

# Meet Ani

- Ani is a young female assigned at birth non-binary person (aged 20) who lives at home with their parents.
- Ani's parents migrated from China shortly after they were born. Ani is not out to them. They care deeply about Ani and have high expectations of them being academically successful and contributing to family.
- Ani is studying a Bachelor of Education at university which they are passionate about. They work casually in a supermarket taking as many shifts as they can as they're hoping to save for top surgery and to move out. They can't afford to move out of home. They also know they will not be able to undertake top surgery until they move out of home.
  - Ani has recently been diagnosed with ADHD. Taking Ritalin has improved their ability to study. They pursued this diagnosis independently of their parents as they were concerned their parents would not "believe" ADHD was a real thing or understand it.



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# Meet Ani

- They have experienced anxiety and low self-worth since childhood which was exacerbated by an experience of sexual violence in adolescence.
- They have engaged in ritualistic and restrictive eating behaviours since adolescence which they have only disclosed recently to a counsellor but are reluctant to disclose to anyone else.
- Ani has been experiencing chronic pain in recent years which they believe to be fibromyalgia.
- Ani is distrustful of health care and allied health care providers as they are usually misgendered. In seeking support about their experience of sexual violence, the counsellor incorrectly assumed perpetrator was a man (they were assaulted by a young cis woman) so they never went back. They have also frequently experienced racism, including in LGBTIQ specific services.
  - Ani has strong connections with their friends who affirm their NB gender. They are also connected to a church community with their family. They are only out to a few peers at church but religion and the cultural community they are able to connect with through church is important to them.



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# Meet Ani

- Throughout COVID, their university study and church events went mostly online and apart from work they became significantly socially isolated. This has contributed to strain on their relationship with their parents.
- They had to continue working in the supermarket for financial reasons where they were constantly at a higher risk of COVID. They were hypervigilant about contracting COVID because they knew those with chronic health conditions were likely to experience more significant impacts.
- Ani's mental health has declined over the last two years. They are experiencing significant social anxiety and continuing to remain socially isolated. Their disordered eating behaviours have increased in intensity. And they are struggling with chronic pain and continually evolving symptoms without adequate medical care.



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# Discussion Prompts

1. What are the relevant cultural/familial/spiritual/psychosocial considerations for Ani? How impactful are significant others, including dependents, partners, providers, parents in Ani's life? If you were Ani's support person how, if at all would you act on these insights?
2. How might fear of rejection, being misunderstood and/or judged impact on Ani? Is stigma or shame an issue? What might mental health professionals do to minimize the hurdles and maximize the opportunities for Ani's health seeking behaviors?
3. What are some of the additional complexities or co-morbidities, including but not limited to medical, psychological, substance use, physical, which may place Ani at higher risk of mental health vulnerability? How might the range of providers/services involved work together to ensure the best outcome for Ani?
4. How would you work with Ani to develop a recovery plan? How might you help them prioritize their needs and wants? What could you do to ensure all services/providers involved with Ani are working towards the same priorities and goals?



# Vignette: Meet Eliza

## Basic demographic information:

- Age: 33
- Location: Brisbane, Queensland
- Religion: None
- Gender: Trans-woman
- Children: Two boys (Oliver 5yrs, Sebastian 3yrs)
- Relationship status: Polyamorous (2 current partners)
- Sexuality: Sapphic/Lesbian
- Work: Some income, irregular – consultancy and project work in creative industry
- Culture: White Australian



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# Formulating factors

## Predisposing

- ADHD – largely undiagnosed, received diagnosis as an adult
- Anxiety – underlying from undiagnosed ADHD and gender issues
- Depression – on and off throughout life
- Parents divorced when Eliza was 9. Father kept inconsistent contact and passed away when Eliza was 19 from a heart attack.

## Precipitating

- Mental health declining
- Marriage breakdown and separation from Mother of children
- Commencing gender transition
- COVID impacting work and mental health
- Becoming a single parent of two young boys.

## Perpetuating

- Gender dysphoria
- ADHD management including emotional dysregulation
- Anxiety and depression management
- Parenting challenges
- General mental health and wellbeing
- Alcohol misuse
- Suicidal ideation
- Inconsistent work and financial stress.

