



SHARING THE STORIES AND WISHES OF QUEER, GENDER DIVERSE, INTERSEX, TAKATĀPUI, MVPFAFF AND RAINBOW COMMUNITIES AROUND AOTEAROA'S MENTAL HEALTH AND ADDICTION SERVICES

# MIHI

Tuatahi, ka mihi ki a koutou o te Kāwanatanga me te Mental Health and Addiction Inquiry Panel. Nā koutou rā i taea ai te rongō ki te iti me te rahi mō tēnei kaupapa Oranga Tāngata, Oranga Whānau.

Tuarua, ka mihi ki ngā reo maha, nā rātou nei tēnei rīpoata i whakakī. He maha ngā kura reo o roto, ngā mea tokatū moana, ngā mea taikaha, ngā mea māia.

Kātahi mā tēnei rīpoata e tuitui ngā momo katoa kia taea ai te kite atu i te āhuatanga o te hauora hinengaro me te waranga huri noa. Ahakoa he mea iti tēnei rīpoata, ko te tūmanako he paku āwhina hei oranga tāngata, hei oranga whānau puta atu ki a tātou katoa o Aotearoa whānui.

Tēnā tātou katoa.

## A NOTE ON LANGUAGE

We use the terms '**queer, gender diverse, intersex, takatāpui, MVPFAFF or rainbow communities**' to cover a range of identities that fall widely under the umbrella of diverse sexualities, genders and sex characteristics. We recognise that these words might not be the most preferred terms for everyone.

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# OUT LOUD AOTEAROA

## AN INTRODUCTION

Tēnā koutou katoa,

Out Loud Aotearoa is a project inspired by #wearebeneficiaries, in response to the 2018 Government Inquiry into Mental Health and Addiction. The aim of Out Loud Aotearoa is to use art to share the stories and wishes of the queer, gender diverse, intersex, takatāpui, MVPFAFF or rainbow communities around Aotearoa's mental health and addiction services and system.

The foundation of this report are the experiences and wishes of our community brought to life by local artists. Alongside these are a series of recommendations based on the submissions.

We acknowledge the taonga given to us by the participants in this project. We offer this report to the Mental Health and Addiction Inquiry with the hope that it helps shed light on the strengths and failings of our current mental health and addiction services and can help inform constructive solutions that are relevant to the needs of queer, gender diverse and intersex communities.

We also offer this report to mainstream mental health organisations. It is our hope that this report and these stories help guide their practice to ensure that all of our mental health and addiction services include and uplift the queer, gender diverse and intersex communities of Aotearoa.

Nā māua noa, nā

**SAM ORCHARD**  
(WE ARE BENEFICIARIES)

**TONI DUDER**  
(RAINBOW YOUTH)



# METHODOLOGY

Out Loud Aotearoa was run through social media (Instagram, Twitter and Facebook). Participants were asked to complete an online form where they answered one or both of two questions posed to them:

- *What changes do you wish to see as a queer, gender diverse, intersex or rainbow person in regards to the mental health and addiction services in Aotearoa?*
- *What is your experience as a queer, gender diverse, intersex or rainbow person in regards to the mental health and addiction services in Aotearoa?*

Participants were limited to 200 words and encouraged to send a longer submission to the inquiry using their website. They were given the option to add a photo for the artist to use as inspiration.

Once a person submitted their story and wishes, they were sent an email outlining further methods of submitting to the inquiry as well as places they could access mental health and addiction support.

The submissions were then randomly assigned to local artists who created artwork to accompany the submissions. Once permission had been received by the person behind the submission, it was then published on Out Loud Aotearoa's social media platforms.

Once all submissions were received, we analysed them and drew out common themes. From this, we worked to fit the themes into a structure that mirrors a person's journey through the mental health and addiction system. Most of the submissions contained details of various and intersecting experiences and wishes, and are sorted based on which theme we felt they best exemplified.

The recommendations included in this report were drawn from the stories and themes of the submissions to Out Loud. They were then developed by a team of individuals with knowledge of rainbow experiences of the mental health and addiction system through their work, research and lived experience.

PART 1:

# OVERVIEW OF SYSTEMIC ISSUES

Theme 1.

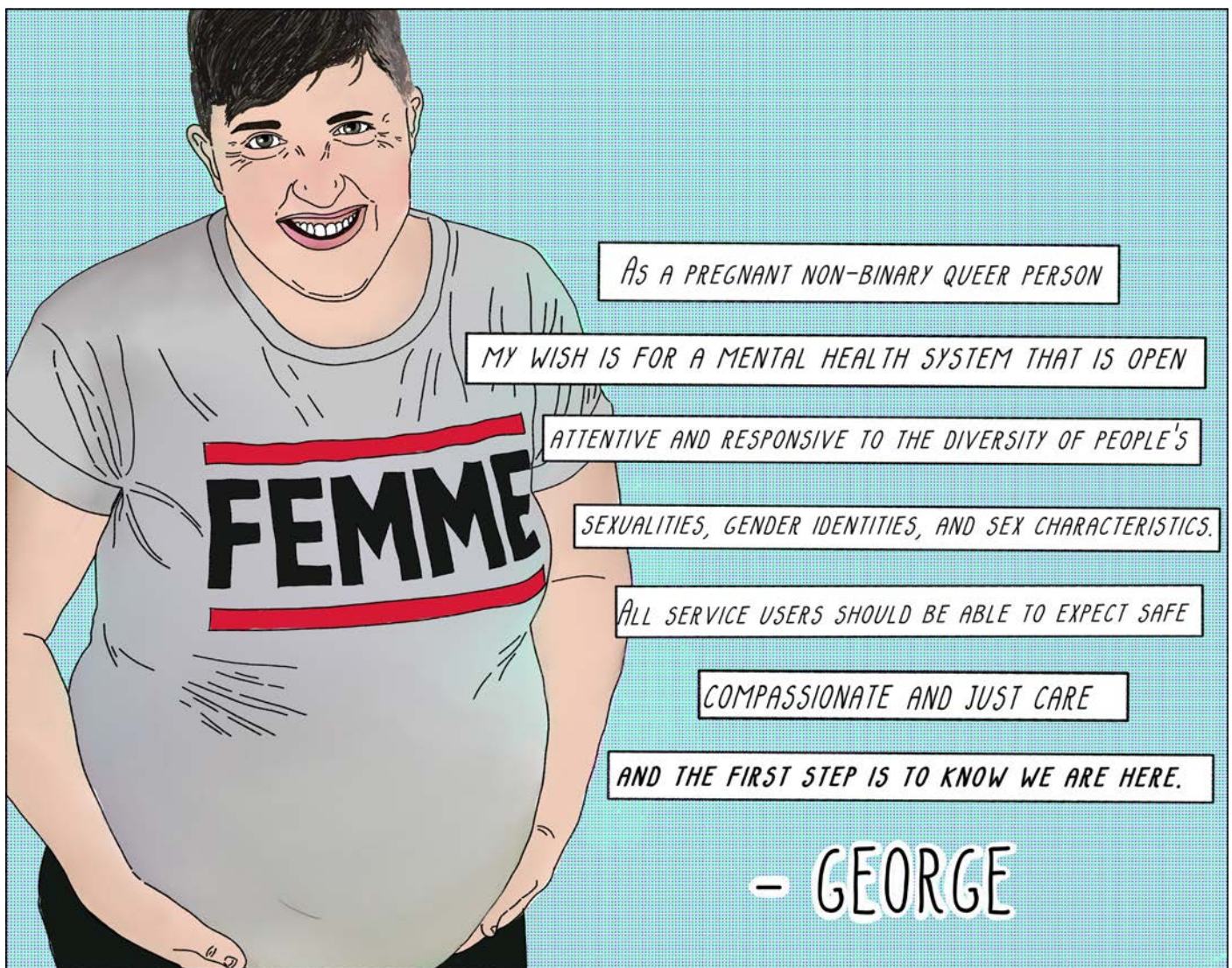
## LACK OF EDUCATION AND SUPPORT FOR PRACTITIONERS AND CLINICIANS AROUND RAINBOW COMPETENCY

One of the most prevalent themes that came out of the submissions was people's experiences with practitioners and clinicians who didn't have even a basic understanding of diverse sexualities, gender identities and sex characteristics.

This meant that service users were given the wrong information, inadequate care or their mental health was dismissed and/or minimised. The hopes and wishes of the submissions centred around widespread, nuanced rainbow competency education and training for practitioners and clinicians. Submissions also suggested that clinicians have access to ongoing supervision and training to deal with their own sexuality and gender identity, including homophobia, biphobia and transphobia.

