016, we tested an early design of RAD Australia through focus groups with young people (2 focus groups in both Sydney and Perth), and surveyed health and community workers previously involved in Phase 1 focus groups and interviews. Some additional changes were made to the site, and we identified future recommendations for RAD Australia collaborations (section 4.3.3). A RAD Action Group of volunteers was set up to manage and maintain the RAD Australia online directory upon concluding this project, comprised of volunteers from Twenty10 and Freedom Centre.

**Research ethics**

Approval to conduct this study was received from the Human Research Ethics Committees of Western Sydney University (H11103) and Curtin University (HR 108/2015). All data have been de-identified to protect the confidentiality of research participants.

**Report overview**

This report aims to not only give an overview of our project findings, but to contribute to current work from researchers, community organisations, service providers and health professionals that seeks to improve and offer support to LGBTIQ young people and their mental health and wellbeing practices.

Section 2 of this report outlines some of the key literature that has informed our study and its focus on the needs and experiences of LGBTIQ young people regarding mental health help-seeking. Section 3 offers details of our research methods and the participants involved in this study. Section 4 presents significant findings from this study that would inform the development of the RAD Australia online directory. This section prioritises the statements of LGBTIQ young people, foregrounding their expressed concerns, experiences and suggestions. Section 5 offers a summative conclusion of our findings, followed by our recommendations (Section 6) to Australian health service providers, and to RAD Australia and its partner organisations (Twenty10 and Freedom Centre).
2 Literature Review

Recent Australian research highlights LGBTIQ young people’s difficulties in finding adequate healthcare and mental health support (Leonard et al. 2012, 2015; National LGBTI Health Alliance 2012; Robinson et al. 2014), including support from their schools (Jones & Smith et al. 2016; Smith et al. 2014). Following is an overview of key literature that informed our approach to LGBTIQ young people’s mental health help-seeking, and the potential for digital media to assist young people in seeking and finding support.

2.1 YOUNG PEOPLE AND GENDER DIVERSITY

Young people’s gender and sexuality diversity is highlighted in the Growing Up Queer report (Robinson et al. 2014) that preceded our research. Robinson et al. argue that rather than constructing ‘queerness’ as a homogenous characteristic it is important to acknowledge the immense diversity within the LGBTIQ population, including intersections between diverse genders and sexualities and variables such as ethnicity, class and geographical location (2014, 15). Examples of this are found in Stephen Kerry’s (2014) research on brotherboy and sistergirl Indigenous trans communities in Australia, and Jones’ (2015) comparative study of LGBTIQ students from rural and urban environments. It has been noted that LGBTIQ young people in Australia often use various identity terms interchangeably and in tandem (Willis 2012), which may cause confusion among adult health professionals.

Recent research on school-based experiences of trans and gender diverse students in Australia notes a trend towards more fluid and inconsistent gender identities (Jones & Smith et al. 2016). In her ethnographic study of non-binary sexualities, Callis notes that a hetero/homosexuality binary is “shifting and becoming less hegemonic” (2014, 64). The diversity of gender identities is expanding, as Salzburg and Davis (2010) discuss in their research of gender non-conformity among young people. In a US study involving 292 trans and gender diverse individuals, Kuper et al. (2012) found that participants, on average, gave 2.5 current gender identities, 1.4 past gender identities, and 2 past sexual orientation identities. This research demonstrates that single-category identifiers (e.g. ‘lesbian’ or ‘trans’ or ‘male’) are insufficient for many young people today.

Research specific to trans and intersex young people is rare (Jones & Hart et al. 2016; Smith et al. 2014), and most Australian research on trans populations focuses on adult experiences (Jones & Smith et al. 2016). As Roen (2004; 2005) discusses, much of the existing literature on intersex status focuses on critical engagement with sexual reassignments of infants and children, rather than the experiences of adolescents and adults with intersex status.

2.2 LGBTIQ YOUNG PEOPLE AND MENTAL HEALTH

International research documents the high prevalence of mental health issues among LGBTIQ individuals (Clements-Nolle et al. 2001; Kidd et al. 2011). In an Australian survey of LGBT people aged 16-89 years (Leonard et al. 2012), 80% reported having had one or more episodes of intense anxiety in the previous year. In Smith et al.’s Australian study (2014), 44% of trans and gender diverse participants self-reported having anxiety, compared with the general population figure of 25%.
A strong relationship has been documented between anxiety, depression, substance abuse, self-harm and suicide attempts in LGBT youth populations, with experiences of discrimination and abuse (Hillier et al., 2010; Smith et al., 2014). Depression is reported as more common among LGBT people than the national average, with diagnoses being reported by 47% of Smith et al.’s trans and gender diverse cohort of young people (2014, 66), and 30.5% of Leonard et al.’s all-ages LGBT sample (2012, 31). These findings suggest a depression prevalence significantly higher than the general population level of 14.3% (ABS 2009).

In the third national Writing Them In survey, Hillier et al. (2010) report strong links between experiences of homophobia with feeling unsafe, excessive drug use, self-harm, and suicide. They also note that rural and regional young LGBT people had higher rates of self-harm, suicide attempts and suicidal ideation than urban peers. Rural-based LGBTIQ people are more likely to experience social and geographical isolation, a lack of appropriate services, and hostile school environments (Kosciw et al. 2009; Lyons et al. 2015).

It is commonly stated that LGBTIQ young people in Australia are at a higher risk of suicidal behaviours (Skeeret 2015), though Cover (2013, 3) warns that simple correlations between suicide and ‘queer youth’ can produce a ‘vulnerabilisation’ of queer youth that overlooks their resilience.

In the most recent Private Lives study (Leonard et al. 2012), trans participants reported poorer mental health than bisexual and same sex attracted participants. Bockting et al. (2013) hypothesised the minority stress model (Meyer, 1995; Hendricks & Testa 2012) as being applicable to the experience of trans, gender diverse and sexuality diverse individuals. Similar studies also found higher rates of mental health issues among trans and non-binary young people (del pozo de Bolger et al. 2014; Clark et al. 2014), with young people often less likely to seek mental health support (McDermott 2015).

Jones & Smith et al. note that intersex young people in their study often engaged in gender activism and that this can ease depression, reduce thoughts of self-harm and suicide, and increase feelings of resilience (2016, 166).

2.3 ACCESS TO MENTAL HEALTH SUPPORT

In a systematic review of barriers and facilitators to young people accessing mental health support, Brown et al. (2015) highlight how intersecting marginalities (including drug use, Indigeneity, cultural and linguistic diversity) present greater difficulties in accessing support. Riggs et al. (2015) argue that a requirement for many trans people to access medical support can contribute to their poor mental health, and that ‘paternalistic gate keeping’ can privilege certain trans narratives of embodiment (e.g. transitions between binary understandings of maleness and femaleness) while foreclosing others (2015, 37). Young people have noted the value of service providers who educate themselves on issues surrounding gender diversity and trans-inclusive healthcare (Smith et al. 2014).

Healthcare practitioners may struggle with attaining competence with and sensitivity towards non-binary trans and gender diverse patients (Bockting et al. 2004; Riggs & Bartholomaeus 2016; Smith et al. 2014). Delays in the treatment of gender dysphoria contribute to minority stress (Ellis et al. 2014), demonstrating a need for health professionals to validate and facilitate the steps taken by trans and gender diverse clients to affirm and actualise their gender identities (Holman & Goldberg, 2006). For many trans patients, health professionals have discounted their gender identities as a mental health issue (McNeil 2012). In reviewing mental healthcare’s history of engaging with trans patients, Benson (2013) notes a current shift away from pathologising trans subjects, and an increased advocacy for mental health
professionals to engage in affirmative practice with their trans clients. Due to an increased prevalence of young people identifying as trans and genderqueer, Donatone & Rachim (2013) argue that health professionals need to be more knowledgeable in this area, and have developed a patient intake template that is more inclusive.

Young people’s fears of experiencing homophobia or transphobia in clinical settings, or of their sexuality or gender not being understood, being judged or being inappropriately disclosed by a healthcare practitioner can prevent them from engaging in health-related help-seeking (Hillier et al. 2010; Smith et al. 2014). Where a young person’s sexuality, gender or intersex status is disclosed in a clinical setting, LGBTIQ young people have emphasised a need for healthcare practitioners to avoid attributing mental health issues as a symptom of these aspects of identity (Hillier et al. 2010; Leonard et al. 2012; Smith et al. 2014). These reports highlight how health professionals should be able to appreciate that mental health, sexual and gender identity and intersex status can be at once separate yet related aspects of a young client’s personhood, without assuming a simple correlation between them.

Lack of trust presents as a considerable barrier to young people communicating their needs to healthcare providers, and this can disrupt an accurate diagnosis, increase the risk of misdiagnoses, and lead to inappropriate referrals (McNair & Hegarty 2010). It also diminishes the extent to which patients can experience feelings of support in the consultation setting (Groopman 2007). For LGBTIQ young people to develop the trust needed to engage with mental health professionals, health providers must actively demonstrate their support for the individual’s autonomy, self-determination, and authorship of their help-seeking experiences (Kidd et al. 2011; Smith et al. 2014).

Robinson et al. (2014) emphasise the need for service providers to adequately resource young people to enhance their resilience and abilities to forge happy and fulfilling lives. They highlight the importance of a young person’s first contact with health providers being positive, which is particularly necessary given the stress that ‘coming out’ places on young people in many contexts, including healthcare settings.

2.4 DIGITAL TECHNOLOGIES

LGBTIQ young people’s wellbeing is often supported through their everyday use of online and digital media (Hillier et al. 2010; GLSEN 2013; Robinson et al. 2014). As young people’s internet usage and access continues to grow (ABS, 2012), digital media interventions to support LGBTIQ young people’s mental health help-seeking are increasingly viable. Peer-to-peer support through online and social media is a key aspect of mental health wellbeing for many young people, with its opportunities outweighing its potential risks (Blanchard 2013; Naslund et al. 2016). Benefits of online communications commonly discussed in relation to mental health and wellbeing include opportunities for social support, safe identity experimentation, and self-disclosure (Best et al. 2014), and this is especially the case for many LGBTIQ young people (Craig and McInroy 2014; Hanckel and Morris 2014; Tropiano 2014).

LGBTIQ young people demonstrate considerable resilience through digital media, as seen in common practices of finding gender/sexuality communities online (Craig et al. 2015; Hillier et al. 2012). Online community-building is especially important for rural-based young people who are negotiating their LGBTIQ identities (Gray 2009). The value of safe spaces to negotiate and experiment with transgender identities has also been discussed (Levitt & Ippolito 2014; Raun 2016).
Young people negotiate their mental health online and through face-to-face interactions, with peers and health professionals, and these multiform and synchronous modes of help-seeking are important to how they negotiate mental health as well as gender and sexual identities. Online communities and peer-information are vital for LGBTIQ young people’s self-education, for finding help and support, reducing social isolation, and gaining a sense of self-acceptance and pride in one’s own identity (Hillier et al. 2010; Leonard et al. 2012; Robinson et al. 2014; Smith et al. 2014). Yet, LGBTIQ young people still emphasise a need for knowledgeable and supportive healthcare providers who they can communicate with face-to-face (Robinson et al. 2014).
3 Methods and demographics

3.1 PHASE 1: RESEARCH AND NEEDS ASSESSMENT

The first phase of this project gathered data on LGBTIQ young people’s experiences and needs relating to mental health help-seeking. This involved data collection through an online national survey of young people, and research in Sydney and Perth comprising focus groups with young people, focus groups with LGBTIQ young people’s service providers, and interviews with health professionals who offer mental health support to LGBTIQ young people.

Online survey: LGBTIQ young people

An online survey was developed for LGBTIQ young people aged 16-25 years (see Appendix 1). The survey was open for 4-5 weeks, to Australian residents, from July-August 2015. In total, 607 eligible participants responded, with 303 young people completing the full survey. Throughout this report, only the 303 complete surveys are reported on, unless otherwise stated.4

Collecting a mix of quantitative and qualitative data, the survey asked participants to share their experiences of mental health help-seeking and to reflect on whether issues relating to their gender/sexuality/intersex status have challenged their ability to access healthcare support. Participants were asked to reflect on a range of sources of mental health information and support and the value of these sources. Participants were also asked about their digital media practices and how digital technologies could be used to assist mental health help-seeking for themselves and their peers.

Most participants lived in NSW (34.7%), Victoria (22.8%), WA (16.2%), and QLD (9.2%) (see figure 1). With the exception of higher numbers in WA, this correlates with state-based population differences.

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4 In discussing the experiences of trans and intersex young people, we will draw from all responses, including partially completed surveys, to ensure greater scope in discussing the needs and experiences of these participants.
Of those who completed the survey, almost half were 18 years and under (approx. 45%), with the mean age being 19.5 years (see figure 2).