## Protective

- Children
- Partners
- Supportive family (Mother and stepfather)
- Medication / HRT
- GP & Psychiatrist
- Gender affirming experiences
- Friends
- Work – when its not too overwhelming or causing financial stress.



ALL  
TOGETHER  
BETTER

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# More about Eliza

- Eliza is a transwoman in her early 30s, who has been referred to your service for support by her doctor.
- Eliza began transitioning 12 months ago, however, only started hormone therapy (oestrogen and testosterone blockers) one month ago.
- Eliza's doctor has referred her due to deteriorating mental health as she has indicated high scores on anxiety and depression scales.
- Upon intake to your service, Eliza has provided the following information: she is the parent of two young children (Oliver 5yrs, Sebastian 3yrs) that she shares 50% custody with her ex-wife Christine.
  - Eliza and Christine separated 10 months ago, and Eliza moved out of the family home 4 months ago.



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# More about Eliza

- Eliza was diagnosed with ADHD 1.5 years ago and takes 50mg Vyvanse (long acting) daily.
- For anxiety and depression, Eliza is taking 100mg Sertraline daily.
- Under areas of stress, Eliza discloses that due to COVID, her business had to close, and she now works contract-based projects which have taken a toll on her energy and financially this has been very unstable.
- Further to this, the coparenting relationship with her ex-wife is strained. Managing everyday tasks and parenting solo has been difficult.
- Eliza expressed having “dark thoughts” and struggling to emotionally regulate around her children. This has led to feelings of guilt and shame around being an unfit parent.



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# More about Eliza

- Eliza experiences gender dysphoria frequently and this contributes to low self-esteem and mood.
- When asked about alcohol and other drug use, Eliza disclosed that she uses alcohol to cope during times of overwhelm and distress. Eliza acknowledges that her alcohol use has become excessive and problematic, and she says she wants to reduce or even stop her drinking altogether.
- Fortunately, Eliza's family and friends are supportive of her gender transition journey. She also has the regular support of her mum, and her two partners (identifies as polyamorous).
  - Eliza does not live with either of her partners, however they both assist her regularly with her children and managing household tasks. While Eliza is grateful for this support, she feels like a burden and doesn't want to rely on these supports long term.



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# Discussion Prompts

1. What are the relevant cultural/familial/spiritual/psychosocial considerations for Eliza? How impactful are significant others, including dependents, partners, providers, parents in Eliza's life? If you were Eliza's support person how, if at all would you act on these insights?
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3. What are some of the additional complexities or co-morbidities, including but not limited to medical, psychological, substance use, physical, which may place Eliza at higher risk of mental health vulnerability? How might the range of providers/services involved work together to ensure the best outcome for Eliza?
4. How would you work with Eliza to develop a recovery plan? How might you help her prioritize her needs and wants? What could you do to ensure all services/providers involved with Eliza are working towards the same priorities and goals?



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# Vignette: Meet Jamie

Jamie is a 20-year-old non-binary person, who is First nations and identifies as queer. They:

- are studying at TAFE via online delivery and has struggled with mental health issues related to their gender identity and sexual orientation.
- currently live within the family home and has experienced significant relational trauma from their family of origin related to their identity. This has contributed to ongoing anxiety/depression and functional challenges related to management of Fibromyalgia and Ehlers-Danlos Syndrome.
- have recently been experiencing dysphoria in how they are 'read' socio-culturally and want to pursue HRT to alter their appearance to facilitate this congruence. Due to the impacts from COVID-19 on the health sector, and living in a rural/remote area, there is little access to clinicians to assist them with this.
  - have experienced a growing swell of aggression, intolerance and hate crimes against LGBTIQ+ individuals within their community, which contributes to their feelings of dysphoria, anxiety, depression and sense of safety.



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# Formulating factors

## Predisposing

- Relational trauma
- Symptoms of depression, anxiety, dysphoria
- History of discrimination and harassment due to sexuality and Gender.

## Precipitating

- Dysphoria related to appearance and their ability to be understood as non-Binary.
- Discord within their family and community creating a sense of insecurity and threat to safety.