## RECOMMENDATIONS

- Adequately fund (in an ongoing manner) a national body to develop and monitor rainbow competency standards
- Ensure ongoing and appropriate education on rainbow competency is available to all practitioners
- Work with health professionals, counselling, social and youth work regulatory bodies and training organisations in Aotearoa to include rainbow competency as a core competency requirement in training and certification
- That the Ministry of Health (in association with a national rainbow body) publishes rainbow competency guidelines for GPs, primary care teams, school health teams, and school counsellors
- Supervision and ongoing support programs are provided for mental health practitioners and clinicians to deal with their own incompetence and prejudices around gender, sexuality and intersex identities.



## GEORGE

As a pregnant non-binary queer person my wish is for a mental health system that is open, attentive and responsive to the diversity of people's sexualities, gender identities and sex characteristics.

All service users should be able to expect safe, compassionate and just care and the first step is to know we are here.

• Artist: Huriana Te Aho





COUNSELLORS  
AND PSYCHOLOGISTS  
SHOULD BE WELL FUNDED  
AND TRAINED IN HOW TO BEST SERVE  
TAKATĀPUI—MVPFAFF—RAINBOW PEOPLE,  
TO MAKE IT JUST AS EASY  
TO GET EFFECTIVE  
COUNSELLING

AS IT IS TO GET  
ANTI—DEPRESSANT  
MEDICATION.

## ANONYMOUS

Counsellors and psychologists should be well funded and trained in how to best serve takatāpui - MVPFAFF - Rainbow people, to make it just as easy to get effective counselling as it is to get anti-depressant medication.

• Artist: Benjamin Mills



I remember going to my school counsellor because I'd been outed to my parents by a staff member at the school. I was told that I should focus on my studies and not worry about my sexuality as it would make me more confused and upset. This meant that I didn't get help for years and my mental health got worse.

Looking back as an adult, I know this response wasn't good enough. I wish our mental health system empowered queer and gender diverse young people to understand their mental health and not blame it on their gender or sexuality.

-Toni



## TONI

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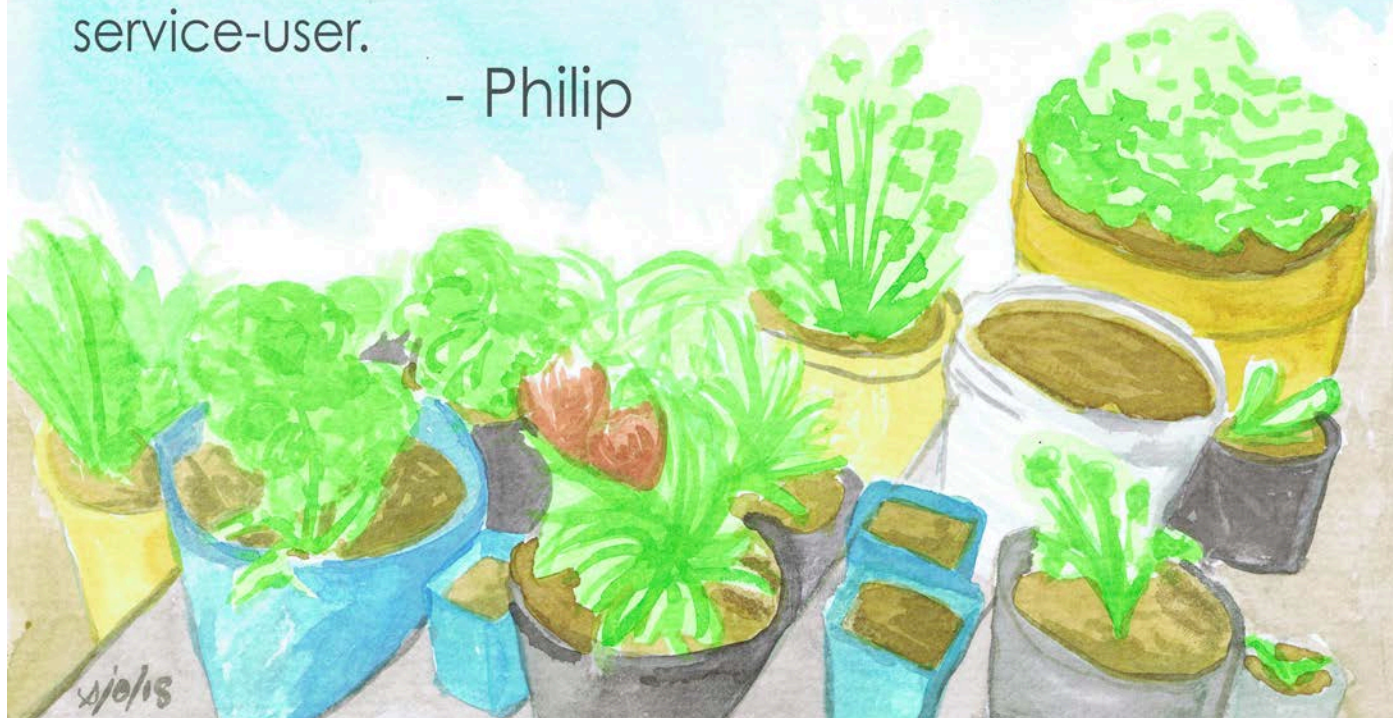
• Artist: Jana Allen



When i show up to access mental health services, I want to know that the person supporting me has someone else they can talk to - and process their feelings with - about gender.

Most people have suffered from the way gender works in the dominant culture, and mental health workers are no exception. They deserve support to heal from that, but it shouldn't be my job as a service-user.

- Philip



## PHILIP

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• Artist: Sam Orchard

I am a Māori mental health professional and staunch advocate for safe health and mental health services for takatāpui/LGBT+ whānau and individuals. I support one of my whānau who is undergoing gender reassignment but has always identified as male. He is regularly ostracised, humiliated, endures daily insults and lives a largely isolated life.

My child who is takatāpui was hospitalised in intensive care for a medically significant suicide attempt. I am fiercely protective of my child and other rangatahi/young people who deserve support, compassion, kindness and aroha.

Whānau rejection, racism, social exclusion and homophobia are regular experiences sadly practiced by individuals and services lauded for their work in mental health. There is a lot of hypocrisy in my profession, some churches and my whānau.

I am a humanitarian and social justice advocate. My mission is to support the widespread education of health professionals about the extensive unmet health needs of our whānau who identify as takatāpui. In my professional life, I have witnessed misgendering, pathologising, racism, social exclusion and homophobic behaviour, banning takatāpui people from their marae and any talk of the true identities at tangi etc. Homophobia is a cruel and brutal reality. Abandonment can lead to suicide.

Changes: educate against homophobia and transphobia; hold clinicians to account; train more queer-friendly mental health practitioners



## WHAEA KERI LAWSON-TE AHO

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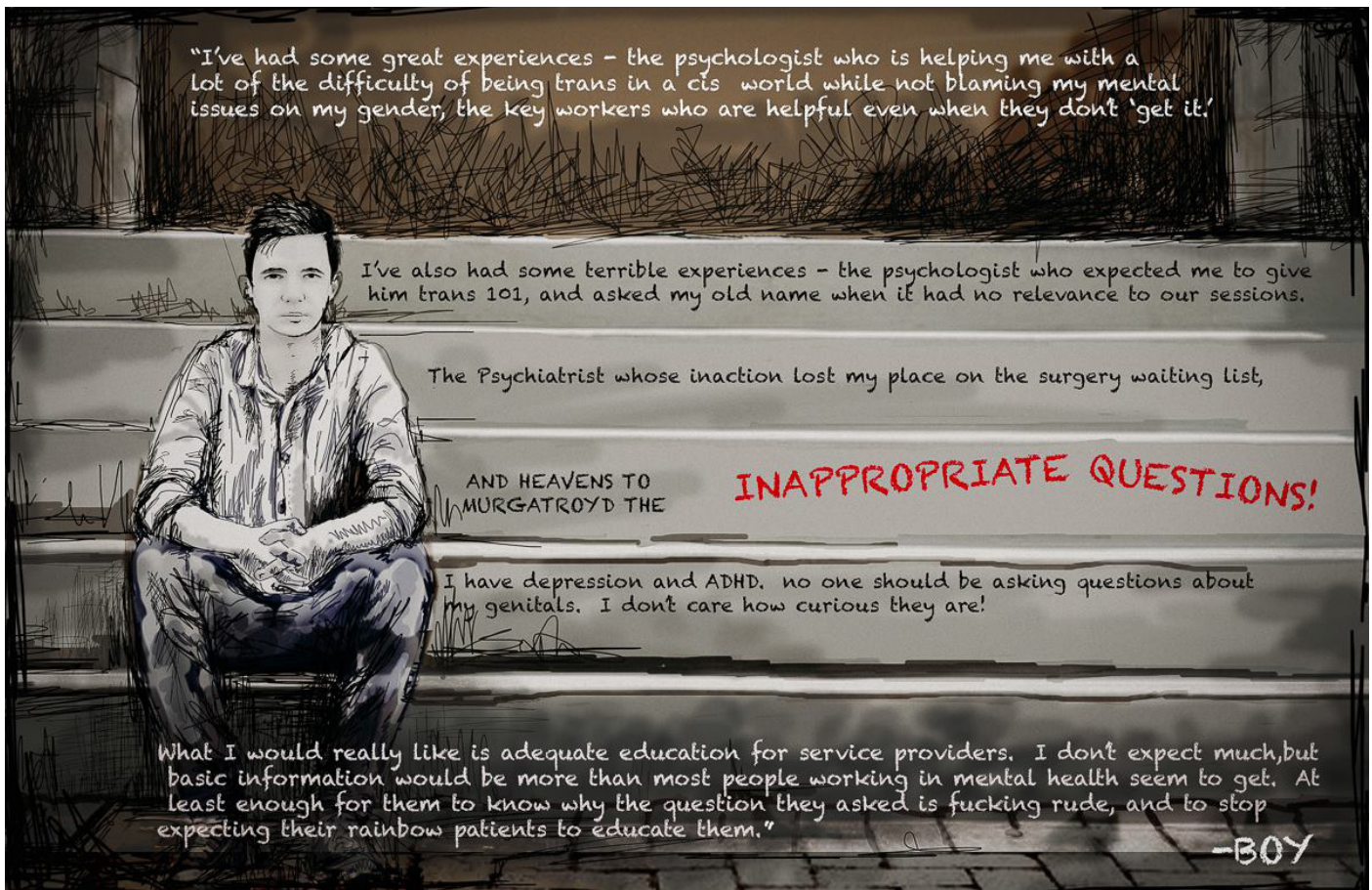
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Changes: educate against homophobia and transphobia; hold clinicians to account; train more queer-friendly mental health practitioners.