![Age breakdown of online survey participants](image)

Figure 2: Age breakdown of online survey participants

Of those who completed the survey, 178 described themselves as female (58.7%), 84 described themselves as male (27.7%), and 68 participants used other terms (22.4%) (see table 1). Commonly used other terms included genderfluid (N=15), agender (N=11), non-binary (N=7), genderqueer (N=6), and FTM (N=4).³

<table>
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<th>Count</th>
<th>Percentage of total</th>
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<tr>
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<table>
<thead>
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<td>Queer</td>
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</tr>
</tbody>
</table>

Table 1: Gender of online survey participants

³ Some participants selected more than one category.
Participants were asked to describe their sexual identity using their own terms, and a significant number (129; 42.6%) gave more than one term. In total, 86 terms were used. Participants most commonly identified as bisexual (32.3%), lesbian (21.5%), pansexual (19.1%), gay (18.5%), queer (15.2%), asexual (9.2%) and demisexual (6.3%) (see figure 3).

![Q4. Sexual identity (%)](image)

N.B. graph only includes identities named 3 or more times

Figure 3: Sexual identities of online survey participants

Five percent of participants identified as Aboriginal and/or Torres Strait Islander, and 65.7% described their cultural background as Australian. Most participants were full-time students (57.4%), and the majority lived with parents or guardians (65.7%). Of the total (607) survey participants, 18% identified as trans (N=110), and 5% identified as intersex (N=33).

**Focus groups: young people**

Six focus groups were conducted in Perth and Sydney (three in each location), involving a total of 39 young people aged 16-25 years. Focus groups ran for 1-1.5 hours and discussion was based on participants' experiences and understandings of mental health help-seeking, and how digital media could improve access to mental health support for themselves and their peers. Participants were recruited through disseminating a one-page flier through Twenty10 and Freedom Centre networks. Participants each received a $20 shopping voucher for their contribution.

Participants were not representative of a broader LGBTIQ population, given their attachment to urban queer youth services. Nonetheless, these discussions give insight into a range of experiences of young people who had sought mental health support. As several participants had moved from regional towns to cities, there is some representation of non-urban experiences in these data. The mean age of focus group participants was 20 years, and the following snapshot is based on a brief demographics form completed by these participants.

Participants most commonly described their gender as male (17) (including man, man(ish), guy), followed by female (5), genderqueer (4), genderfluid (4), neutral (3), and non-binary (3). Other descriptors used (once each) were: n/a, they/them, trans, afab, not actively questioning, androgyne, bigender, transmasculine, and no label. Four participants described their gender using multiple terms. Twenty participants (51%) identified as transgender.
(including transmasculine and transgender/agender), and one participant preferred ‘not cisgender’.

Participants’ most common sexual identities were gay (9), pansexual (8), bisexual (6), asexual (4), homosexual (4), lesbian (3), queer (3), and fluid (2). Some participants listed more than one term, and other terms used (once each) were neutral, skolio/pansexual, androphilic, trans, and lith/sapio/demi/grey/asexual.

One participant identified as Aboriginal or Torres Strait Islander. Three participants spoke a mix of English and non-English languages at home. Eleven participants (28%) indicated having a disability, and two were carers. Twenty four participants were living with family/friends (62%), 13 were renting (33%), and two were not currently in permanent housing. Twenty one participants (54%) had completed Year 12. Of the remainder, most were studying, six had left school without completing Year 12 (15%), and two participants had university degrees.

**Focus groups: service providers**

Four focus groups were conducted with LGBTIQ service providers and health staff based in Perth and Sydney (2 focus groups in each location), with 24 participants in total. Participants had diverse workplace roles including: psychologist, nurse, counsellor, program coordinator, caseworker, client services officer, social worker, youth service manager, occupational therapist, psychiatrist, and health promotion officer. Service providers discussed their experiences of working with LGBTIQ young people, and highlighted key issues that young people encounter in relation to seeking mental health support. On average, these participants had worked with LGBTIQ young people for 7.5 years.

Service providers were asked to provide the same demographic information as young people to generate a snapshot of their background, identities, and experiences. Fifteen participants (62.5%) identified as female, seven as male (29.2%), one as genderqueer and one as gender neutral. Twelve participants identified as heterosexual/straight (50%), with the remainder identifying as lesbian (4), queer (4), gay (2), gay/queer (1) and pansexual (1). One participant had a disability, four participants were carers, and two participants spoke English and non-English languages at home. No participants identified as Aboriginal or Torres Strait Islander.

**Interviews: health professionals**

Eight semi-structured interviews were conducted in Perth and Sydney (4 in each location) with allied health and mental health professionals who work directly with LGBTIQ young people. Four of these participants worked as counsellors, and the others were a school counsellor, a youth worker, a general practitioner (GP) and a psychiatrist. Participants spoke of key issues they have seen in relation to the mental health needs of LGBTIQ young people, and how these can be better met by health professionals with the support of digital technologies.

### 3.2 PHASE 2: E-TOOL DEVELOPMENT

Phase 2 began with a thematic analysis of Phase 1 findings, drawing out the following themes regarding LGBTIQ young people’s mental health help-seeking:

- Gender, sexuality, and mental health intersections
- Access to mental health support
- Negative experiences of mental health help-seeking
• Positive experiences of mental health help-seeking
• Young people, digital media, and health
• Potential digital interventions

In Phase 2, we also reviewed existing e-tools used by young people to support their mental health (see section 4.2.2). We then engaged with RAD Remedy (US) to discuss a potential collaboration (see section 4.2.3), and gained access to their open source database software. A design firm in Perth (Loaded Communications) was engaged to develop RAD Australia – a user-led online directory designed to support LGBTIQ young people’s mental health help-seeking.

3.3 PHASE 3: RAD AUSTRALIA ONLINE DIRECTORY

Focus groups: young people

In Phase 3, four focus groups were conducted with LGBTIQ young people in Perth and Sydney (2 in each location), with 13 participants in total. Recruitment involved contacting Phase 1 focus groups participants who had expressed interest in further involvement, and through word of mouth and social media posts among Twenty10 and Freedom Centre networks. Focus groups ran for 1-1.5 hours, during which participants used iPads, laptops, and smart phones to browse and evaluate the RAD Australia test site. Participants each received a $20 shopping voucher for their contribution.

The mean age of the focus group participants was 20.2 years. Participants most commonly described their gender as male (6) (including boy), followed by female (2), non-binary (2), and genderqueer (2). Other descriptors used (once each) were: greygender, gender non-conforming, genderfluid, and demi guy. Three participants (23%) described their gender using multiple terms. Four participants (31%) identified as transgender (including ‘transgender woman and proud!’ and ‘transgender- kind of, I am AFAB non-binary’), with one participant preferring the term ‘gender non-conforming’ to transgender. One participant identified as intersex.

Participants’ most common sexual identities were gay (4), asexual (3), bisexual (2) and pansexual (3). Other terms (used once) were inbetweener, sapiosexual, panromantic, queer, ‘probably pan grey-ace,’ and ‘sexually fluid/questioning.’ Four participants (31%) listed more than one term. None of the participants identified as Aboriginal or Torres Strait Islander. One participant indicated that they spoke a language other than English (Maori) at home. Six participants (46%) indicated that they had a disability, and one was a carer. Six participants (46%) were living with family/friends, four were renting (31%), and one was not currently in permanent housing.

Online survey: Service providers and health professionals

An online survey with a link to the RAD Australia test site was sent to all service providers and health professionals who had taken part in Phase 1 focus groups and interviews, and to Twenty10 and Freedom Centre staff and volunteers. In the survey, participants were prompted to explore the RAD Australia online directory and then give feedback on their user experience and the directory’s strengths and weaknesses. Nine responses were gathered in total, from counsellors, youth drop in workers, a health worker, a peer educator, a medical practitioner, a training team leader, and a project officer.
4 Findings and discussion

4.1 PHASE 1 – RESEARCH AND NEEDS ASSESSMENT

The following section presents Phase 1 findings, collected from focus groups with LGBTIQ young people, focus groups with service providers, interviews with health professionals, and a national online survey of LGBTIQ young people (16-25 years). References to young participants include their age, gender, and sexual identities. Service providers and health professionals are referred to by their occupation. Data from all participants are discussed in unison, in relation to key themes.

4.1.1 DIVERSE EXPERIENCES AND NEEDS

LGBTIQ young people’s experiences of mental health and mental health help-seeking are as diverse as LGBTIQ populations. Our findings illustrate this and serve as a reminder that there is no simple or uniform ideal for mental health support among these populations. Young people and health professionals alike highlighted the diversity of experiences and needs among LGBTIQ young people.

I think that there's a myth that the needs of gender variant or people with gender dysphoria is the same as LGB, and it's just not. Nor are the needs of the intersex community the same as transgender people or LGB. (Counsellor)

Many participants felt that discussing one’s sex/gender/sexual identities with health and mental health service providers was more necessary for gender diverse non-binary and intersex young people:

I think it is probably more important for gender diverse and intersex people [to discuss their sex/gender/sexuality with health professionals] because their issues are more physical than sexually diverse people. (17, female, bisexual pansexual queer)

I think it depends on both the person and the issue – for example, someone being gender diverse or intersex might feel it necessary to discuss their identity because it has to do with the physical body, mental health or other thing that relates to what they are seeking assistance with. (17, genderqueer, gay/androsexual)

Noting the importance of discussing their sexualities with health professionals, some suggested that different identity groups may place more/less emphasis on their sexualities when seeking healthcare:

I'm fine with being gay but it's not a defining feature of my personality. I feel people who openly associate with "queer" culture find being sexually diverse more of a defining feature for them personally (though I may be wrong), which is absolutely great for them – it’s just not me. (19, male, gay)

Different agendas of LGBTIQ population were commonly flagged. For example, it was said that intersex young people are less likely to engage with a politics of visibility and ‘outing’ that is often found in LGBT communities:

For intersex people, there is no being out. That's none of anybody's business what their reproductive or genetic makeup is... They have needs around identity and not
having to fit into an either/or kind of situation if that’s how they genuinely identify. They also don't see themselves as part of the trans community at all. *(Counsellor)*

However, one participant stated that discussing their intersex status with health professionals was important for awareness-raising:

To educate and raise an awareness that we exist and sometimes that can be a part of our mental health issues. *(20, intersex genderqueer, pansexual)*

It was commonly noted that young non-binary and binary trans people are more likely to experience discrimination and unfair treatment when accessing mainstream health services. Participants discussed a range of social discriminations faced, and how “individual-based” approaches typically taken by counsellors and other mental health professionals can fail to attend to the social aspects of many LGBTIQ marginalisations:

When it comes to people who are part of the sex and gender-diverse community, you can provide them with all of the individual strategies in the world, but often they’re in situations where they’re facing things that people shouldn’t have to face, like food insecurity, or homelessness, or feeling mistrusting or unable to go to agencies that would traditionally provide them with support. In that case it’s really important to be able to name those processes for them and say, "The issue is actually not with you. You're feeling this way because somebody is doing something unreasonable to you." That's a very different approach from the very individual-based counselling approaches that are normally taken. *(Psychologist)*

A lot of my gender diverse friends have a lot of trouble accessing services because of prejudice, exclusive terminology and fear. *(24, female, lesbian)*

Several health professionals felt that young people’s sexual identities are now less of an issue with health providers than in the past, but that trans and non-binary gender young people experience the most discrimination in these settings:

The idea of dealing with sexually diverse young people is pretty much mainstream in mental health services but when it comes to gender dysphoria or diverse questioning-type people, it's just not most people's experience or training. So the young person quickly gets the message that that's not something that can be talked about or they have to go to somebody else to talk about that, and so you've immediately got a fragmentation of their care. *(Psychiatrist)*

Many participants felt that best practice in professional settings was for young people to set the agenda in how and when their gender and sexual identities feature in health consultations:

Professionals MUST let LBGTIQ+ define themselves. They should never assume or tell someone how they SHOULD exist, they have every right to define that for themselves. Especially in a world that already tells people how to exist. *(23, trans non-binary femme/demigirl, lesbian/queer/gay)*

[Health professionals] have to be able to take up exactly what the person wants in the time. If they say, "Today I want you to call me 'she' and tomorrow I want you to call me 'he' and the next week I want you to call me 'they',' with these new names you have to be able to flick into that and just do it, irrespective of the presentation. *(Counsellor)*
This support for agenda-setting was affirmed by young trans participants in our online survey, with 49 (45%)\(^6\) describing good experiences they have had in discussing gender with health professionals. Of these, 23 mentioned health professionals who were understanding, whether through an affiliation with queer communities, experience of working with gender diverse people, or a willingness to improve their understanding of trans and gender diverse issues. Eighteen participants attributed good experiences to feeling accepted by professionals, where consultations involved respectful and open conversation. Ten of these participants mentioned health professionals validating their identities, and eight appreciated how health professionals had used their correct pronouns.

