



# COMMUNITY REPORT 2024

## SUMMARY

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MindMapBC is a site designed to help people locate 2S/LGBTQ+\* affirming mental health care in British Columbia. The site includes services, articles, and other resources. In March 2023, our team at Simon Fraser University's REAFFIRM Collaborative launched a study to help us learn more about the needs and experiences of MindMapBC visitors. We received over 100 completed responses to the survey and conducted 10 in-depth interviews to help us understand:

- How website visitors use MindMapBC
- Future site changes and additions
- Client and provider experiences with affirming mental health
- Needs and preferences when looking for support

\*Two-Spirit, lesbian, gay, bisexual, trans, queer, asexual, and others who are sexually and gender diverse people. .  
This project was funded by Simon Fraser University's Community Engagement Initiative and CIHR Canadian HIV Trials Network.

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# WHAT WE LEARNED

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- Most (72%) participants rated their site experience on MindMapBC positively, but also told us how the site could be improved!
- People visited MindMapBC primarily to find services (45%), and to view articles (20%).
- 65% of respondents said that they were likely to search for sexual health resources on the site, providing us with new ideas for how to expand the site.
- Participants would like a peer navigator to help connect them to sexual health resources on the site, and make tailored recommendations based on personal needs.

## DESCRIBING AFFIRMING CARE

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Participants described affirming care as **person-centered, positive, and celebratory of client identities**. They felt that providers should ask clients questions about their identities, do their own research, and be knowledgeable about 2S/LGBTQ+ identities and experiences.

For some participants, it was important to them to have a provider with shared aspects of identity or experience, including:

- gender identity (16.67%)
- cultural identity (13.98%)
- sexual orientation (13.44%)
- experience with disability (10.75%)

Respondents felt **most comfortable** talking to mental health providers about their racial and ethnic identity, and **least comfortable** talking to their mental health providers about their gender identity, and being disabled or neurodivergent.

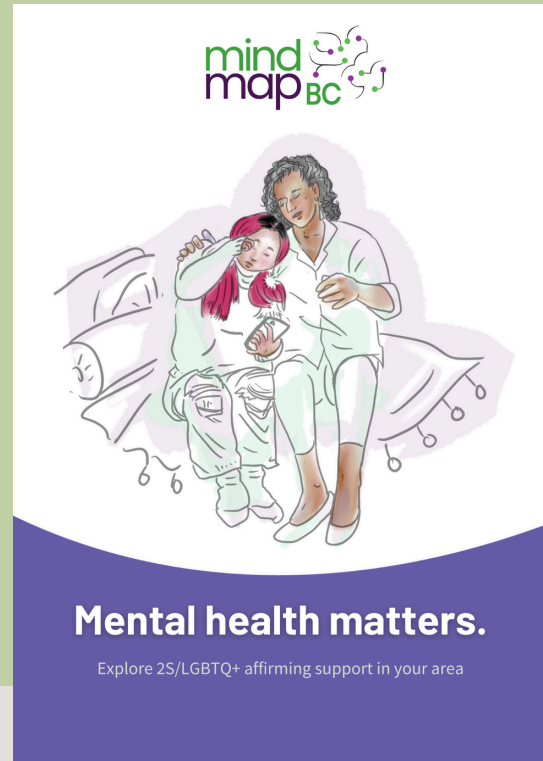
### IN PARTICIPANTS' OWN WORDS

"I think for me what [affirming care] would mean is that the person basically understands the experience of being LGBTQ and they, you know, celebrate that with you, while at the same time support you and there's no biases or judgments coming from the individuals that are providing support."

"Having pride stuff around is also nice because then I'm like, okay, you're not ashamed to have this up here. And anybody who is super uncomfortable by it has probably left your office, which is great."

# NON-AFFIRMING CARE

Participants also described experiences in non-affirming settings, where providers made harmful assumptions, did not use affirmed names or pronouns, blamed or did not listen to participants, or where the relationship felt overly impersonal or clinical. These experiences can threaten the quality of the client-provider relationship and cause further harm for clients.



## IN PARTICIPANTS' OWN WORDS

"I have had experiences where a health professional was a bit pushy—well not a bit—was quite, quite pushy about coming out to my parents and just like showing judgment towards me choosing not to tell them, which was really unaffirming and really anxiety-inducing."


"I was just in for a doctor's appointment about something completely unrelated to my trans identity. And they were like, "Oh, do you think that could be caused by the testosterone you were on?" And I was like, I'm not a medical professional, but also no. Like, weird assumption."

# EDUCATING PROVIDERS

Participants were frustrated about having to educate mental health providers about aspects of their identity. They felt the provider should already know, or be willing to research these identities on their own time. However, when interaction with a health provider was more short term (e.g seeing a mental health provider in the emergency room) some participants were less likely to take the time to educate.