• Artist: Huriana Te-Aho





## BOY

"I've had some great experiences - the psychologist who is helping me with a lot of the difficulty of being trans in a cis world while not blaming my mental issues on my gender, the key workers who are helpful even when they don't 'get it'.

I've also had some terrible experiences - the psychologist who expected me to give him trans 101, and asked my old name when it had no relevance to our sessions.

The psychiatrist whose inaction lost my place on the surgery waiting list and heavens to murgatroyd the inappropriate questions!

I have depression and ADHD. No one should be asking questions about my genitals. I don't care how curious they are!

What I would really like is adequate education for service providers. I don't expect much, but basic information would be more than most people working in mental health seem to get. At least enough for them to know why the question they asked is fucking rude, and to stop expecting their rainbow patients to educate them."

• Artist: Jana Allen



While I believe that counselling practices should be informed by clients' definitions, experiences, and understandings of themselves, I wish I didn't have to educate almost every therapist I have been to on basic understandings of gender and sexuality.

The last person I dealt with didn't understand that, while I use they/them pronouns, "you" is neither a pronoun, nor gendered. This particular therapist advertised that they had experience with gender diverse patients.

This is all too common among practitioners who overpromise and underdeliver to gender, sex, and sexually diverse communities.

## ANONYMOUS

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• Artist: Vincent Elizabeth Konrad



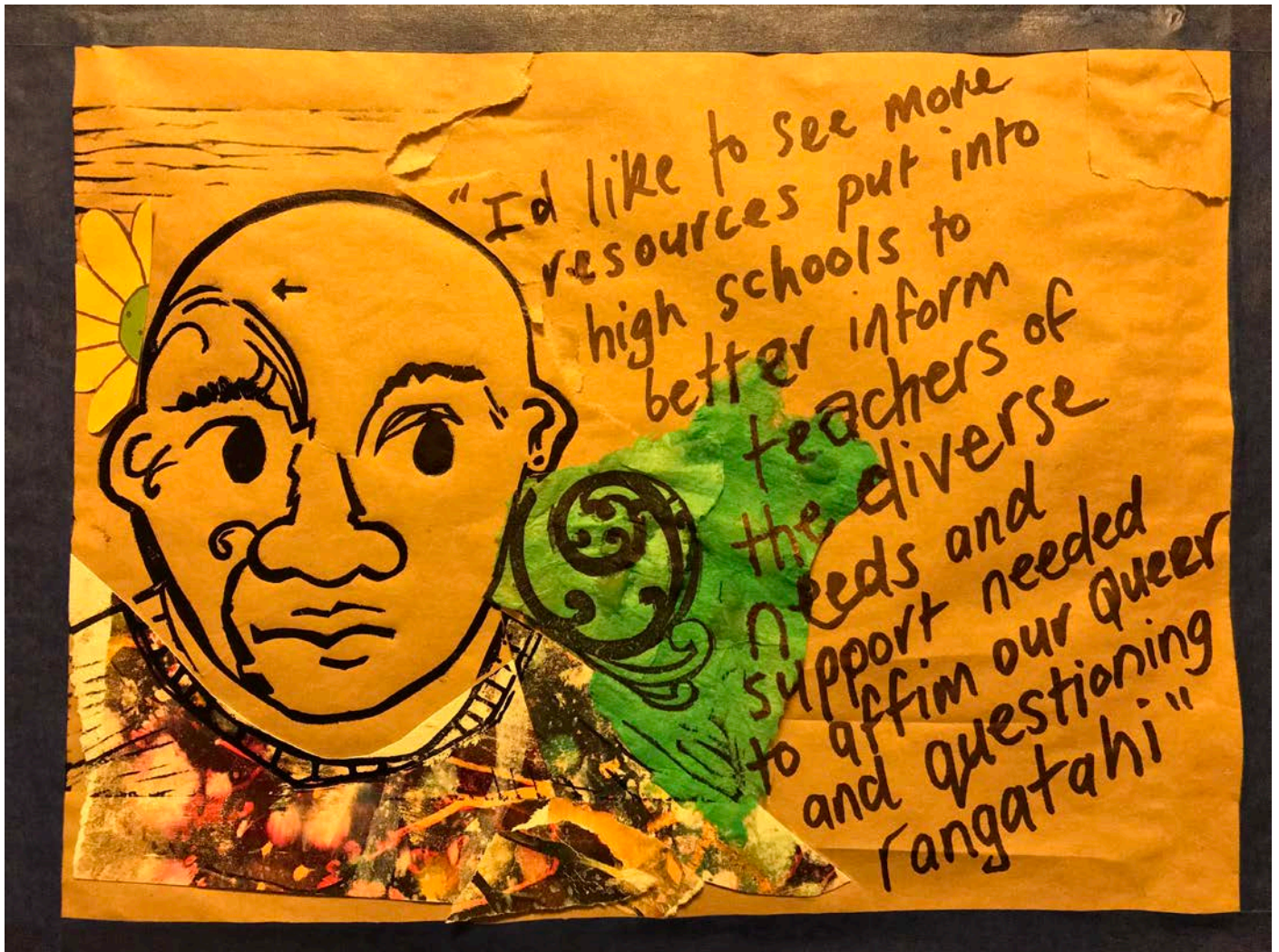
**“I would like to see more LGBT liasons and the option to have an LGBT liason at each assessment for mental health.” -Aaron**



## AARON

“I would like to see more LGBT liasons and the option to have an LGBT liason at each assessment for mental health”.





## ANONYMOUS

I'd like to see more resources put into high schools to better inform teachers of the diverse needs and support needed to affirm our queer and questioning rangatahi

- Artist: Tama tk Sharman

## Theme 2.

# SYSTEMIC UNDERFUNDING

The submissions to Out Loud Aotearoa added to evidence that cuts to government spending on the mental health and addiction services created gaps in service provision, strain on community services and a silo-ing of services due to competitive funding models.

Sector-wide underfunding puts vulnerable populations, including queer, gender diverse and intersex communities, at higher risk because not only are service providers unable to do their core work, they face severe barriers to offering specific community support and up-skilling themselves to provide adequate care. Furthermore, rainbow community members are fearful that overstretched services will not cater their specific needs, nor will they be affordable.

## RECOMMENDATIONS

- Provide targeted and sustained funding for organisations working to support rainbow people
- Remove competitive models for funding for mental health and addiction services, as well as for community organisations supporting rainbow people
- Build incentives around collaboration and up-skilling of staff around rainbow competency into mental health and addiction services funding
- Fund organisations all along the care continuum (including social and peer support organisations)
- Fund research that explores the mental health needs of rainbow community members. Any government-funded research on rainbow mental health should be conducted in collaboration with rainbow organisations and the rainbow community

***"We need to do more for our LGBTI community, by way of financial support. A number of our LGBTI folk go without, for whatever reason. Having more support services available will help change and save lives. This is important. It's the future of Aotearoa."***



## MARY

We need to do more for our LGBTI community, by way of financial support. A number of our LGBTI folk go without, for whatever reason. Having more support services available will help change and save lives. This is important. It's the future of Aotearoa.