For young LGBTIQ people, dealing with health professionals who had limited understandings of non-binary genders was a common experience:

They didn't seem to understand that I am non-binary, they all just thought I was 'confused about my gender'. (16, trans, bisexual/pansexual)

Many young people commented on the value of finding health practitioners who are aware of and open to a range of non-binary genders:

It is always really useful… to have people who are aware of different genders and non-binary issues and sexualities and so you can say something and… they sometimes ask for clarification but often they'll be on top of it rather than like, “what, you're not a boy?” (16, trans genderfluid, asexual)

Service providers noted that young people’s fears of seeking mental health support can include fears about impeding their transitioning:

if they’re already suffering from depression or anxiety, [discussing mental health with health professionals] may impact their chances of being able to transition. That's a really big fear as well, that [they’re] going to be labelled with something that's going to impede further progress. (Phone counsellor and crisis supporter)

Service providers discussed how trans and non-binary young people are likely to have their mental health assessed by health practitioners if they want to access hormone therapy. Trans young people are therefore often channelled into ‘mental health zones’, regardless of whether or not they are asking for mental health support:

We've got quite a lot of non-binary identifying folk who are accessing these mental health zones because they have to, to get access to hormone therapy. And then going to these rigid sort of grilling sessions to prove that they're a prototype of a woman or a man, and in fact, that's not their lived experience. (Youth case worker)

4.1.2 INTERSECTIONS: GENDER, SEXUAL IDENTITY, AND MENTAL HEALTH

Young people’s feelings about the relevance of their gender/sexuality/intersex status to their mental health needs varied. Many participants saw mental health as overlapping with one’s identities, but in complex (non-causal) ways:

One thing I find sometimes happens is people will say, “oh it's hard for you because you're queer.” No, it's hard because of the challenges that I face and because of the way that the system is and because of stuff that causes these challenges for me, and

\(^6\) Of 110 total trans participants, including those who did not fully complete the survey.
not because I'm queer. (16, trans man/no label, lith/sapio/demi/grey/another sexual/romantic/sensual)

Commonly, gender and sexual identities were discussed by young people as related to their mental health, but some participants felt these were unrelated. While most online survey participants agreed with the statement that “it’s necessary to discuss issues and experiences to do with gender/sexuality/intersex status with health professionals”, 74 (24%) disagreed. Many of these participants offered further explanation:

My gender isn't a mental health issue. (23 trans female, demisexual lesbian)

It makes it seem like a problem when it's not. People don't discuss being straight do they? (19, female, lesbian)

Because it's none of their business. If you want to tell them, you tell them. (17, intersex female, straight)

Among those who said it was not necessary to discuss these matters, most clarified that it would depend on the young person involved and their needs:

It is relevant if it is causing you distress or is related to another health problem, but as yet it does not affect my health/mental health in a significant way. (24, female, bisexual/questioning)

There are times it's not relevant. It is important [for discussing gender and sexual identities] to be an option though. (21, trans agender, panromantic demisexual)

As mentioned, other young people understood their gender and sexual identities and their mental health as interrelated:

Sometimes gender stuff triggers anxiety stuff, or sometimes anxiety stuff triggers gender stuff, but other than it kind of overlapping like that, it is technically two separate issues. While you need to deal with both of them, sometimes you just need to deal with one of them by themselves and it's kind of hard to get [health professionals] to do that sometimes. (20, transmasculine genderqueer)

Young people highlighted a need for mental health professionals to be open to discussion of diverse genders and sexualities, if relevant:

Well I think if you're going to [see] somebody, you probably don't know why or what is specifically wrong. So if you don't share everything, then you might be skipping something that is relevant. (24, male, homosexual)

I feel like it's not really effective counselling when you have to leave a part of yourself behind when you walk in the door. (16, trans/genderqueer/nonbinary/not actively questioning/afab, skolio/pansexual queer homoromantic)

It was also noted that sometimes it was not safe to divulge information about one’s gender/sexuality/intersex status to health professionals:

Some healthcare professionals sadly still hold negative judgement towards LGBTQI+ people and it can be unsafe to talk about those issues with them. (17, trans intersex non-binary, queer)
Some participants noted a tendency for gender identities to be under-emphasised in healthcare consultations:

I wouldn't feel very comfortable talking to my GP about my gender, and I probably wouldn't feel comfortable talking to a psychologist about it as they seemed to see it as confusion and uncertainty. And while it doesn't make up a huge part of my identity for me in comparison to other things, it has caused bullying and feelings of inadequacy and isolation for me and that is an important thing to address, and I don't think either of them really thought of it that way. They seemed to think of it as something very unimportant and insignificant. (19, female/genderfluid/demigirl, queer bisexual)

Others felt that the significance of their gender was sometimes overinflated by health professionals:

To me, my gender identity is not a problem. I think being who I am is not a problem, and I am fine with who I am. However, several professionals I have talked to about my mental health want to talk exclusively about my gender identity. (23, trans agender, asexual/panromantic/polyromantic)

I was submitted to a lot of invasive questions from professionals with outdated understandings of gender so they could give me the big tick of diagnosis. (22, trans female, lesbian/queer)

You shouldn't ask a trans woman about her breasts when she wants to talk about her depression. (16, trans genderfluid, asexual)

These statements highlight the importance of young people having the space to communicate the significance of their gender and sexual identities in a mental health setting, and for this to be heard and respected by health professionals. Young people and service providers alike acknowledged the strong connection that exists between mental health, physical health, and social wellbeing, and one service provider noted how health and community services often tend to isolate these domains:

This comes down to broader problems as well, like funding terms, what we're funded for, because we sort of see things in silos or isolation. Like we talk about HIV and gay men's health in isolation to mental health when of course there's so much cross over. (Peer programs coordinator)

4.1.3 ACCESS TO MENTAL HEALTH SUPPORT

When asked: Do you think it’s necessary to discuss issues and experiences to do with gender/sexuality/intersex status with health professionals, 76% (N=229) of LGBTIQ young people surveyed said yes. However, when asked: Have you had good experiences discussing your gender/sexuality/intersex status with a health professional, 46% (N=139) said yes, 13.5% (N=41) said no, and 41% (N=123) said they had not discussed these with health professionals. This suggests a discrepancy between participants' beliefs and practices about gender and sexual identity disclosure with health professionals, including mental health professionals.

Fear was commonly discussed as a barrier to LGBTIQ young people's access to mental health services.
Many within the LGBTQI community avoid doctors and mental health professionals who do not explicitly state on a website that they deal with LGBTQI issues, because they fear embarrassment, harassment etc. (22, female, questioning bisexual)

Intersecting marginalisations, such as being Aboriginal or Torres Strait Islander and LGBTQI, were flagged as presenting further barriers within mainstream mental health support:

[Being LGBTQI] often means that [Aboriginal and Torres Strait Islander peoples] don’t feel comfortable accessing Aboriginal services. Then, they don’t feel comfortable accessing non-Aboriginal services, because we’re non-Aboriginal. It becomes… they have even less options, I guess. (Clinical psychologist)

This intersection between racism and homophobia was also reflected upon by young people:

Because I am black there are many things about the LGBTQI+ community that I am disillusioned by. Namely the severe exclusion from both communities based on my identities. (21, male, biromantic homosexual)

As well as the fear of homophobia and other discriminations, other barriers to LGBTQI young people attending health services include judgemental responses to one’s situation or identity, gendered assumptions, concerns around confidentiality, and difficulties with trusting health professionals:

We have some young people asking, "Are you homophobic?" before they come. Gotten that a couple of times, which is brave of them to even ask, I think. (Clinical psychologist)

Many young people reported difficulties in locating health providers who were not discriminatory or judgemental:

It took me a long time to find a GP that was always supportive, NEVER judgemental, on my side. (24, female, gay/lesbian/pansexual)

Many also felt more comfortable knowing that their health practitioners were LGBTQI, though recognised that this may not always result in non-discrimination:

Perhaps if the professionals were queer as well. However, there is discrimination within the queer community as well, so that might not help. (18, female/genderqueer, bisexual and demisexual)

It was noted that many health services and practitioners are well-meaning, but often do not recognise the discrimination within their services, and that homophobia and transphobia found in some services arose through structural barriers and a general unawareness of what constitutes discrimination. In approaching a health service, young people discussed various ways they would ascertain its suitability, often referring to how it looks and feels. Service providers also spoke of the need for health services to be welcoming and open to a range of clientele, and how this often starts with intake forms:

You’d be hard pressed to find intake forms that ask for pronouns but you’d also be hard pressed to find intake forms that does what the government actually says they have to do which is to provide options for male, female and other. Very few services actually go to that length of respecting what is actually a legal requirement in this state, at least I think. That's the first impression that a young person gets of a service and their first sense of whether they're welcome or safe…That does a lot for the sense of trust and safety with a place. (Case manager)
LGBTIQ service providers reflected on their role in encouraging mainstream healthcare services to adopt more inclusive service provision:

For us to say these things are creating an environment that is homophobic or discouraging people from accessing your service, might shed a bit of light on them changing their practices. You know what I mean, they don't know that they're doing it. Like, they might be operating in a completely genuine manner. They're not realising they're being cocks about something. (Strategy and program coordinator)

Religious services were also discussed as a barrier for some young people. Many felt that these organisations are likely to be discriminatory and would not welcome or encourage young people to divulge or discuss their sexualities and gender identities:

If I saw anything religious in [a health service], I'd be out of there. Nup, I'm not stepping in here. They would be biased. (20, male, gay)

The actual structural setup, of being a church organisation that actively discriminates against marriage equality and stuff like that, will affect how somebody walks into that service. (Triage officer)

Supporting young people with system navigation and referral pathways was noted as important for ensuring young people’s adequate access to the right mental health support:

It’s really challenging for a lot of trans folk to access support around transitioning because the support services are very ad hoc and not well known. Like a simple Google search won't take you that far or send you in the wrong direction. (Client services officer)

Among online survey participants there was a notable discrepancy in the amount of professional mental health support sought by trans participants and the broader study cohort (see figure 4). While 67% of participants had sought professional help, the figure among all trans participants was 82%. The percentage of intersex participants who had sought professional mental health support (68%) was in line with overall figures.

![Figure 4: Online survey participants who have sought professional mental health support](image)
The above discrepancy does not tell us about why these rates differ, or whether professional care had met the needs of young people who sought this help. This discrepancy may reflect the necessity for mental health assessment in order to access hormone therapy. The following sections, however, present qualitative data on young people’s negative and positive experiences of mental health help-seeking.

### 4.1.4 NEGATIVE EXPERIENCES OF MENTAL HEALTH HELP-SEEKING

Many survey participants indicated that they had had difficulties discussing their gender, sexuality, and/or intersex status with health professionals (see table 2). While these figures indicate that more people have difficulties discussing sexualities than gender, it should be noted that many of the (303) responses are from cisgender young people, where discussion of gender with health professionals is unlikely.

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<td>Difficulty discussing intersex status</td>
<td>13% (N=2)</td>
<td>47% (N=7)</td>
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</tbody>
</table>

Table 2: Difficulties discussing gender / sexuality / intersex status with health professionals

LGBTIQ service providers noted how facing a suite of negative experiences can result in young people not disclosing issues of gender and sexuality to their healthcare providers:

> If that young person has disclosed and somebody says “oh you're just young”, or “oh it's just hormones” or “ah yeah everyone goes through that” then I think it really just can plummet that young person just backward and again choose possibly to not disclose or discuss or question themselves and then further isolate themselves.

*(Youth health service manager)*

LGBTIQ young people deal with a range of negative experiences when seeking mental health support, and participants offered many examples of these. Common experiences included health professionals being judgemental, not listening, seeing sexuality and gender diversities as “just a phase”, lacking knowledge of gender identities, being unwilling to learn about diverse genders, and giving streamlined and impersonal service in which “you’re in the system and you’re treated like a number” *(18, genderqueer/neutal, gay)*.