## IN PARTICIPANTS' OWN WORDS

"And being bi, I have to be careful with how much I reveal to people, like, not necessarily therapists, but mental health support workers in hospitals, especially, or other care places where I'm not going to... like, if I'm going to be dealing with them for a long time, then I'll mention it and kind of deal with the fallout [...]"



**mind map BC**

**Don't know where to start?**

We can help you find 2S/LGBTQ+ affirming supports

"I just recently had a couple of Indigenous counselors, and that made all the difference because in the past I'd never had an Indigenous counselor. A settler counselor will only know so much and understand so much of what it is to be oppressed and to be, you know, to have your culture like ripped away from you and your language taken, and like violently, and all this kind of stuff. And, you know, having a BIPOC counselor makes all the difference because, there's an understanding, usually of lived experience of like, 'Yeah, I get it.'"



# BARRIERS TO CARE

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Participants described various barriers to affirming care, including:

- Difficulty finding a provider who is affirming of multiple identity aspects (e.g. a provider who is both BIPOC and 2S/LGBTQ+ affirming)
- Limited access to public mental health providers and cost concerns with private mental health providers
- Physical barriers (e.g. access to ramps, elevators) and administrative barriers (e.g. requiring many forms to be completed) accessibility concerns

They told us that when facing a combination of barriers, (e.g being BIPOC, trans, chronically ill and lower income), it became even more difficult to find appropriate care. They also shared that providers have shown discomfort and lack of awareness about accessibility needs. And participants highlighted the importance of humility on the part of providers (i.e. recognizing and acknowledging what they don't know).

## IN PARTICIPANTS' OWN WORDS

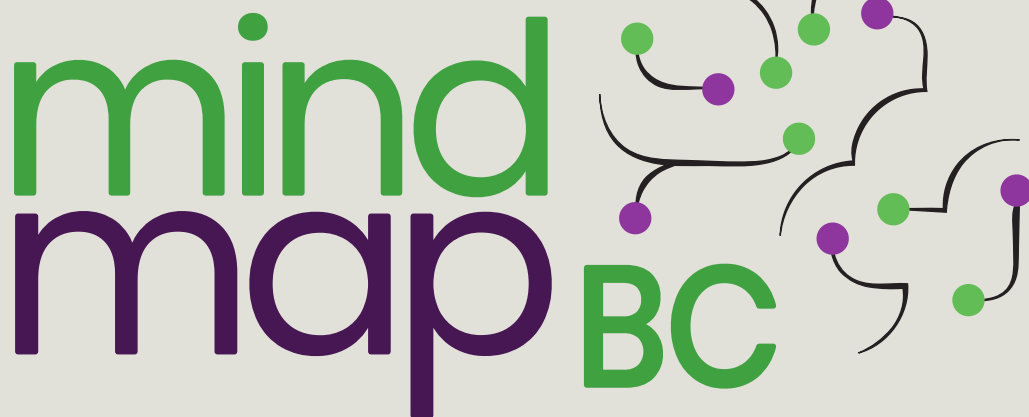
“[J]ust understanding that like mentally ill folks, disabled folks, whatever, are like the experts of our own experiences and, and to like be open to learning, because it's not just being nonjudgmental, it's knowing that you don't have all the knowledge, and to really allow that to be a conversation.”

## CHOOSING A PROVIDER

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Participants looked for providers who:

- Affirm their identities
- Have shared identities or experiences
- Are “queer friendly”
- Have knowledge of all aspects of intersecting identities (e.g. someone who is trans, has ADHD, and is polyamorous)
- Are low-barrier and low cost
- Came recommended by the queer community (e.g. Queer Spoon Share, online groups, friends)



## CONCLUSIONS

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Participants told us about their experiences with affirming support, and highlighted actionable steps that providers can take to make their own approach more affirming:

- **Don't make assumptions.** Ask about identities and experiences (e.g., gender, sexuality, disability, neurodivergence, use of affirmed names and pronouns).
- Approach care with a **willingness to learn** from clients, and learn about client identities and experiences outside of sessions.
- **Take time to develop a personal relationship** with clients. Share about your own identity and experiences if you wish. It can help clients feel more connected.
- **Accept and reflect on** any feedback clients provide about how you discuss aspects of their identity.
- Appreciate the courage and effort it takes for a client to educate you on an aspect of their identity (e.g. racial/ethnic identity, disability, etc).
- **Take time to learn.** Attend 2S/LGBTQ+ events and participate in training about providing affirming care.
- **Display visual cues** (e.g., pride flags, pins, etc.) to communicate affirmation.

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We would like to thank the study participants, advisory group members, and our many community partners for supporting this project. To learn more, visit <https://reaffirm.ca>. Funding for this project was provided by the Canadian HIV Trials Network.