• Artist: Zhan Senaka-Xavier and Sam Orchard



MY GP MANAGED TO GET ME TO ADDRESS MY ALCOHOLISM BY PUTTING ME IN TOUCH WITH CADS , OUT OF THAT I WENT TO A PRIVATE COUNSELOR TO WORK ON HOARDING, ANXIETY AND PANIC ATTACKS (FROM AN ARMED HOLD UP) AND THE CYCLE OF WORK-RELATED EMOTIONAL BURNOUTS I WAS IN.

THE INDIVIDUALS THAT HAVE HELPED ME HAVE ALL BEEN GREAT AND SUPPORTIVE BUT THE SYSTEM AROUND THEM IS WOEFULLY UNDERFUNDED, GROUPS ARE FULL TO BURSTING AND THIS CREATES STRESS AND LIMITS WHAT CAN BE DONE TO HELP THOSE LESS WELL OFF - I STOPPED THE COUNSELING IN PART BECAUSE OF COST AND REALLY CAN'T SEE WHY SOMETHING THAT IS INTEGRAL TO HELPING PEOPLE FUNCTION ISN'T FAR BETTER FUNDED. PROJECTS LIKE HOUSING FIRST ARE WONDERFUL BUT MORE SPENT NOW FURTHER UP THE TREE WOULD SAVE A LOT OF MISERY FOR THE VULNERABLE AS WELL AS HELPING REDUCE OUR DISASTROUS SUICIDE STATS.

**-TOBY**

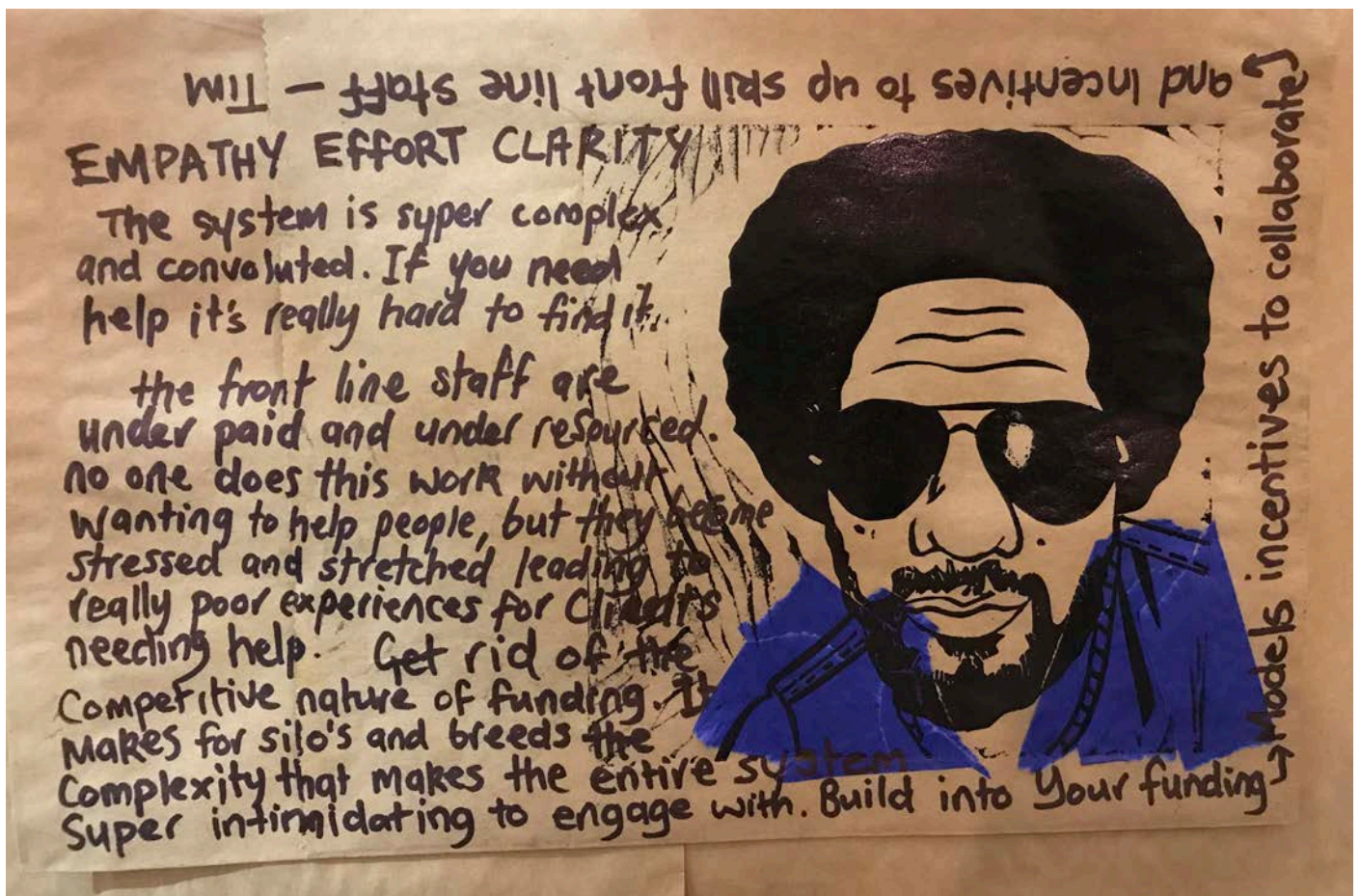


## TOBY

My GP managed to get me to address my alcoholism by putting me in touch with CADS , out of that I went to a private counselor to work on hoarding, anxiety and panic attacks (from an armed hold up) and the cycle of work-related emotional burnouts I was in.

The individuals that have helped me have all been great and supportive but the system around them is woefully underfunded, groups are full to bursting and this creates stress and limits what can be done to help those less well off - I stopped the counseling in part because of cost and really can't see why something that is integral into helping people function isn't far better funded, projects like Housing First are wonderful but more spent now further up the tree would save a lot of misery for the vulnerable as well as helping reduce our disastrous suicide stats.

• Artist: Ash Spittal



## TIM

Empathy. Effort. Clarity. 1: The system is super complex and convoluted. If you need help it's really hard to find it. 2: The front line staff are under paid and under resourced. No one does this work without wanting to help people, but they become stressed and stretched leading to really poor experiences for clients needing help. 3: Get rid of the competitive nature of funding. It makes for silo's and breeds the complexity that makes the entire system super intimidating to engage with. 4: Build into your funding models incentives to collaborate and incentives to up skill front line staff

• Artist: Tama tk Sharman



Theme 3.

## INSTITUTIONAL BIASES

### A) INTERSEX, TRANS AND GENDER DIVERSE COMMUNITIES

Many submissions pointed to the lack of understanding of intersex, trans and gender diverse communities. This included the (wrongful) conflation of gender, sex and sexual orientation, pathologization, using inappropriate names and pronouns, and a lack of respect for self-determination. The lack of consistent pathways for care for people wishing to transition was also highlighted - meaning that people were often given ad-hoc and inconsistent treatment.

### B) INDIGENOUS/MĀORI COMMUNITIES

Indigenous/Māori people highlighted the lack of culturally appropriate mental health services. These submissions highlighted the need for a Te Ao Māori approach; including whānau, considering the impacts of minority stress and colonisation, and a holistic approach to wellbeing. Furthermore, the adoption of Māori health models, and the need for takatāpui specific resources and services is needed.

### C) MIGRANT COMMUNITIES

Migrant communities also requested the need for culturally appropriate services, and for clinicians to take an intersectional approach (that acknowledges cultural impacts on Rainbow identities).

## Theme 3: Institutional Biases

### A) INTERSEX, TRANS AND GENDER DIVERSE COMMUNITIES

# RECOMMENDATIONS

- Ensure ongoing and appropriate education on rainbow competency is available to all practitioners (as noted in theme 1)
- Move away from pathologising to an informed consent model when treating intersex, trans and gender diverse people
- Provide ongoing and appropriate education to all practitioners and clinicians with special attention to transgender and intersex communities (i.e. using the right pronouns and names)
- Mandating and incentivising organisations to follow best practice guidelines in Aotearoa and where appropriate, the World Professional Association for Transgender Health standards of care
- Increase funding for gender affirming medical interventions as well as improving administration of process and wait times
- Develop a mechanism for complaints and improvement plans around organisation and individual misconduct around rainbow competency
- Ministry of Health issues guidelines for DHBs on the response required to meeting best practice guidelines for transgender healthcare in Aotearoa. This should include recommendations for collecting inclusive sex and gender data on intake forms, and recommendations for ensuring all patients have access to facilities such as gender neutral bathrooms.
- As part of the intersex working group, review DHB policies (or set national guidelines) on ambiguous genitalia management
- Fully fund ongoing health and mental health support for intersex people who have had non-consensual medical interventions
- Promote and provide support for whānau and parents of gender diverse, transgender and intersex people (including helping to build capacity of rainbow organisations that currently do this work)