> He didn't always listen to what I was saying when it came to my medication and was never in a serious mood so I found it difficult to come out to him. *(17, genderqueer, lesbian)*

> They didn't listen, didn't seem to care. I was supposed to tell them everything but they didn't ask the right questions or even try to build a rapport. *(25, female, lesbian)*

Many young people spoke of having to educate health professionals:

> I constantly have to be the educator. *(16, trans/genderqueer/nonbinary/not actively questioning/afab, skolio/pansexual queer homoromantic)*
That's the main one I've been asked. It's like “what's pansexual?” Then I explained it's like I do not care about their gender, it's more of who they are... They just go on and ask, “Aren't you just bi? Isn't it the same as bi?” and it's like no, it's not, because sometimes bi people wouldn't date who a pansexual would date. (17, genderfluid, pansexual)

Other focus group participants noted that the way questions were asked, and how clarifications were sought, made a difference:

What we get angry at when people come up and ask us things is the fact that they don't do the research themselves. It's that they just expect us to answer it, and we answer these questions, every single day. Clarification though is okay. (16, trans genderfluid, asexual)

The issue of disrespect frequently emerged in relation to health professionals not using young people’s correct names and pronouns:

A large number of nurses and other health professionals in the psychiatric inpatient unit I was admitted to didn't respect my pronouns or chosen name before it was legally changed, no matter how many times I told them it was upsetting me. (22, trans male, queer/heterosexual)

Health professionals’ failure or refusal to use young people’s correct names and/or pronouns was also read as a lack of recognition that young people have sound knowledge of their identities and/or health needs. It may also reflect a service delivery oversight that many organisations are yet to address:

Administratively we're not able to put their preferred name onto our computer systems, and so admin calling whatever their name is on the computer in front of them as opposed to using the preferred name, and that can be really difficult for a young person. (Triage officer, clinical nurse specialist)

Service providers emphasised that visual indicators of a service’s inclusivity (or lack thereof) should not be underestimated:

This whole process of coming out is something that is really anxiety provoking for a lot of people as well and there aren’t always indicators that somewhere’s a safe space to do that. (Counsellor)

I don’t think we’re very good at... mental health services generally aren’t very good at really good, appropriate, welcoming websites. (Clinical nurse specialist)

Service providers and health professionals often noted the lack of good mental health referrals for gender diverse young people, and how this can have a negative impact on young people’s mental health:

Referral pathways is a big one; appropriate referral pathways. Recently a young person was referred to a sex therapist instead of a gender specialist psychiatrist, which then prolonged their transitioning for another six months which seriously affected their mental health. (Client services officer)

Others echoed the difficulties of good referrals given the lack of information about whether particular services could adequately work with a range of LGBTIQ young people and their needs.
When clients say, "My GP is fantastic," I go, "What's their name? Let me call them and see if they're happy for me to refer people to." (Counsellor)

Access to non-judgemental and confidential mental health support was said to be more difficult for young people living in rural or regional settings:

In rural regions like the one I live in, many people that aren't 'out' would have a fear of visiting or contacting health professionals out of fear of who knows who and people becoming aware of their sexuality. Maybe advertising the confidentiality of contacting a health professional would help. (17, male, gay)

4.1.5 POSITIVE EXPERIENCES OF MENTAL HEALTH HELP-SEEKING

Many young people described positive experiences of professional mental health support, and 46% of survey participants answered 'yes' to the question: Have you had good experiences discussing your gender/ sexuality/ intersex status with a mental health professional? Commonly, this involved established and ongoing relationships with professionals who are trusting and respectful:

My GP is really accepting and makes no assumptions about who I am or what my experiences have been/are. She is very approachable about mental health and any other concerns. She gives me information about different choices I can make, recommending some over others, and lets me make the choice I think will work best for me. (22, trans female/agender, queer asexual)

Good health professionals were described as being non-judgemental, open-minded, and preferably experienced in working with LGBTIQ young people. Participants also appreciated good listening skills, confidentiality, and a lack of assumptions. In addition, mental health support needed to be affordable, if not free, to ensure it was accessible.

Young people commonly associated good healthcare with being seen and treated “like a person,” where you can “be yourself”:

Like with the people I see at the moment, they kind of get it and it's like okay, they see me as a person beyond just that. But for other people who aren't really up with it, when I’ve spoken to them, they've been like, the one thing they see is like 'queer person' or 'trans person' or whatever. (16, trans/genderqueer/nonbinary/not actively questioning/afab, skolio/pansexual queer homoromantic)

Young people noted that rainbow stickers and other features that signify LGBTIQ-friendly spaces were important in signifying that a health service was safe:

[My counsellor] seems really open minded and informed where she needs to be and in the office there, she's got rainbows and posters of Aboriginal and Torres Strait Islander support and stuff, and other things, so I know she's supportive of loads of different stuff, or at least wants people to think that she is. She’s really good. (19, trans female)

My psychologist hangs rainbow flags (as well as Indigenous flags etc.) in his waiting room. He's also open about being gay, which helps me feel like he can relate. (21, female, bisexual/queer)
One service provider noted that health services promoting themselves as LGBTIQ-friendly should not focus on treating everybody the same, but recognise young people’s different identities, circumstances, and needs:

A lot of services will say all kinds of nice things about how they work with all kinds of people. They might even make the mistake of saying things like, "We treat everybody the same." Which is problematic. It is. (Triage officer)

Accounts of good experiences often stressed the professional’s role in giving support rather than treatment, and in assisting young people to work things out for themselves. In this context, transparency and a client-centred approach is important. In recounting an experience with "a really good psychologist", one participant noted the value of a team-based approach:

[He] kind of told me what I was going through, but also let me be – not the psychologist, but kind of working as a team and going “what do you think this is and where did this stem from?” Kind of really just making everything make sense in my head so that I don’t really even have to see him that much anymore because I figured things out for myself. I got this great action plan and all these different things going on. (22, female, lesbian)

Service providers also noted positive occasions where health professionals offered transparency to their clients:

There’s a situation I can think of… about a GP who didn't actually know about transitioning pathways and I was there with a young person having chats about that… And [the GP] said “Look, I'm actually really sorry that I'm not aware of the process here at the clinic, so do you mind if I actually go and speak to the manager and I know it's going to be an inconvenience to you because you're going to have to come back” kind of thing. But what was really great about that was the transparency, the young person could say yes or no or actually I'm really upset by that or I'm willing to engage in that and thanks for your honesty around not knowing how to approach it. And then we went back a second time and he'd got all the information and provided that and that was positive in that the young person still felt that they had a sense of control in the situation. (Youth case worker)

The importance of confidentiality was discussed by young people, and was key to feeling safe and comfortable with a trusted mental health professional.

Young people acknowledged that trust is often slow-building, and that this can relate to a health provider’s level of experience in working with LGBTIQ young people. Participants commonly emphasised the importance of a health professional having engaged with people like them before:

[Ideally] they've already dealt with people like me, so I'm not going to be the first one there and I'm not going to have to teach them, sort of thing. (20, transmasculine genderqueer)

After speaking, especially with the counsellor here, I discovered that they actually do know quite a bit about the topic. Only then did I feel comfortable in saying something. (24, trans gender neutral, asexual)

For other participants, experience alone was not enough, because good healthcare also involved passion and/or community participation:
As the client, you're able to tell if they're really passionate about what they're doing. (20, male, homosexual)

My old counsellor recommended twenty10 and was very supportive of bisexuality (I even saw her at Mardi Gras). (18, female/agender, biromantic/panromantic)

Humour and ease of communication with one’s health providers was noted as a sign of a positive healthcare relationship:

I like going to the GP now because I can have a joke with them. And they have helped me with a lot of things. I have now lost 19 kilograms with the help of my GP, and just stuff like that, just because I got a good relationship with them and I feel like I can open up and talk to them. (20, male, gay)

Consulting health professionals who listen and take young people’s situations on board when dispensing healthcare, was described as an ideal situation:

They listened to me and didn't talk about my gender and sexuality issues when I didn't bring it up. They also never said anything rude or judged me for the alternative or feminine clothes I started to wear. (16, agender/man, grey-asexual/sensual, grey-aromantic, demisexual/sensual, demiromantic, sapiosexual/sensual, sapioromantic, lithsexual/sensual, lithromantic, quoiromantic.)

[My clinical psychologist] has been a fantastic support for me. She is open and friendly, professional but informal. She has a million resources and is a great sounding board. She was the first person to get me to open up about my struggles and she just listened and supported me and gained my trust. (25, female, lesbian)

Age differences were also discussed, and many young people felt that younger health professionals are more likely to be accepting of diverse genders and sexualities.

Young participants also noted that professional mental health support was not the entirety of their health management, but supplemented support from friends, family and peers. Friends who had experienced similar issues were often key sources of support:

Friends who also have anxiety disorders help me assess my own thoughts but also make me feel less alone and like I am not weird for feeling and thinking the way I do - that others feel this way too - but also that there is help out there and that I won't always feel this way, or don't have to always feel this way. They have a great insight and can empathise but also give their own tips and share experiences. (19, female, pansexual)

Young participants also discussed the supportive role of LGBTIQ communities, differentiating this from formal healthcare:

I don't think [health professionals] help you really with the community, but they do help you with processing it individually. (18, bigender transmasculine, pansexual)

Peer support was also noted by many young people as coming from social media, and often found on Tumblr and Facebook groups. The support offered by these communities was also noted by health professionals and service providers.
4.1.6 MENTAL HEALTH AND DIGITAL LITERACY

Young people are known to have high digital media literacies and this was evident in the online survey data (see figure 5). When asked: *How would you and/or your friends most commonly access information relating to mental health*, the most common response was online by using a search engine or Wikipedia (74%), followed by friends (56%), and online from a mental health service or information site (51%). Beyond Blue and headspace were the most commonly mentioned mental health websites. A smaller proportion cited other health services (22%) and family (19.5%) as sources of mental health information, and of ‘other sources’, social media was commonly mentioned (8%), usually by name of a certain platform (e.g. Tumblr, Facebook, YouTube).

![Bar chart showing sources used for accessing mental health information]

**Figure 5: Sources used for accessing mental health information**

These data tell us that combined practices of online searching, friendship, and the use of health websites and social media are common for young people seeking mental health support. Some participants gave detailed accounts of their use of social media and online communities to access this information:

I’m a part of a Facebook group with 1000 members who post about all types of things. It's just a group for girls to ask other girls questions about literally anything and just complain about life or share funny things. Some people in there ask about health professional recommendations and about other LGBT things. That's a nice community. (20, female/fluid, lesbian)

Facebook groups and Tumblr were commonly mentioned as useful sources of knowledge from experienced peers, whether in relation to mental health or gender and sexual identities:

Tumblr is incredibly and surprisingly insightful. This was the platform that first introduced me to the term genderfluid. (18, female/genderfluid, bisexual)

It's not like formal mental health support but I often message a Tumblr group about non binary issues. (17, genderfluid, pansexual)
I used to go to Facebook and join this group called the Genderqueer Non-binary Support Group and everyone there is obviously genderqueer and non-binary. Every time I have a problem, I just post it there and then everyone who has the same experience would comment and you learn from each other. (20, trans genderqueer, androphilic)

Participants noted that the combination of gender diversity and mental health issues meant that this was a small and specific community that was easier to find online:

People with mental illnesses who are also of a different sexuality or gender identity or any of that, there's a very small number. So being online allows you to actually connect with people who you'd probably never encounter in your actual life. (17, trans genderfluid, fluid)

When asked: What sorts of digital technologies, if any, could improve how you and your friends access mental health information, 74 (24.4%) survey participants mentioned social media in some form. Health professionals, many of whom noted their limited understandings of these media, also discussed young people’s social media practices.

They talk about Tumblr. Tumblr doesn't seem to have a very good name, but they do talk about that. They talk about Facebook. What else do they mention? They probably mention other things that just go completely over my head. (Counsellor)

They less commonly seem to source their information initially from a formal kind of website which is set up by some sort of publicly-accountable organisation. (Psychiatrist)

I do refer a lot of people to the Facebook groups. (Counsellor)

4.1.7 PROPOSED DIGITAL INTERVENTIONS

Young people were asked about potential digital technologies that could support and enhance young people’s mental health help-seeking practices. A guide or directory of services in which users could add, share, and find LGBTIQ-friendly health and mental health services was commonly proposed. Suggestions from online survey participants included:

If there were specific digital places where health professionals and LGBTIQ+ young people could go, find information, post about experiences and learn TOGETHER, I think that would be great. (24, trans, open/fluid)

some kind of online 'universal directory' to services which can help with mental health issues, whether through information and/or other services, AND have confirmed they are open to queer people (including non-binary folk) would be fantastic. (17, trans genderqueer, gay/androsexual)

I would like to see a psychology/psychiatry centre comparison site/app. For young people who are searching out to find the help they need. And categorise the services in their area by price, whether they bulk bill, the issues they cover, pictures and details of the health professionals in the service, unbiased checked reviews & any other important information that may help a young person choose which way to go. (21, female, bisexual)
An app that listed different health facilities with people rating how helpful and respectful they are. Where you can read about what others have said. Maybe review actual doctors if necessary. *(20, female, asexual/panromantic)*

Discussion among health professionals and service providers indicated that their clients’ reported experiences with health services and practitioners often informs their referral practices, but not in a systematic way:

- If [young people] tell us they've had a positive experience with an agency or a person, we actually keep a spreadsheet where we write it down. *(Psychologist)*

- I'm always canvassing, "Are you seeing a psychiatrist? Who is he? How was it?" *(We're)* not well enough resourced in Sydney. No doubt. And that's probably the case everywhere except perhaps for Melbourne. *(Counsellor)*

This canvassing was commonly mentioned, and health professionals and service providers expressed frustration in sometimes:

- not being able to refer [LGBTIQ young people] on because we don't have any referrals for the area they're in or they can't access something because of their age demographic. *(Counsellor)*

The risks of LGBTIQ young people attending mainstream health services were commonly mentioned by all research participants. This difficulty was particularly noted for young people who are not attached to LGBTIQ services (such as Twenty10 and Freedom Centre), or who were not networked with trans and gender diverse communities. On this basis, service providers and health professionals also felt that a LGBTIQ-friendly and peer-led directory for young people would be a great resource for them, and reduce the guesswork often involved in making referrals:

- If it had services on there who claimed themselves to be LGBTI friendly and knowledgeable, and that's being assessed somehow, then I guess you could have some faith if you were helping young people navigate the system, that these were friendly services. Whereas, at the moment, it's guesswork. *(Clinical psychologist)*

It was also noted that while many health professionals and service providers would consider themselves LGBTIQ-friendly, this was not always the case, and maybe they were only LGB-friendly:

- But the rainbow coloured flag, that doesn't always mean they're completely friendly because a lot of times that's just, people put that there and then they're only friendly to like gays and lesbians, or just gays, and it's like, we've got to have a way to say that they're friendly to more than just cisgendered people, because a lot of the time that rainbow flag doesn't mean that they're friendly to trans or intersex or agender. *(18, bigender transmasculine, pansexual)*

To discern the inclusivity of a service, therefore, word of mouth was often more reliable:

- I think again vetting people, counsellors or doctors, being like are they LGBTIQ-friendly and that's kind of more word of mouth sometimes, than it is you calling them and being like "Hey. Are you inclusive?" But yeah, knowing that information, and maybe having feedback from people that have seen them. *(Counsellor)*
The onus of finding LGBTIQ-friendly mental health support typically falls on young people themselves. Given many young people’s negative experiences of dealing with health professionals, this can result in the avoidance of professional help-seeking.