## Perpetuating

- Poor emotion regulation
- negative coping skills (substance abuse)
- Lack of community and family support
- Lack of specialist treating professionals; Financial and housing stress.

## Protective

- Jamie has a strong support system of friends online
- loves their 2 dogs
- deeply connected to the ocean (fishing, swimming etc).

- Despite having an online network of friends that understand and acknowledge them, Jamie has struggled to find healthcare providers who are knowledgeable about LGBTIQ+ issues and can provide appropriate care for their mental and physical health needs.
- They are interested in seeking therapy but are concerned about finding a therapist who is affirming and knowledgeable about non-binary identities. Jamie struggles with the burden of responsibility in their cultural safety when seeking to connect with providers.



# Discussion Prompts

1. What are the relevant cultural/familial/spiritual/psychosocial considerations for Jamie? How impactful are significant others, including dependents, partners, providers, parents in Jamie's life? If you were Jamie's support person how, if at all would you act on these insights?
2. How might fear of rejection, being misunderstood and/or judged impact on Jamie? Is stigma or shame an issue? What might mental health professionals do to minimize the hurdles and maximize the opportunities for Jamie's health seeking behaviors?
3. What are some of the additional complexities or co-morbidities, including but not limited to medical, psychological, substance use, physical, which may place Jamie at higher risk of mental health vulnerability? How might the range of providers/services involved work together to ensure the best outcome for Jamie?
4. How would you work with Jamie to develop a recovery plan? How might you help them prioritize their needs and wants? What could you do to ensure all services/providers involved with Jamie are working towards the same priorities and goals?



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# Meet Jared

- Jared is a 35-year-old Aboriginal cis gay man who has been living with HIV for the past 15 years. Jared also struggles with drug use and has been using methamphetamine along with alcohol over the past ten years to cope with the effects of living with a chronic illness.
- As an Aboriginal gay man living with HIV, Jared faces unique challenges in accessing appropriate mental health and drug and alcohol services. Stigma and discrimination towards Aboriginal LGBTQ+ individuals and people living with HIV can lead to feelings of isolation, shame, and self-hatred. This can exacerbate mental health issues such as anxiety and depression, which Jared experiences on a daily basis.
  - Jared has struggled in the past to relate to mainstream straight health services. Many staff at these services do not understand or cannot relate to the issues for Aboriginal LGBTQ people and frequently Jared feels isolated and misunderstood. Jared has felt at times judged and shamed for being a sexually active HIV-positive gay man, who uses drugs by many workers and clients of mainstream services. Jared also at times feels isolated from Aboriginal communities because he's queer and has HIV.



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# Meet Jared

- The COVID-19 pandemic has only added to Jared's stress and anxiety, as he has struggled to access treatment for his drug use and HIV due to disruptions in many healthcare services. He has also lost his job and is facing financial difficulties, which have only added to his sense of hopelessness and despair.
- Jared is in an on-again-off relationship with another HIV-positive gay man, called John. While John has helped Jared at times, especially with housing and lending him money, he also enables Jared's drug use as they are both active in the party-'n-play chemsex scene. Both Jared and John partied heavily during the COVID lockdown, when there seemed like there was little else to do.
- Jared has had very little contact with his Aboriginal family and community because they did not accept his sexuality and his HIV status, however, in more recent times he's been in contact with an Aboriginal queer support group and is starting to feel more connected to his community.



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# Discussion Prompts

1. What are the relevant cultural/familial/spiritual/psychosocial considerations for Jared? How impactful are significant others, including dependents, partners, providers, parents in Jared's life? If you were Jared's support person how, if at all would you act on these insights?
2. How might fear of rejection, being misunderstood and/or judged impact on Jared? Is stigma or shame an issue? What might mental health professionals do to minimize the hurdles and maximize the opportunities for Jared's health seeking behaviors?
3. What are some of the additional complexities or co-morbidities, including but not limited to medical, psychological, substance use, physical, which may place Jared at higher risk of mental health vulnerability? How might the range of providers/services involved work together to ensure the best outcome for Jared?
4. How would you work with Jared to develop a recovery plan? How might you help him prioritize his needs and wants? What could you do to ensure all services/providers involved with Jared are working towards the same priorities and goals?



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