**I REMEMBER GOING TO STUDENT SUPPORT FOR A COUNSELLING APPOINTMENT AND WHEN COUNSELLOR SAW ME SHE SAID:  
"ARE YOU SAMUEL? ARE YOU SURE? SAMUEL?!"**

**APPARENTLY I DIDN'T LOOK ENOUGH LIKE A SAMUEL. I CLARIFIED THAT I WAS TRANSITIONING, AND THAT I WAS THERE TO GET TIPS FOR COPING WITH STRESS DUE TO MY STUDY, AND NOT ANYTHING ABOUT BEING TRANS. SHE THEN DISCLOSED INFORMATION ABOUT A PREVIOUS TRANS STUDENT SHE'D SEEN (IN ENOUGH DETAIL THAT I KNEW WHO SHE WAS TALKING ABOUT) BEFORE RUNNING OUT OF THE ROOM TO GET ANOTHER COUNSELLOR TO HELP SUPPORT HER. I SAT THERE, IN FRONT OF TWO COUNSELLORS, ASKING FOR TIPS FOR COPING WITH STRESS, AND THEY JUST FREAKED OUT ABOUT ME BEING TRANS.**

**-SAM**



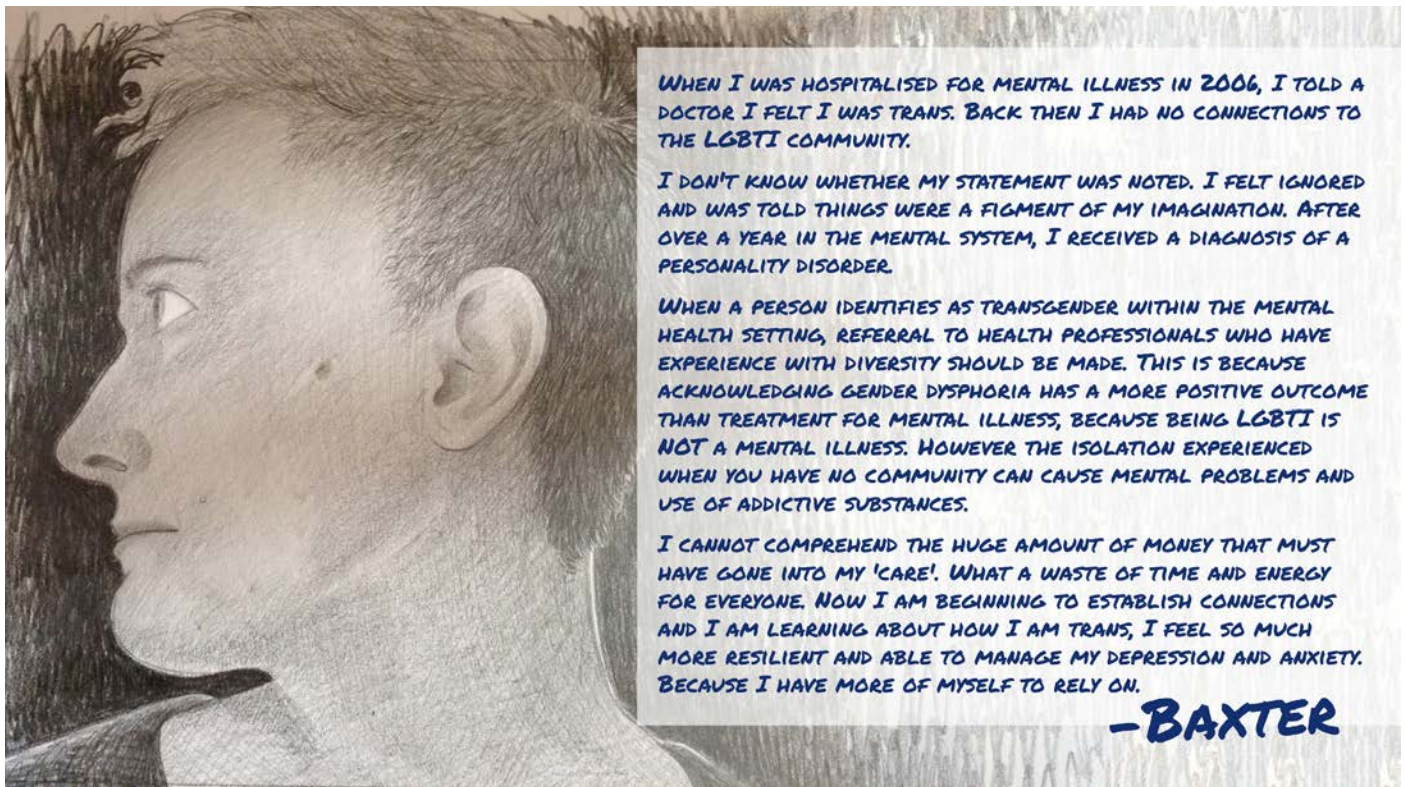
## SAM

I remember going to student support for a counselling appointment and when counsellor saw me she said: "Are you Samuel? Are you sure? Samuel?!"

Apparently I didn't look enough like a Samuel. I clarified that I was transitioning, and that I was there to get tips for coping with stress due to my study, and not anything about being trans. She then disclosed information about a previous trans student she'd seen (in enough detail that I knew who she was talking about) before running out of the room to get another counsellor to help support her. I sat there, in front of two counsellors, asking for tips for coping with stress, and they just freaked out about me being trans.

• Artist: Sam Orchard





WHEN I WAS HOSPITALISED FOR MENTAL ILLNESS IN 2006, I TOLD A DOCTOR I FELT I WAS TRANS. BACK THEN I HAD NO CONNECTIONS TO THE LGBTI COMMUNITY.

I DON'T KNOW WHETHER MY STATEMENT WAS NOTED. I FELT IGNORED AND WAS TOLD THINGS WERE A FIGMENT OF MY IMAGINATION. AFTER OVER A YEAR IN THE MENTAL SYSTEM, I RECEIVED A DIAGNOSIS OF A PERSONALITY DISORDER.

WHEN A PERSON IDENTIFIES AS TRANSGENDER WITHIN THE MENTAL HEALTH SETTING, REFERRAL TO HEALTH PROFESSIONALS WHO HAVE EXPERIENCE WITH DIVERSITY SHOULD BE MADE. THIS IS BECAUSE ACKNOWLEDGING GENDER DYSPHORIA HAS A MORE POSITIVE OUTCOME THAN TREATMENT FOR MENTAL ILLNESS, BECAUSE BEING LGBTI IS NOT A MENTAL ILLNESS. HOWEVER THE ISOLATION EXPERIENCED WHEN YOU HAVE NO COMMUNITY CAN CAUSE MENTAL PROBLEMS AND USE OF ADDICTIVE SUBSTANCES.

I CANNOT COMPREHEND THE HUGE AMOUNT OF MONEY THAT MUST HAVE GONE INTO MY 'CARE'. WHAT A WASTE OF TIME AND ENERGY FOR EVERYONE. NOW I AM BEGINNING TO ESTABLISH CONNECTIONS AND I AM LEARNING ABOUT HOW I AM TRANS, I FEEL SO MUCH MORE RESILIENT AND ABLE TO MANAGE MY DEPRESSION AND ANXIETY. BECAUSE I HAVE MORE OF MYSELF TO RELY ON.

**-BAXTER**

## BAXTER

When I was hospitalised for mental illness in 2006, I told a doctor I felt I was trans. Back then I had no connections to the LGBTI community.