Service providers noted that some health professionals ‘reach out’ for information on how to better support LGBTIQ young people, but that structural and workplace barriers often prohibit this:

> There definitely are people within the sector that do reach out. I know that we get calls from schools pretty regularly, school counsellors, teachers that really want to make that step. *(Youth participation/groups worker)*

This suggests that greater access to information and referral sources for LGBTIQ young people may free up time that LGBTIQ services currently devote to assisting mainstream service providers with referral support. It could also diversify the range of people able to share this information:

> I think we shouldn't be the only people that are responding to those questions… it could be diversified and it could be not just from a centre in the city. *(Youth participation/groups worker)*

Peer-led information sharing would also address current limitations of many services in promoting their expertise in working with young LGBTIQ clients. For example, some government-based service providers expressed frustration at being unable to brand their services as LGBTIQ-friendly due to the uniform design of their websites and promotional material. It was also noted that many government services are not promoted at all, and have a limited presence in digital media spaces.

While health professionals and service providers were enthusiastic about a peer-led online/app-based directory for young people, some noted their limited access to online and digital resources due to workplace restrictions and outdated technology. It was also noted that a resource such as an app cannot solve all issues that young people face:

> The app itself could be isolating. *(Phone counsellor and crisis supporter)*

> I don't know how strongly I would value an app that's basically just housing giant walls of text. *(Case manager)*

Service providers highlighted the importance of safe physical spaces for young people to congregate and socialise, which a digital resource could not replicate or replace:

> What seems to be craved by a lot of the young people that I interact with is actual – it's not online spaces because they are available for most people that I've worked with, but it's like that safe interacting space. *(Youth participation/groups worker)*

Several service providers expressed a danger in putting too much weight in digital tools and media, and hoped that this would not also put the onus on young people to figure things out for themselves, without adequate support to navigate health systems that remain difficult and unsatisfactory:

> I was just thinking that, that puts all the onus back on the young person. But, it could be empowering. It is good to have that as a choice if they need it, but I guess ... It's a shame that they need it. *(Clinical psychologist)*
Some health professionals expressed concern about the potential negative outcomes of a peer-reviewing resource, where bad reviews could be issued if someone is just having a bad day, potentially affecting other people’s access to those services:

I guess if there’s reviews in terms of like “we’ve heard of really bad experiences,” it’s hard because you don’t want to get someone else in trouble for having a shit day and not being able to perform in the best of their abilities. (Counsellor)

To counter this, and make reviews more reliable, many suggested that reasons for a negative review should be mandatory, giving greater context to an individual’s experience:

As long as they put their reason in, I think then that’s perfectly fine, because when you read the reason you can go, "Okay, they were having a bad day." Sometimes that gives you more information about the person that’s writing it than it does about the person they’re writing about. (Counsellor)

In relation to an online/app-based directory, young people noted that it would be useful if it approached mental health and wellbeing beyond service provision, and included details for a range of safe and LGBTIQ-friendly spaces and organisations:

Public places can be a little daunting, so I guess that’s why things like cafes and hairdressers and bathrooms and things like that can be quite important (24, trans female, lesbian).

It would be cool if they actually have apps that list: oh this cafe is queer friendly, this restaurant is queer friendly, this toilet is gender neutral and all that. (20, trans genderqueer, androphilic)

In focus groups with young people and service providers, discussion emphasised the value of creating an app, and mobile apps were the most commonly discussed technology among survey participants also:

Apps would be helpful as would social media as I most often find myself on my phone looking for info. It is quicker and easier. (18, female, lesbian)

Potential positive features of an app mentioned by survey participants included free access, offline access, regular updates, and being supported by LGBTIQ organisations. Apps were favoured for being easy to use and access, informative, private, anonymous, and an instant way to access information. Respondents noted that apps could be used to access services, have questions answered by professionals, track moods and symptoms either for self-use or to bring to professional appointments, to issue reminders for medication and appointments, and to connect with other LGBTIQ people.

Young people spoke of using meditation and fitness apps, and considered these functions as suitable for an app regarding mental health support.

Participants discussed how mental health and wellbeing not only involves getting professional attention, but also relates to one’s social connections and community involvement. In this context, a ‘wellbeing’ digital resource would not simply focus on health services, but encompass broader social and community support:

I think that nearly everything you do contributes to how you’re feeling mentally. (18, bigender transmasculine, pansexual)
Many noted that apps and websites are both useful, and some health professionals noted that they are more likely to use websites than apps in their practice. Yet, some noted that an app may be more accessible since you would not have to search for it, and not need to remember the web address:

‘I guess apps you just have them loaded and ready whereas websites you’ve got to remember and go through, whereas if you’ve just got that app right there then it’s always in your mind and it’s always present.’ (Youth worker)

In one focus group, young people warned against developing a digital resource that had a “patronising little mascot” or photos of smiling children. There was recognition that many ‘youth sites’ could look and read as condescending.

Although there was a lot of discussion about the value of apps, only 58.4% of survey participants (n=177) stated that they used digital technologies and/or apps to improve their health, including mental health. That 41.6% of participants did not use health-based apps indicates that digital interventions will not have universal import for young people.

### 4.1.8 KEY FINDINGS

These data highlight how LGBTIQ young people’s experiences of mental health help-seeking are as diverse as LGBTIQ populations, with young participants pointing to a range of needs that sometimes contrast. As discussed, many young people resisted pressures to disclose and discuss their gender and/or sexual identities to health professionals. Many felt that these things may be emphasised at the expense of adequate mental health support and diagnosis. For other participants, it made little sense to not disclose their identities to health professionals, particularly if these relate to stresses and social problems they encounter, including discrimination and social disadvantage.

For many LGBTIQ young people, a history of discrimination often makes it difficult to access adequate healthcare, including mental health support. While not discounting the continued prevalence of homophobia experienced by non-heterosexuals in Australian healthcare settings, our data emphasises that greater difficulties are experienced among trans and non-binary gender young people, affecting their access to mental health services as well as general health care.

When considering diversities among LGBTIQ young people, it is important not to collapse their experiences and needs into a single design, but to accept the difficulty in supporting a range of needs, as expressed throughout these data. Such differences need to be considered in digital interventions seeking to support LGBTIQ young people, where the challenges in representing the various needs and cultures of this these populations should not be overlooked.

In discussing potential digital media interventions that could help support young people’s mental health help-seeking, young people predominantly discuss digital apps, rather than websites. Yet this was not always the case. Our decision to produce an online directory rather than an app will be discussed in the following section.

In closing, these data suggest that young people’s flexible and diverse genders and sexualities may be unrecognisable to many adults, including health professionals. We hope that the diversity of identities and experiences within these data can assist health professionals to gain some insight into the various issues faced by LGBTIQ young people who may seek and ask for their support. It is hoped that scenarios in which young people’s needs have not been met will also be useful for health practitioners to consider how the
support they offer may be made more inclusive for young LGBTIQ clients, whether these professionals are aware of their clients’ identities or not.

4.2 PHASE 2 – E-TOOL DEVELOPMENT

This section begins by consolidating key data from Phase 1 in relation to potential digital interventions that would support LGBTIQ young people’s mental health help-seeking (4.2.1). To further ascertain a suitable and viable intervention, we undertook an environmental scan that considered existing gaps and surpluses in mental health help-seeking digital tools used by LGBTIQ young people (4.2.2). While considering the value and utility of an LGBTIQ peer user-driven service directory with a reviewing component, RAD (US) contacted the research team, introducing us to the RAD Remedy health service directory for trans, gender non-conforming, intersex, and queer people (4.2.3). Given our opportunity to adapt RAD’s tools for our own online directory, along with our limited resources, we opted for the development of an online directory that could potentially merge with RAD Remedy (US) and/or be adapted into an app in the future.

4.2.1 E-TOOL SUGGESTIONS FROM PHASE 1

When participants were asked what features would be desirable in a prospective digital tool, the most common suggestions were:

- A directory that lists LGBTIQ-friendly health and community services
- A health service access point for LGBTIQ young people
- An information hub for health professionals and LGBTIQ young people
- Professional development resources for health practitioners
- A space for LGBTIQ peer support and interaction
- A space to enhance LGBTIQ safety

Each of these attributes are discussed below.

**A directory that lists LGBTIQ-friendly health and community services** was the most commonly proposed feature of an e-tool, discussed in all focus groups and interviews. Participants noted that LGBTIQ-friendly services were difficult to find and usually only discovered through word of mouth. A greater need for trans and non-binary gender young people to know about friendly services was commonly stated, and young people acknowledged that “gay and lesbian friendly” or “queer-friendly” may not encompass trans-friendly or non-binary friendly.

Participants suggested a website/app where users could enter their gender identity, location and income-status to find suitable and affordable health services/professionals that were close by:

If hypothetically, there was an app and the first thing it asked was like what is your gender identity… your postcode so that you can figure out what’s close to you, how much money you make or is available to you, are you a student? That way, if you are needing concessions it can take that into account and then calculate who’s close, who’s within your price range, who’s going to be good with your gender identity or sexuality. Then it will go, here’s ones in your area and if you need more immediate help, here is a list of things that you can do for the meantime. (19, trans male, pansexual)
It was noted that details of service providers’ expertise, and which communities they have experience helping, would also be beneficial. This information could also be shared through reviews of listed services/professionals.

An app that listed different health facilities with people rating how helpful and respectful they are. Where you can read about what others have said. (20, female, asexual panromantic)

Other features suggested by participants include information about bulk-billing and Medicare coverage. The possibility of offering anonymous feedback to professionals was also suggested. A peer-led directory was also noted for its ability to share details of LGBTIQ-friendly services/professionals that may not be otherwise locatable, particularly where professionals don’t promote these aspects of their service:

People that work with transgender people, on their websites they often don't mention it. (20, transmasculine genderqueer)

An online directory was also seen as valuable to health professionals and service providers who needed up-to-date referral options, and could be used to supplement their own databases, and for building professional networks.

Young participants suggested allowing users to rate their experiences with health organisations, describing this as “Urbanspoon for doctors”, or a health services version of Yelp. Health professionals liked this idea, though raised some concern that bad ratings could result from a young person having a bad day, or be the outcome of good service provision, where “you're in the doghouse because you're a good clinician… because you've done what's necessary” (Clinical psychologist). Health professionals were mostly positive yet concerned about a reviewing feature. One youth worker described it as “exciting and terrifying” and potentially “quite daunting” while also beneficial (Youth worker).

Young participants suggested that the directory also include listings of LGBTIQ friendly places beyond health services, including cafes/restaurants, social spaces, venues with gender-neutral bathrooms, hairdressers, and more. Since some public spaces can be stressful for some LGBTIQ young people, participants noted that sharing details of safe spaces beyond health settings could further assist their wellbeing.

A health service access point for LGBTIQ young people was also suggested. Young participants noted the value in having immediate access to support through a chat function of an app/website:

like a personal help desk person... who can direct you to an appropriate professional. (19, male, gay)

An ability to easily message a service, as a form of ‘self-referral’, was also noted:

I think some app that enables you to send a message just directly to them or the organisation they're from. Because that way you're pretty much referring yourself. (20, male, homosexual)

Participants mentioned experiences of online chat-based counselling, recognising this as already available, and better for offering referrals than for actual counselling. It was also proposed that there could be a space for asking questions where responses are sent by email/text:
What I would suggest is that probably some sort of an online forum, where you -where people can ask anonymously, you know, on mental health and all those things. There would be somebody or some assigned psychologist to answer the questions… and reply by email or phone call and everything. (24, male, gay)

An app with a pre-clinical visit survey feature was mentioned in focus groups with young people, where users could share their situation with health professionals prior to a consultation. A diary/journal/feedback feature was also discussed as a way “to record how you’re feeling.” This could be given to professionals or could help young people engage with and track their own feelings:

The journaling idea, I thought that was really cool. Especially if it could also be proactive and be like you seem to be really sad these days, how about you call up this person… You tell it how you’re feeling and it gives you a colour or music or tells you when to see someone. (24, male, homosexual)

An information hub for health professionals and LGBTIQ young people was also proposed, which could also be useful to young people’s broader support networks including parents and families. Participants stated that this could include information on how to get hormones cheaply and safely, other medications, coping mechanisms, and tips on negotiating sex, applying make-up, shaving, and more.

It was suggested that an information-based website/app could include FAQs and responses to young people’s questions from psychologists. It was noted, however, that information provision should not be the primary focus of an app, since information generally works best on a website.