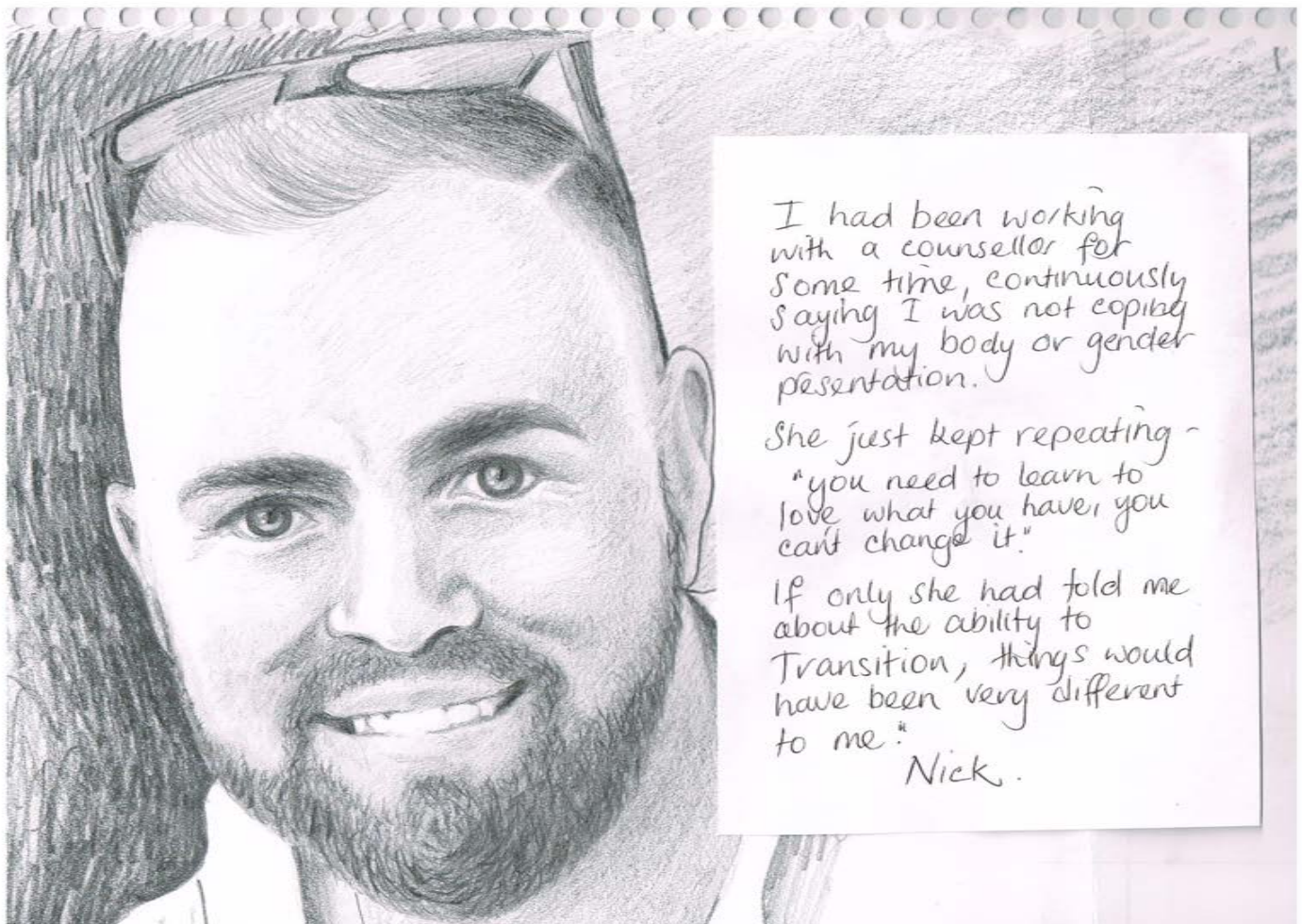
I don't know whether my statement was noted. I felt ignored and was told things were a figment of my imagination. After over a year in the mental health system, I received a diagnosis of a personality disorder.

When a person identifies as transgender within the mental health setting, referral to health professionals who have experience with diversity should be made. This is because acknowledging gender dysphoria has more a positive outcome than treatment for mental

illness, because being LGBTI is not a mental illness. However the isolation experienced when you have no community can cause mental problems and use of addictive substances.

I cannot comprehend the huge amount of money that must have gone into my 'care'. What a waste of time and energy for everyone. Now I am beginning to establish connections and I am learning about how I am trans, I feel so much more resilient and able to manage my depression and anxiety. Because I have more of myself to rely on.

• Artist: Bax J Green



## NICK

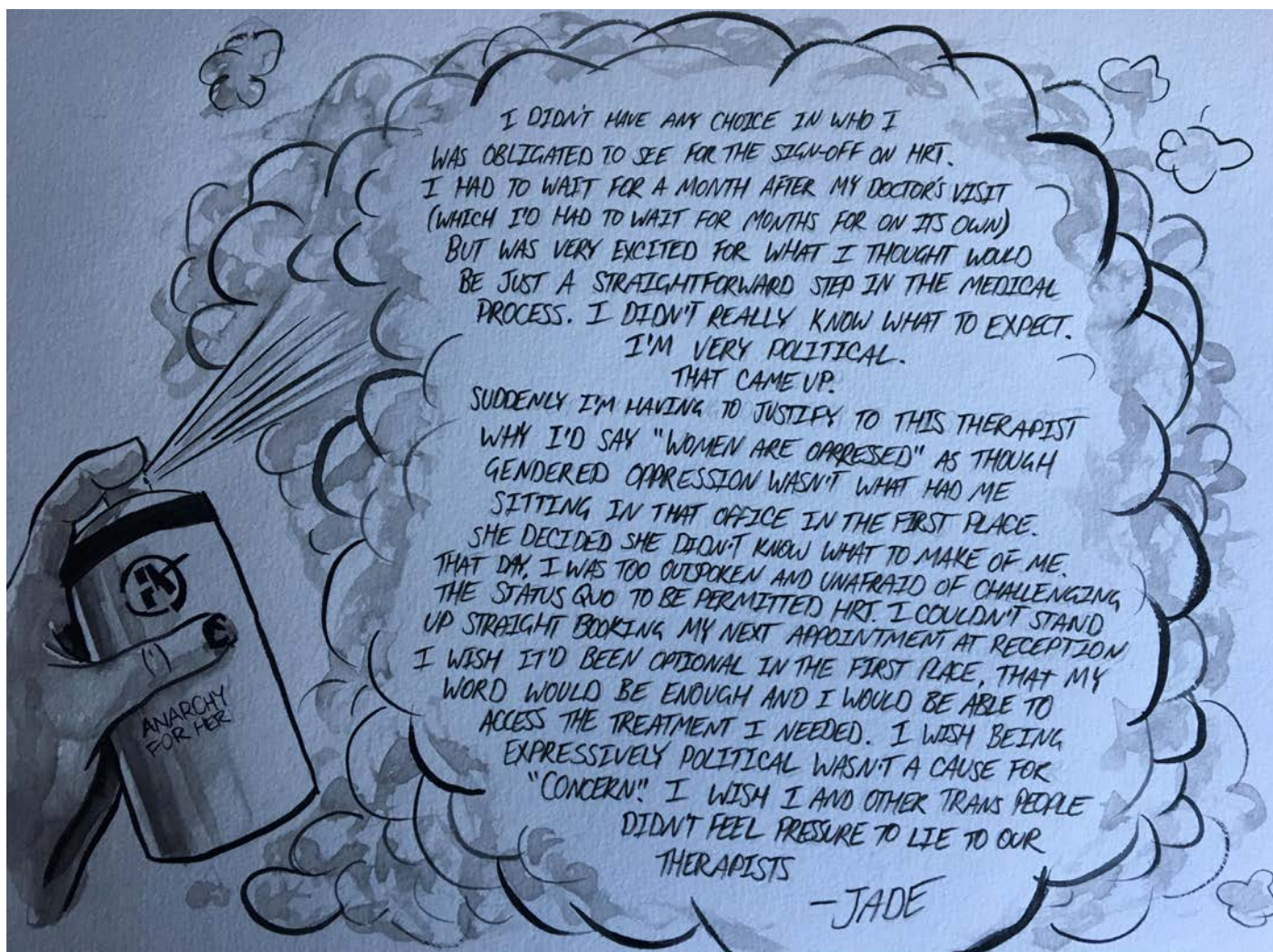
"I had been working with a counsellor for some time, continuously saying I was not coping with my body or gender presentation.

She just kept repeating - "you need to learn to love what you have, you can't change it".

If only she had told me about the ability to Transition, things would have been very different to me".

• Artist: Bax J Green





## JADE

I didn't have any choice in who I was obligated to see for the sign-off on HRT. I had to wait for a month after my doctor's visit (which I'd had to wait for months for on its own) but was very excited for what I thought would be just a straightforward step in the medical process. I didn't really know what to expect.

I'm very political. That came up.

Suddenly, I'm having to justify to this therapist why I'd say "women are oppressed" as though gendered oppression wasn't what had me sitting in that office in the first place. She decided she didn't know what to make of me. That day, I was too outspoken and unafraid of challenging the status quo to be permitted HRT. I couldn't stand up straight booking my next appointment at reception. I wish it'd been optional in the first place, that my word would be enough and I would be able to access the treatment I needed. I wish being expressively political wasn't a cause for "concern". I wish I and other trans people didn't feel pressure to lie to our therapists.

• Artist: Holly Aitchison



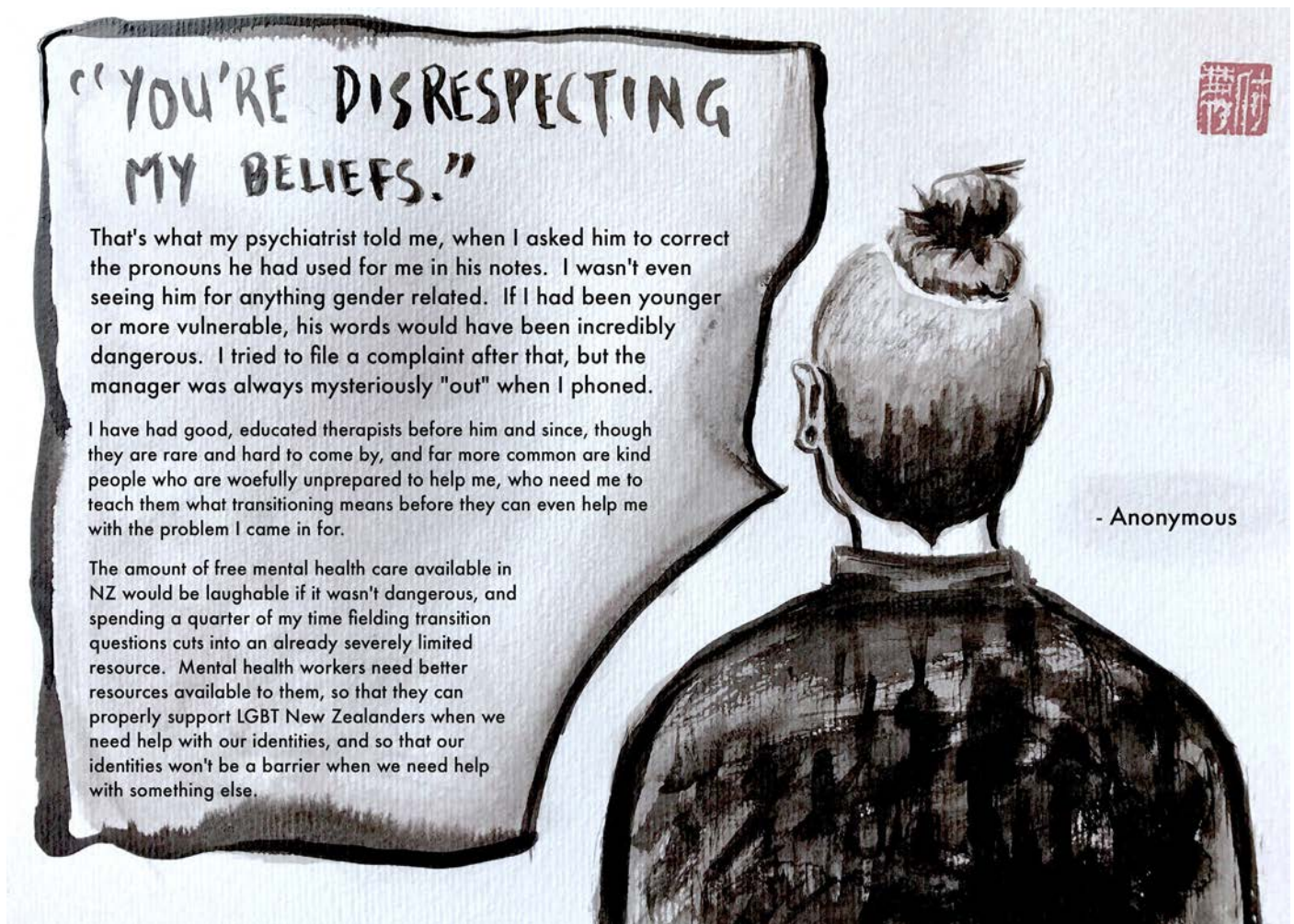
After 2 years of repeatedly being told there were no resources for trans people in my area, and ‘We can help trans people with issues but we can’t help people with trans issues’, I was so excited when I was finally referred to see an endocrinologist. I told him my name and pronouns (they/them) and, believing his goal was to help me, disclosed my history of depression, anxiety, and terrible body image. I wanted him to have the complete picture so that we could work together to find the best course of action. His report included something to the effect of “I am unable to ascertain whether [deadname] dislikes her body because she is trans, or whether she dislikes her body because she is obese”.



## LOUX

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• Artist: Loux McLellan



## ANONYMOUS

"You're disrespecting my beliefs."

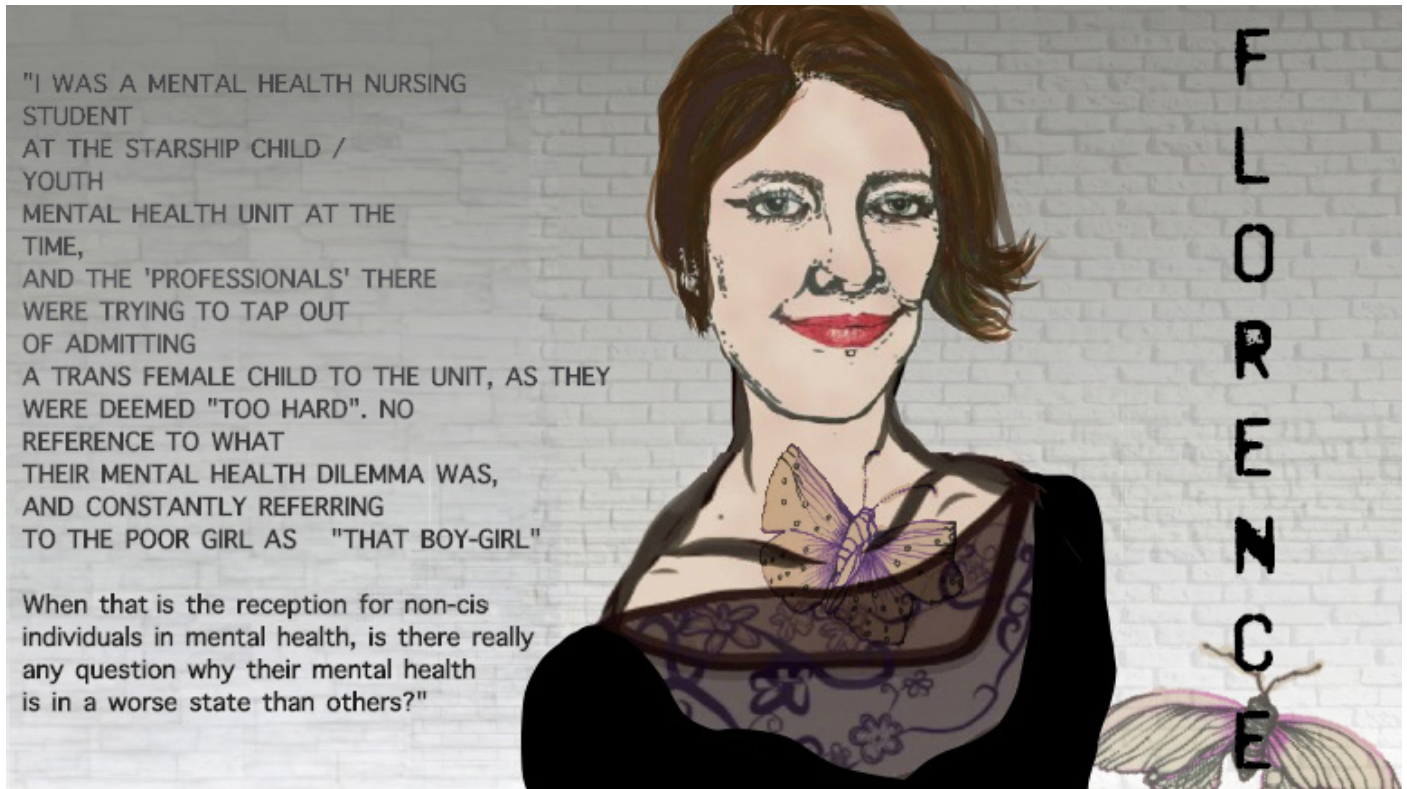
That's what my psychiatrist told me, when I asked him to correct the pronouns he had used for me in his notes. I wasn't even seeing him for anything gender related. If I had been younger or more vulnerable, his words would have been incredibly dangerous. I tried to file a complaint after that, but the manager was always mysteriously "out" when I phoned.

I have had good, educated therapists before him and since, though they are rare and hard to come by, and far more common are kind people who are woefully unprepared to help me, who need me to teach them what transitioning means before they can even help me with the problem I came in for.

The amount of free mental health care available in NZ would be laughable if it wasn't dangerous, and spending a quarter of my time fielding transition questions cuts into an already severely limited resource. Mental health workers need better resources available to them, so that they can properly support LGBT New Zealanders when we need help with our identities, and so that our identities won't be a barrier when we need help with something else.

• Artist: Fu Fighter Arts





## FLORENCE

I was a mental health nursing student at the Starship Child / Youth Mental Health Unit at the time, and the 'professionals' there were trying to tap out of admitting a trans female child to the unit, as they were deemed "too hard". No reference to what their mental health dilemma was, and constantly referring to the poor girl as "that boy-girl".

When that is the reception for non-cis individuals in mental health, is there really any question why their mental health is in a worse state than others?"