Information tailored to support people with no knowledge of gender diversity was also a suggested feature, particularly for healthcare providers:

Part of the app that just assumes that the person reading it knows absolutely nothing. That would be good for friends, family, even some healthcare professionals who don’t really know much about sexual and gender diverse people. (20, transmasculine genderqueer)

This participant also suggested “a queer dictionary, with the terms and explanations of all of that stuff that we didn’t understand when we were younger.” A similar resource for health professionals, written by young people, was also proposed.

Professional development resources for health practitioners, such as online courses and tests for service providers, were also discussed. One example given was an “are you really trans-friendly?” test. Service providers were open to the possibility of accreditation, mentioning its importance so that providers don’t “just sign up to be on this list” of LGBTIQ-friendly service providers. One service provider discussed the importance of making sure that accreditation was formative rather than summative:

You don’t want it to be tokenistic though… You’d want to have voices of the people who’d been affected by that behaviour or quite personal accounts of how these behaviours have actually made someone feel rather than just a list of balances and checks and measures that they have to tick off and implementations that they have to make. Because otherwise I feel like you’re not really achieving true understanding, you’re just achieving work health and safety style checklists. (Community health promotion officer)
A space for LGBTIQ peer support and interaction was commonly suggested by young focus group participants, particularly a forum for young people to share their experiences. Service providers also noted the value of “personal stories from people who've been touched with mental health services and their experiences” (Clinical psychologist).

Sometimes it’s not even the counselling that you want but it’s the empathy and that knowing someone else can relate to you and that you’re both fighting this together can make you feel so much better that you’re not all alone, that’s yeah… that’s what I like to see. (17, genderfluid, pansexual)

Noting the value of peers speaking from their experiences, young focus group participants drew comparisons to Tumblr-based “internet communities”. Existing social media platforms such as Yahoo Answers were also discussed, where peer-based Q&As could generate a range of peer-based responses. It was noted that there are instances where peers are more helpful than health professionals, such as discussions about how to ‘come out’.

Facilitation of social gatherings was also a proposed e-tool feature suggested by some young people. This could be:

something like Meetup but only for queer people so that we can meet new people around the city, create groups and stuff so that we can create an event. (20, trans genderqueer, androphilic)

Another young person involved in this focus group discussion suggested that this could be "dangerous", and another conceptualised this as "like a platonic Grindr". This potential feature was linked to broader practices of mental health support:

most mental health professionals tell us to get out there. To do something instead of staying at home, lock yourself in the room and not do anything” (20, trans genderqueer, androphilic).

A space to enhance LGBTIQ safety was a suggested benefit of digital interventions that study participants proposed and discussed, as previously noted. In discussions of safety, young people often included spaces beyond health settings, including everyday public space, and existing digital media practices.

[Digital technologies are] also important in terms of mental health because they also make you feel safer in the world. (16, trans genderfluid, asexual)

Specifically in relation to a digital intervention, service providers highlighted the need for an app/website to have an obvious link or to emergency contacts for users who may be in a crisis situation:

The idea of using a big red or big green button, because people can be so distressed that much more than that gets harder to use. (Counsellor)

4.2.2 ENVIRONMENTAL SCAN

This environmental scan considers the e-tool interventions suggested in Phase 1 of this project, notably a digital media intervention that could include the following:

- A directory of health, mental health, and community services and venues that can support the needs of LGBTIQ and gender diverse young people
• Information and resources for LGBTIQ young people about mental health help-seeking
• Information and resources for service providers about the mental health help-seeking needs of LGBTIQ young people
• Community-led digital spaces for LGBTIQ young people

Existing apps

In our data collection, many wellbeing apps and websites used by young people were mentioned by both young people and health professionals. These include SuperBetter, MoodGYM, MoodPanda, ReachOut Breathe, Emotion Sense and Chillax. These resources (for mindfulness, relaxation, and mood monitoring) are particularly useful for dealing with anxiety and depression. Apps that offered online courses for managing anxiety and depression such as MindSpot and This Way Up were also mentioned. Few participants noted resources specifically tailored to LGBTIQ young people.

ReachOut offer a range of apps and digital resources for Australian young people and mental health management, including The Toolbox – a site for young people (13-25 years) that lists mental health related apps endorsed by health professionals and reviewed by young people. In February 2016, ReachOut (in partnership with the University of Melbourne and the Young and Well Cooperative Research Centre) launched NextStep, a site designed to increase young people’s (13-25 years) mental health service access by recommending a wide range of information, resources and support services to them based on an interactive questionnaire assessing their age, location and presenting mental health symptoms.

Apps and e-tools more specific to LGBTIQ young people include the Xe pronouns app (Minus 18) and REFUGE Restrooms (an international directory of bathrooms for transgender, intersex, and gender nonconforming people).

Directory of health and community services

In 2015, P!ng was released in Western Australia as a state-based directory of health services for young people. The app offers listings of youth-friendly services and includes opening hours and addresses. Produced by YACWA (Youth Affairs Council of Western Australia), the resource is similar to an e-tool discussed by our research participants, yet does not have options for users to directly add services or to give feedback or ratings.

Service provider directories for LGBTIQ people in Australia were available on some organisational websites, but this was uncommon. Those found included the STIGMA gay-friendly GP list (specifically for metropolitan Sydney) the FTM Australia Health service provider list, and a directory on the Zoe Belle Gender Centre website.

Information for young people

In terms of information and resource provision for gender diverse young people, we found that this is abundant, though it is spread across numerous sites. Key Australian information hubs for young people include Minus 18 (Vic), Freedom Centre (WA), Twenty10 (NSW), and Y Gender (Vic). Offering mental health resources and free online counselling for LGBTIQ people of all ages is QLife.

In relation to trans and gender diverse health (though not specific to young people), information and resources are offered by The Gender Centre and the Zoe Belle Gender Centre. Information on gender rights is offered by A Gender Agenda.

Information for professionals and service providers
For educators, researchers and professionals, Safe Schools Coalition Australia houses many resources, including recent reports and teaching and professional resources. The National LGBTI Health Alliance’s Knowledge Hub has an extensive range of research, policy articles and resources. The Organisation Intersex International Australia website offers information about the rights and healthcare needs of Australians with intersex variations.

The Australian and New Zealand Professional Association for Transgender Health (ANZPATH) is a member organisation that facilitates communication and collaboration between professionals who support the health and wellbeing of trans, gender diverse and intersex status people. Key international resources include the World Professional Association for Transgender Health (WPATH), Informed Consent for Access to Trans Health (ICATH), Trans-Health and Nonbinary.org Wiki.

Online communities for young people

Many online communities for gender diverse and non-heterosexual young people exist, including Gender Spectrum Lounge (international), and a range of local and international Facebook community groups (such as Genderqueer Australia and Genderqueer, Agender, Neutrois, Genderfluid, and Non-binary discussion). Many survey participants noted their membership of online community groups, particularly Facebook groups.

Discussion

Given the abundance of many online LGBTIQ communities of young people, many of which are user-created and driven, it was not deemed necessary for our e-tool to incorporate this component. This would also involve many hours of moderation and tech support that neither Twenty10 nor Freedom Centre have the capacity to provide. Nor will the e-tool be an information hub providing resources and general information, since this would duplicate material that is already available.

It became evident that pursuing an online/app-based directory of health and community services for young people in Australia should be our focus. This would provide a national resource that does not currently exist for LGBTIQ young people in Australia. It would also be beneficial to health professionals and LGBTIQ service providers.

Given that our research participants commonly suggested and discussed a peer-led directory to support mental health help-seeking, and that this digital tool did not yet exist for Australian LGBTIQ young people, Phase 3 would see the development of a directory. A reviewing function was also seen as beneficial for LGBTIQ to contribute and build knowledge of available services and supports, including the specific expertise and/or specialties of health services.

A need for professional development resources is also important, but was not possible without additional time and funding. This will be explored further in the future, by the partner organisations.

4.2.3 RAD REMEDY (US) COLLABORATION

In late 2015 we were contacted by RAD, the Chicago-based organisation that produced RAD Remedy, a website directory that was very similar to the resource we had devised through our research findings. RAD advised us that their coding was open source and raised the possibility of a collaboration taking place between RAD Remedy and our project, where United States and Australian data of LGBTIQ-friendly services could merge to form the beginning of an international database. They advised us that if collaboration was not possible, we were welcome to use their software. The possibility of a full collaboration was
explored until it became evident that the time pressures and resource constraints on our project foreclosed this. Despite not collaborating with RAD Remedy, we have adopted the use of their database software and retained the RAD name, with a hope to collaborate and merge our databases should further opportunities exist to do so.

4.3 PHASE 3 – RAD AUSTRALIA ONLINE DIRECTORY

This final phase of our project saw the development of the RAD Australia online directory. Our funding brief was to develop an e-tool prototype and this was achieved. However, we recognise that more work is required to further promote, facilitate and strengthen the RAD Australia resource, and we seek further opportunities to do so.

4.3.1 RAD AUSTRALIA DEVELOPMENT

Research findings on the need for a peer-led directory were translated into a 3-page design brief that was used to obtain quotes from several Australian web design and development agencies. Of these, Perth-based company Loaded Communications were employed to co-design and build the RAD Australia online directory.

In adopting the RAD Remedy (US) website and directory, it became clear that several changes were needed to accommodate research findings from Phase 1, and to make the directory more suitable for a broader cohort of Australian LGBTIQ young people. A large proportion of young participants involved in Phase 1 self-described as having multiple sexual orientation and gender identities, confirming the need for a broad approach that would accommodate a range of gender/sexuality intersections. The smaller size of the Australian population, and the differences that exist between the healthcare systems in Australia and the United States, also highlighted differences between the quantity and diversity of LGBTIQ inclusive services in each country. This necessitated revision of some of the categories for directory listings and user identities.

The project team worked with Loaded Communications to develop the site, and consulted young people at Freedom Centre during the process. During this phase, Twenty10 and Freedom Centre volunteers were appointed to develop the RAD Action Group that would manage the site content into the future, and develop systems for doing so.

4.3.2 RAD AUSTRALIA TESTING AND FEEDBACK

A test site of RAD Australia was provided to young people (in focus groups) and service providers and health professionals (in an online survey) for final testing of the site prior to its launch (see Methods section). The sample used for testing the site was small due to an impending deadline for project completion. Yet we obtained some valuable feedback from young people (N=13) and service providers and health professionals (N=9) that informs the future directions of RAD Australia. Key feedback given in the focus groups and the online survey are outlined below, divided into positive and negative aspects.

Positive Feedback
The matter-of-fact tone of the written content in the website and directory was welcomed:

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7 The RAD Remedy (US) website had a clear focus in its marketing and content on trans, gender non-conforming, intersex, and queer users of all ages.
It's not patronising, but it's to the point. Sometimes I find services for adolescents sort of try to sidestep talking about things as they are. (16, trans nonbinary, pan/grey/sexual)

The online directory was considered as a discreet way of finding suitable providers, with potential economic benefits for some young people:

It's economical. You're not spending $80 on each psychiatrist to find more psychiatrists... and to find out they're totally shithouse. You're finding people who are probably likely to be a lot better for you. (23, demi-guy, asexual panromantic)

RAD Australia was deemed as highly appealing for "young people who do not have a supportive family" and people who "hate going in and doing anything without knowing what to expect" (16, trans nonbinary, pan/grey/sexual) as well as "people who have just reached adulthood and are trying to make their own medical choices" (20, male, sexually fluid/questioning).

The word cloud watermark in the site banner, that includes a range of sexuality and gender terms, was seen as valuable for branding RAD Australia as a site for a diversity of LGBTIQ young people:

You've got pangender, you've got pansexual, you've got sapiosexual and you've got all the other ones that don't get spoken about often... it's nice that you've got the little other ones there that aren't really spoken about or even understood. (21, male/genderfluid, sapiosexual)

There were different opinions about the look and feel of the site. Some groups wanted more colour and rainbows, whereas others did not:

It looks pretty boring... I want some bright colours. If it's gay, why don't you have a big arse rainbow across there? (20, male, gay)

I feel like some people would complain that there's not a rainbow on there but I like it. Honestly the rainbow's a bit in your face most of the time and so many people plaster it absolutely everywhere and it's like, "Okay, we get it, you're queer friendly". (21, male/genderfluid, sapiosexual)

Also, it's nice to have it say, open on your phone and not, someone's not going to look at it and think, "Whoa, what's that person looking at?" (18, cis female, bisexual/queer/gay)

For many young participants, the potential for sharing sources beyond mental health professionals was also appreciated:

I like how detailed it is, it has so many different things... Especially like the feminising hormones, HIV services, individual therapy, all of that, that's great. You don't find things like that on mental health pages at all. (16, trans nonbinary, pansexual)

The feature of being able to see aggregated demographic information on site users' positive or negative experiences with a listed service was valued by participants:

That's a good idea. You know, 'this person has lots of positive reviews from trans people, a lot of negative reviews from autistic people, maybe give him a miss.' (16, trans nonbinary, pan/grey/sexual)
Service providers noted the importance of having this information available, and some noted that it was important that this information was available beyond their own referral practices:

We give out so much of this info already but folks have to know to contact us, RAD expands it and makes it much more accessible. *(Service Provider #1)*

Despite its target user cohort of young LGBTIQ people, the online directory was seen as having the potential to be useful to LGBTIQ adults over 25:

A lot of these issues are only just coming to light for older people…who are only just seeking out help. *(16, trans nonbinary, pan/grey/aseXual)*

It was also noted that the site will not serve all young people facing mental health issues, only those who are looking for this information:

I think majority of young people, unless they seriously want the help, they’re not going to go and search it. So you could make this site the equivalent of Disneyland and they’re still not going to go on it. So I think this serves its purpose, and I think the kids and adults, whoever, that want the help are going to go onto this… When someone’s ready to get that help, they’ll go find that help. *(21, male, gay)*

**Negative feedback**

As mentioned, some young people wanted more colours on the site, including rainbows. Others felt that photos of listed service providers would be appreciated by people using the directory. Young people felt that the services listed could be mistakenly seen as generic listings unless clearly indicated as otherwise:

Even if you just made a little thing saying, "These have actually been looked into, these are places that we have received reviews from other people", or something like that because, I mean, there's not a huge amount on the map but quite a lot of websites it can just be, "Okay, these are preloaded from a search engine." *(21, male/genderfluid, sapiosexual)*

There was disapproval about categories included in the optional ‘Identities’ drop-down list used for signing into the site. In one focus group, the inclusion of ‘kinky’ and ‘polyamorous’ within the ‘Identities related to Sexuality’ category was questioned:

I do like that kinky is there but I feel that it might not fit under sexuality with the rest of them. I'm not sure where it should… it's under sexuality and so is polyamorous which is odd. Maybe it should be in ‘Other experiences and identities.’ Because polyamory is more than one partner, that's not necessarily sexual in any way, I know someone who's dating three people and it's all completely ace between two of them and then one is sexual but the rest aren't. *(21, male/genderfluid, sapiosexual)*

There was much contention over how evenly and justifiably different LGBTIQ (and other) identities were represented in the word cloud and throughout the website, as reflected by the following comments over the term ‘sapiosexual’:

I know that some people don't like the idea of sapiosexuality because they find it to be a bit inherently ableist… It's something that does confuse me though because it's sort of defined as sexual attraction to intelligence. Which doesn't inherently mean

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8 An abbreviation of asexual
LGBT. If you have a place within the LGBT community it's because you're attracted to multiple genders or the opposite gender, not because you're attracted to intelligence. *(16, trans nonbinary, pan/grey/asexual)*

Concerns were raised about privacy as a user generated service:

A lot of people don't feel comfortable with signing up for things, particularly if they're still coming to terms with who they are and if their family don't know, so then sometimes having accounts or logins with certain places is a bit tricky. *(21, male/genderfluid, sapiosexual)*

Having to register is a disincentive to young people. *(Service Provider #2)*

It was noted that the online directory may not be very user-friendly or accessible for people who aren't experienced in using technology:

I'm just providing feedback as somebody who’s new to technology relatively. I don’t find the site very new-user friendly in that regard. I just don't quite know what I'm clicking on or doing, but it's not really bad, just I think I need to adjust a bit. *(23, trans female, asexual and pansexual)*

The dropdown lists were seen by a number of participants as being too densely formatted:

The drop down bars could instead be minimised tabs/spaces, so that all of the options are available at a glance rather than having to scroll through a list. *(Service Provider #3)*

It's very easy to click on something you don't mean to. *(18, cis female, bisexual/queer/gay)*

**Service provider and health professional feedback**

Service provider and health professional survey participants were asked: *Considering LGBTIQ young people’s potential use of this directory, how would you rate the a) functionality; b) relevance; and c) importance of this site?* Using a scale of 1-5 (where 1=Poor and 5=Excellent), the average rating for functionality was 3.7, relevance was rated as 4.3, and importance averaged 4.6. On the site’s importance to LGBTIQ young people, six of the nine people surveyed rated this as a 5.

When service providers and health professionals were asked if they would use the directory themselves, two thirds said yes, one third said they were unsure, and none said no. Some of the reasons given by those who said yes include:

The directory is a collection of information which is collated and sorted for quick reference and use. It's less clunky than some other databases I've used and most likely more up to date as well.

The research and resources section is pretty good – plus if I need to find information it is easily available.

One reason given for being unsure was:

As long as there is enough on it regarding the needs of trans adolescents & their parents/families
When asked if their professional/workplace peers would use this directory, two thirds said yes and one third said they were unsure. The reasons given by those who said yes were:

- As long as it's well advertised!
- It's the best resource of its kind for this kind of thing

Where given, the reasons of those who were unsure were:

- People can be slow to change and use new tools and resources. It's dependent on how well it is marketed/worth of mouth/etc.
- The QLife database is more comprehensive

Service providers and health professionals were on average more confident in the functionality, relevance and importance of RAD Australia to young people than they were in the likelihood that they would personally share the site to their peers or professionals, to young people, or add content to it. In terms of their personal use, service providers rated themselves as being less likely to add content to the directory (mean rating of 2.8) than they would be to share it with their peers (mean rating of 4) or professionals (mean rating of 4.3). However, this lower likelihood of adding content is explicable by the fact that the online directory has an emphasis on young people and providers self-inputting, rather than LGBTIQ service providers inputting peers and professionals.

4.3.3 RAD AUSTRALIA RECOMMENDATIONS

Based on the above findings from testing the RAD Australia online directory, the following recommendations are made for future organisation and upkeep of RAD Australia:

- RAD Australia should be maintained by Twenty10 and Freedom Centre, particularly through the volunteer-driven RAD Action Group.
- Adequate promotion and maintenance of RAD Australia must be sustained to ensure site usefulness.
- Invite and encourage LGBTIQ young people to add listings and reviews to the RAD Australia directory.
- Invite and encourage more service providers and health professionals to add their services to the directory.
- Diversify listings to encompass a broader approach to mental health and wellbeing, including safe and LGBTIQ-friendly spaces beyond healthcare settings.
- Refine identity options available to users based on demographic data collected from the site in its initial six months of use.
- Consider adding the option for including photos of services or service providers to the site to make it more welcoming.
- Make it more explicit that listed services have been checked for suitability before they are included in the directory.
- Encourage listings in which service providers offer first person accounts of services that are tailored to LGBTIQ people.
• Encourage the inclusion of information about special training and accreditations of listed services/professionals, as relevant to LGBTIQ health and wellbeing.

• Review the site and its uptake after six months of use and modify the directory in response to common user feedback.

• Consider changing drop down lists to tabs to minimise user scrolling.

• Extend the focus of RAD Australia to support LGBTIQ people of all ages, since it was noted by participants that difficulties in accessing adequate mental health support are not exclusive to LGBTIQ young people.

• Develop a social media presence for RAD Australia.

• Include details about referral and in-take processes for the listed health services, noting whether self-referrals are possible, anticipated waitlists, and how a young person can be referred to the service (where necessary).

• Investigate opportunities to fund development of an app equivalent of the RAD Australia online directory.
5 Conclusion

Findings from this project indicate that LGBTIQ young people’s experiences of mental health help-seeking are as diverse as LGBTIQ populations, and that there is no uniform model or ideal for mental health support. The research conducted has allowed us to hear the experiences and frustrations of many young LGBTIQ Australians regarding their mental health help-seeking. Throughout our data, participants offered valuable input into how LGBTIQ young people can be better supported, including through the use of digital technologies. These data informed the development of the RAD Australia online directory.

Many measures are needed to ensure LGBTIQ young Australians have equitable access to mental health care and to overcome significant barriers that include transphobia, homophobia, and other discriminations. Other significant barriers include young people’s fears of negative judgement, concerns about confidentiality, and difficulties with trusting health professionals. We recognise that these fears and concerns are informed by the unfortunate experiences of many LGBTIQ young people, where health services and professionals have failed to respectfully engage with their needs.

While focusing on LGBTIQ young people, this report emphasises the needs of trans, gender diverse, and intersex people who were found to face greater barriers in accessing adequate mental health support, and have fewer existing digital tools that can respond to their experiences and needs.

Participants noted a range of social discriminations faced by gender diverse young people, and how ‘individual-based’ approaches typically taken by counsellors and other mental health professionals can fail to attend to the social aspects of LGBTIQ marginalisations. Many participants felt that young people should set the agenda as to how and when their gender and sexuality identities and intersex status feature in consultations with health professionals.

Intersecting marginalisations, such as being Aboriginal or Torres Strait Islander and LGBTIQ, present further barriers for young people in engaging with mainstream mental health support. Access to non-judgemental and confidential mental health support is also more difficult for young people living in rural or regional settings.

Health professionals’ failure or refusal to use young people’s correct names and/or pronouns was discussed by participants as disrespectful and showing disregard for young people’s knowledge of their identities. Our findings suggest that reducing barriers to formal help-seeking among young LGBTIQ people requires the same things from service providers as what is valued in digital resources: a transparent, person-centred approach that supports LGBTIQ people to look after ourselves.

Young research participants also discussed their positive experiences of health settings. This typically involved health professionals being good listeners, non-judgemental, open-minded, respectful of confidentiality, and preferably experienced in working with LGBTIQ young people. Accounts of positive experiences often highlighted a professional role of providing support rather than diagnosis/treatment, and assisting young people to work things out for themselves. Again, transparency and a client-centred approach is important.

Service providers have varying strengths and weaknesses in terms of meeting the needs of people with different sexual and gender identities and a range of lived experiences within the LGBTIQ youth community. In this context, a resource giving health service consumers the power to discern these strengths and weaknesses is important.
Participants noted that professional health support was not the entirety of their mental health management, but often supplemented support received from friends, family and peers. Friends who had experienced similar mental health issues were key sources of support, and key peer support was often sourced from online spaces, as indicated through discussion of Tumblr and specific Facebook groups. Combined practices of online searching, friendship support, and the use of health websites and social media are common among young people seeking mental health information and support.

Young people noted the need for a broader approach to mental health and wellbeing that does not solely focus on mental health services. This was a key aspect of our decision to develop a peer-led resource that would not disrupt, but extend, existing peer support practices and networks.

Research participants commonly proposed a guide or directory of services in which users could add, share, and find LGBTIQ-friendly health and mental health services. It was also noted that the onus of sourcing mental health support typically falls on LGBTIQ young people themselves. It is hoped that RAD Australia will reduce young people’s difficulties in negotiating mental health support by fostering further peer and community level support. As a user-led directory through which young people can share details of supportive services and community spaces with their peers, RAD Australia connects to an existing culture of peer referral and can potentially support less community-attached LGBTIQ people.

Service providers and health professionals felt that an LGBTIQ-friendly and peer-led directory for young people would help to alleviate some of the key barriers and concerns for young people wishing to access professional support. It is hoped that RAD Australia will also be a valuable referral and informational resource for health professionals and services.

As several participants warned, technological innovations should not be seen as something with universal importance for young people and their service providers. Digital interventions, such as RAD Australia, should focus on supplementing existing services and support networks, and existing physical spaces where LGBTIQ young people congregate. Service providers particularly highlighted the importance of safe physical spaces for young people to come together and socialise, and how a digital resource cannot replace this. It can, however, promote these spaces.

Some participants expressed concern about our emphasis on digital technology-based interventions, and hoped that this would not also put the onus on young people to further figure out things for themselves, without adequate support to navigate health systems that remain difficult and unsatisfactory.

We recognise the risks and limitations in developing a digital resource in a short time frame, with limited capacity to fund its ongoing maintenance. Despite being funded to produce an ‘e-tool prototype’, we are hopeful that community support and uptake can ensure that RAD Australia has a life beyond its development, and can offer ongoing support to LGBTIQ Australians. While our funding stipulated developing a resource for young people, our data suggests that RAD Australia has value to LGBTIQ people of all ages.

We look forward to further reporting on our research data and learnings from this project. This project has uncovered some concluding recommendations for service providers, and for moving RAD Australia forward. It is hoped that our findings contribute to ongoing work in this space, including improvements to health service delivery, ongoing LGBTIQ community-building practices, and increased mental health support for those of us who need this.
6 Recommendations

Recommendations for health service providers

- Service providers should continually strive to pursue greater understanding of LGBTIQ young people’s diverse and individual experiences and needs in seeking help. LGBTIQ young people have a particularly diverse range of experiences and needs that require broad awareness development coupled with a person-centred, flexible approach. Recognising the connection between mental health issues and LGBTIQ diversities where relevant, or recognising when this is not, is an important aspect of providing valuable care and support.

- Ensure your service is visibly welcoming and accepting of young people who are LGBTIQ. Service intake forms, websites, administration systems, policies, accessible information about your experience and training on LGBTIQ diversity, and open, respectful communication are all identified as instrumental to this.

Recommendations for RAD Australia

Of the more detailed recommendations made in section 4.3.3, the following are our key recommendations for maintaining and developing RAD Australia:

- RAD Australia should be maintained by Twenty10 and Freedom Centre, particularly through the volunteer-driven RAD Action Group.

- Diversify listings to encompass a broader approach to mental health and wellbeing, including safe and LGBTIQ-friendly spaces beyond healthcare settings.

- Extend the focus of RAD Australia to support LGBTIQ people of all ages, since it was noted by participants that difficulties in accessing adequate mental health support are not exclusive to LGBTIQ young people.

- Develop a social media presence for RAD Australia.

- Review the site and its uptake after six months of use and modify the directory in response to common user feedback.

- Investigate opportunities to fund development of an app equivalent of the RAD Australia online directory.

Recommendations for Twenty10 and Freedom Centre

- Collaborate with other LGBTIQ services, groups and organisations around Australia to promote, contribute to and further develop RAD Australia.

- Ensure that RAD Australia is managed and supported by LGBTIQ community members and that this involvement is accessible to interested community members.

- Collect further evidence of LGBTIQ young people’s positive and negative experiences with service providers on RAD Australia service listing reviews in order to inform strategic responses within Twenty10, Freedom Centre and other services.
Appendix: Online survey questions

Q1. About you
   What is your current postcode?
   What is your age?
Q2. Which of these terms do you commonly use to describe yourself? (select all that apply).
   Male / Female / Other
   If you would like to, tell us more.
Q3. Please select all that apply (you can select more than one option).
   I am transgender or transsexual / I am intersex
Q4. How would you describe your sexual identity? (E.g. gay, lesbian, straight...) Please use as many terms as you wish to, placing a comma between each term.
Q5. Overall, how do you feel about identifying as LGBTIQ?
   Great / Pretty good / OK / Pretty bad / Really bad / Unsure
Q6. If you would like to, tell us more.
Q7. Have you experienced mental health issues? (i.e. changes in thinking, feelings, behaviour, or all three, that cause distress and difficulties in your daily life)
   Yes / No
Q8. Which of these best applies to you?
   I have sought help from a health professional
   I have not sought help from a health professional
   I am undecided about seeking help from professionals
Q9. Have you wanted to access any services to improve your mental health?
   Yes / No
   If YES, please tell us more.
Q10. Please indicate who you’ve spoken with about your mental health (you can select more than one).
    GP / Teacher / Counsellor / Clinical psychologist / Psychiatrist / Helpline / Other (please specify)
Q11-51. [the following questions are asked for each of the above categories selected]
Q. How often did you meet with / use this [selection] to discuss your mental health? (choose best response)
   Once / A few times / Less than monthly / Monthly / Fortnightly / Weekly
Q. How did you find out about this [provider/service]? (choose best response)
   Doctor referral / Family / Friend / School / Other (please specify)
Q. To what extent has [this provider/service] met your needs?
   Completely / Mostly / Partially / Not at all
Q. What (if anything) did you like about this experience?
Q. What (if anything) did you not like about this experience?
Q. If you would like to, tell us more.
Q52. Please list the mental health issues you’ve sought help for. Please put a comma between each issue.
Q53. What do you think would make it easier for young LGBTIQ people to talk to health professionals about their mental health?
Q54. Have you had difficulty with a health professional (including mental health professionals) in relation to discussing your gender?
   Yes / No / I have not discussed my gender with a mental health professional
Q55. If you would like to, tell us more.
Q56. Have you had difficulty discussing your sexuality with a health professional (including mental health professionals)?
   Yes / No / I have not discussed my sexuality with a mental health professional
Q57. If you would like to, tell us more.
Q58. Have you had difficulty discussing your intersex status with a health professional (including mental health professionals)?
   Yes / No / I have not discussed my intersex status with a mental health professional
Q59. If you would like to, tell us more.
Q60. Have you had good experiences discussing your gender/ sexuality/ intersex status with a health professional?
   Yes / No / I have not discussed these with a mental health professional
Q61. Please describe some of the good experiences you've had.
Q62. Do you think it's necessary to discuss issues and experiences to do with gender/ sexuality/ intersex status with health professionals?
   Yes / No
Q63. Why/why not?
Q64. What would make it easier to talk to health / mental health professionals about issues relating to gender/ sexuality/ intersex status?
Q65. How would you and/or your friends most commonly access information relating to mental health?
   (You can select more than one).
   - Online by using a search engine or Wikipedia (please specify)
   - Online from a mental health service or information site (please tell us more)
   - Friends
   - Family
   - Other health services (please tell us more)
   - Other (please specify)
Q66. How do you think access to mental health information could be improved?
Q67. What sorts of digital technologies (for example, social media, apps, websites, phone messages), if any, could improve how you and your friends access mental health information? Why would these be most useful?
Q68. Do you use any digital technologies/apps in relation to health (including mental health)?
   Yes / No
Q69. What are the digital technologies that you use? (please list, and separate with a comma)
Q70. How have you found these useful?
Q71. How do you think digital technologies could help health professionals provide LGBTIQ young people with better service?
Q72. Which of the following apply to you at the moment? (Please select ALL that apply).
   - I work full time / I work part time /
   - I study full time / I study part time /
   - I'm at University / I'm at TAFE / I'm neither working nor studying /
   - I have not completed Year 12 / I have completed Year 12 / I have completed a university degree
Q73. In which country were you born?
Q74. What cultural group do you identify with? (You can define culture any way you want, for example, Australian, Italian Australian, Malaysian...)
Q75. Do you identify as Aboriginal and/or Torres Strait Islander?
   Yes / No
Q76. Which term best describes your current housing? (Please select the most accurate).
   - Share a flat/house / Hall of residence or student housing / Live with parent(s)/guardian(s) / Live alone / Live with partner and/or children / Board / Emergency accommodation / Homeless / Other
Q77. How did you find out about this survey?
   - Through YAWCRC Through University of Western Sydney
   - Through Freedom Centre Through WA AIDS Council
   - Through Twenty10 Through friends
   - Through Curtin University Other (please specify)
References


National LGBTI Health Alliance 2012. *Pathways to inclusion: Frameworks to include LGBTI people in mental health and suicide prevention services and organisations*. National LGBTI Health Alliance, Sydney.


Glossary

**AFAB/AMAB** stands for Assigned Female / Assigned Male at Birth.

**Agender** individuals find that they have no gender identity, although some define this as having a gender identity that is neutral.

**Androgy nous** can mean having both masculine and feminine characteristics, or having neither specifically masculine nor feminine characteristics. Some people who are androgy nous may identify as genderqueer, trans or androgy nous.

**Asexual** people may lack interest in or desire for sex. They may or may not engage in sexual activity and they may not experience sexual arousal at all.

**Bigender** refers to having two distinct gender identities, either at the same time or at different times. These may be the two binary genders of female and male, or a different pair of genders (e.g. female and neutrois).

**Bisexual or Bi** refers to people whose sexual and romantic feelings are for more than one gender and who identify with these feelings. Many people may engage in bisexual behaviours without identifying as bisexual.

**Cisgender** refers to people whose sense of their gender and/or sex matches the sex they were assigned at birth. Cisgender is the antonym of transgender and is used to label those whose gender is not trans.

**Coming Out** can mean something different to everyone. Coming out to yourself has to do with developing an awareness that you are LGBTQ. Coming out to others involves disclosing your LGBTQ identity. Coming out to others may be an ongoing process throughout life, and some people choose to only come out to specific people.

**Demigender** is an umbrella term for nonbinary gender identities that have a partial connection to a certain gender. Demigender categories may include demigirl, demiboy, deminonbinary, demifluid, and demiflux.

**FTM** stands for female-to-male transgender.

**Gender Identity:** The label or name one uses to define and identify their gender. Our sense of ourselves in regards to our gender, gender role, masculinity and/or femininity. The most common gender identities are male and female, however there are many others in the gender diverse community such as genderqueer, trans man, trans woman, transgender, trans, boi, sistergirl, brotherboy, etc.

**Gay:** People whose sexual and romantic feelings are primarily for the same gender and who identify primarily with those feelings. In Australia, both men and women identify as gay, however it often refers to homosexual men.

**Gender diverse** is an umbrella term used to describe a broad range of non-binary gender identities and/or expressions. Many gender diverse people may identify as genderqueer, bigender, transgender, pangender, agender, gender fluid, trans, androgy nous, neutrois and others (see [www.genderdiversity.org/resources/terminology](http://www.genderdiversity.org/resources/terminology)).

**Genderflux** is an identity in which the intensity of gender varies over time. A genderflux individual will move between feeling gendered and agender.
**Genderqueer (or Non-binary gender)** can be used as an umbrella term similar to transgender, but particularly refers to people who do not conform with traditional gender identities and expectations through their appearance, mannerisms, body, and/or values. Most people who identify as genderqueer or non-binary don’t feel the gender binary fits for them or that their understanding of their gender is outside of common understandings of being either male or female.

**Gender Variant or Non-conforming** is used to describe a range of people that don’t conform to gender expectations, including genderqueer, transgender, cross-dressing, drag performing, bigender and other gender diverse people.

**Greygender** is a non-binary gender identity that is between agender and some other gender, so it is difficult to place, and not simply the absence or presence of a gender.

**Heterosexual (or straight):** People whose sexual and romantic feelings are primarily for ‘the opposite gender’ and who identify primarily with those feelings.

**Homophobia** is an individual’s or society’s misunderstanding, fear, ignorance of, or prejudice against gay, lesbian and/or bisexual people.

**Intersex** is a term relating to a range of congenital physical traits or variations that lie between ideals of male and female. Intersex people are born with physical, hormonal or genetic features that are neither wholly female nor wholly male; or a combination of female and male; or neither female nor male. Many forms of intersex exist – it is a spectrum or umbrella term rather than a single category (see [www.oii.org.au](http://www.oii.org.au)).

**Lesbian:** A woman whose sexual and romantic feelings are primarily for other women and who identifies with those feelings.

**Lith** refers to someone who feels romantic (lithromantic) or sexual (lithsexual) attraction towards others, without needing reciprocation. Someone who identifies as lithromantic or lithsexual may be romance/sex repulsed, indifferent, or neutral.

**LGBTIQ** is used throughout this report as a recognisable acronym to refer to trans, gender non-binary, intersex, queer, gay, lesbian, bisexual, asexual, questioning and other sexuality and gender diverse people, regardless of their terms of identification. Also, LGBT, GLBT, GLB, LGB, GLBTQI, LGBTIQ+, LGBTQIA (‘A’ is for asexual) or LGBTI are used.

**Non-binary gender (or Genderqueer)** can be used as an umbrella term similar to transgender, but particularly refers to people who do not conform with traditional gender identities and expectations through their appearance, mannerisms, body, and/or values. Most people who identify as genderqueer or non-binary don’t feel the gender binary fits for them or that their understanding of their gender is outside of common understandings of being either male or female.

**Pansexual (or Omnisexual)** refers to people whose sexual and romantic feelings are for all genders; this rejects the gender binary of male/female and asserts that there are more than two genders or gender identities (‘pan’ and ‘omni’ mean ‘all’). These are inclusive terms that consider the gender diverse community.

**Queer** is an umbrella term used to refer to the LGBT community. Some people in the LGBT community prefer not to use this term as the history of the word had negative connotations. These days, the term is commonly embraced, and associated with pride and inclusivity.
**Quoiromantic** is a romantic orientation that describes people who cannot differentiate between platonic and romantic attraction, and may experience attraction somewhere between these.

**Sapio**- refers to people who are romantically (sapioromantic) or sexually (sapiosexual) attracted to intelligence, regardless of gender.

**Sexual Identity**: The label or name one uses to define and identify their sexuality. One’s sexual identity does not have to match their sexual behaviours; one may engage in homosexual behaviours, but still identify as heterosexual; one may engage in only lesbian behaviours but identify as bisexual.

**Sexual Orientation** refers to the direction of one’s sexual and romantic attractions and interests towards members of the same, opposite or some/all genders.

**Sistergirls and Brotherboys** are trans people who are Aboriginal or Torres Strait Islander and have a strong sense of their cultural identity. Affectionate terms originally used between Aboriginal women and men reflecting kinship, the usage of sistergirl and brotherboy terminology is clearly influenced by the diversity of communities, and will often be defined within a community depending on geographical location (see http://sistersandbrothersnt.com).

**Skolio**- refers to people who are romantically (skolioromantic) or sexually (skoliosexual) attracted to people of nonbinary genders.

**Straight (or heterosexual)**: People whose sexual and romantic feelings are primarily for ‘the opposite gender’ and who identify primarily with those feelings.

**Trans (or trans*)** is an umbrella term including transsexual and transgender.

**Transgender** is an umbrella term used to describe a broad range of non-conforming gender identities and/or expressions. It usually includes all trans people, but some transsexual people and members of gender diverse populations prefer not to use this term.

**Transitioning** is the process of transgender people changing their body and presentation from the sex they were assigned at birth, to match their own sense of gender and sex. This can involve some or all of the following: change of pronouns (she, they, he, etc.), gender affirming dress, hormone therapy, sex affirmation surgeries, name change, voice training, legal gender recognition, and other gender affirmation therapies and identity documentation changes. Transitioning processes are different for everyone.

**Transmasculine** is a term used by transgender people who were assigned female at birth but identify with masculinity to a greater extent than with femininity. This includes trans men, demiguys, and multigender people whose strongest gender identity is a masculine one.

**Transphobia** is an individual’s or society’s misunderstanding, fear, ignorance of, or prejudice against people who identify as trans.