- Artist: [Sol Marco Duncan](#)



## Taine

I remember needing to get a letter for top surgery for my transition, to alleviate my dysphoria. I saved up enough money to see a private psychiatrist as a one-off who told me that I "wasn't ready for surgery yet". He may as well have reached in, taken my heart, and broken it in his hands.

This medical gatekeeping caused my mental health to plummet to new depths. The amount of damage control my friends had to do to get me through this time was enormous. I felt fury, shame, and utter despair at not being able to continue my transition at my own pace. Such damage was done.

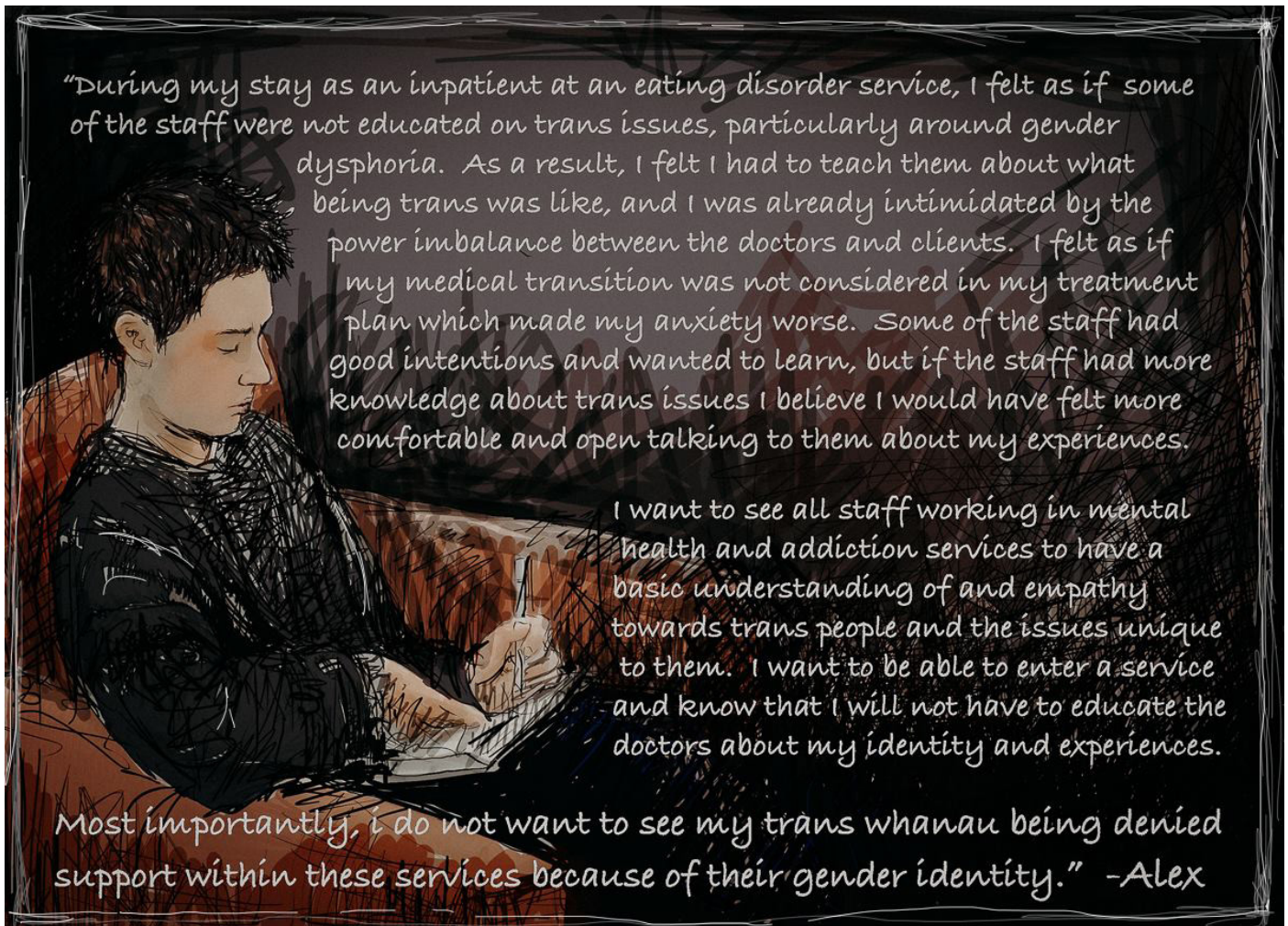
We need our healthcare providers to work with trans people using

an informed consent model, not the traditional medical model. All people have the right to the highest attainable standard of health.

The Hippocratic Oath says to first, do no harm. Our healthcare providers need to know that sometimes doing nothing - making us wait - is what does the harm.

• Artist: Alec James





## ALEX

During my stay as an inpatient at an eating disorder service, I felt as if some of the staff were not educated on trans issues, particularly around gender dysphoria. As a result, I felt I had to teach them about what being trans was like, and I was already intimidated by the power imbalance between the doctors and clients. I felt as if my medical transition was not considered in my treatment plan which made my anxiety worse. Some of the staff had good intentions and wanted to learn, but if the staff had more knowledge about trans issues I believe I would have felt more comfortable and open talking to them about my experiences.

I want to see all staff working in mental health and addiction services to have a basic understanding of and empathy towards trans people and the issues unique to them. I want to be able to enter a service and know that I will not have to educate the

doctors about my identity and experiences. Most importantly, I do not want to see my trans whānau being denied support within these services because of their gender identity.

• Artist: Jana Allen



I reached out for help with anxiety and depression through Student Health counselling services at my university. The counsellor I saw was recommended as the most queer friendly counsellor available. However, she constantly used the wrong pronouns for me after I had shared that I use they/them pronouns, she asked about physical aspects of my transition which weren't relevant to my sessions, and she told me that by not being willing to share with others in my life that I had started HRT, that that meant that I was letting my anxiety hold me back in my transition.

Disclosing that I am trans and what medications I am on is my choice. My willingness to disclose these details was not what I needed to work on in relation to my anxiety.

I attended a student feedback session with Student Health and was told that their staff had received gender and sexuality training two years ago and that further training was not needed. I stayed with this counsellor for two years because I didn't know there were any other options, or that mental health care could be better than that for trans people.



## ANONYMOUS

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• Artist: Sam Orchard

9 // I am visibly intersex. I don't know what that is, and I have always been told never to talk about my body, so it is far too easy for me to be sexually abused.

12 // My PTSD has me seeing demons and my Christian school thinks it means I'm gifted. I realize I'm gay and it makes it worse.

13 // I get a few funded counselling sessions after getting caught self-harming. My counsellor tells me every single session that I'm going to hell for being gay.

16 // My state youth mental health team tell my parents to stop beating me, then discharge me.

19 // I get discharged from the adult mental health system when I become homeless after being outed because it's "a new chapter in my life".

20 // I am told I'll never be eligible for ACC sensitive claims therapy no matter how often I've been raped in New Zealand, because I was first raped overseas.

21 // I travel over an hour and pay hundreds to see an ADHD specialist, who tells me ADHD "makes people like you make bad decisions like being homosexual". He says the best cure for ADHD is "a personal relationship with Jesus Christ".

22 // I finally get on hormones, and they do more for me than antidepressants ever have. I had to find this out on accident, because none of my doctors know anything about my intersex condition.



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• Artist: Kī Foster

## RECOMMENDATIONS

- Approaches to care must include considerations of impacts of minority stress, racism and colonisation
- Ongoing and appropriate education from rainbow communities for all practitioners (as noted in themes 1 and 3a), with special attention to takatāpui and indigenous communities, Te Ao Māori practices and health models
- Inclusion of wider communities and whānau in support, care and health interventions
- Fund takatāpui specific resources and services
- Make takatāpui communities a primary focus for mental health strategies and interventions



"I WAS FORTUNATE TO FIND AN AMAZING COUNSELLOR WHO I SAW FOR MANY YEARS. IN MY LATE 40'S I HAD TO SEE A PSYCHOLOGIST TO SIGN OFF ACC FUNDING TO CONTINUE WITH MY COUNSELLOR.



I WAS PREPARED FOR THE PSYCHOLOGIST TO BE RUN-OF-THE-MILL-RACIST (SHE WAS) AND TO NOT TAKE MY SEXUALITY SERIOUSLY (SHE DIDN'T), BUT SHE ALSO MANAGED TO MAKE FUN OF MY DIAGNOSIS, IGNORE MY AUTONOMY, AND OPENLY DISREGARD MY SPIRITUAL AND CULTURAL BELIEFS.

I'M A STRONG MĀORI WOMAN; A TAKATĀPUI WHO IS LESBIAN FEMME AND INCREDIBLY RESILIENT, AND I WAS LUCKY ENOUGH TO HAVE MY COUNSELLOR WITH ME IN THAT MEETING. IT WAS STILL DIFFICULT. WE SHOULD NOT HAVE TO PUT UP WITH IT."

-Elizabeth

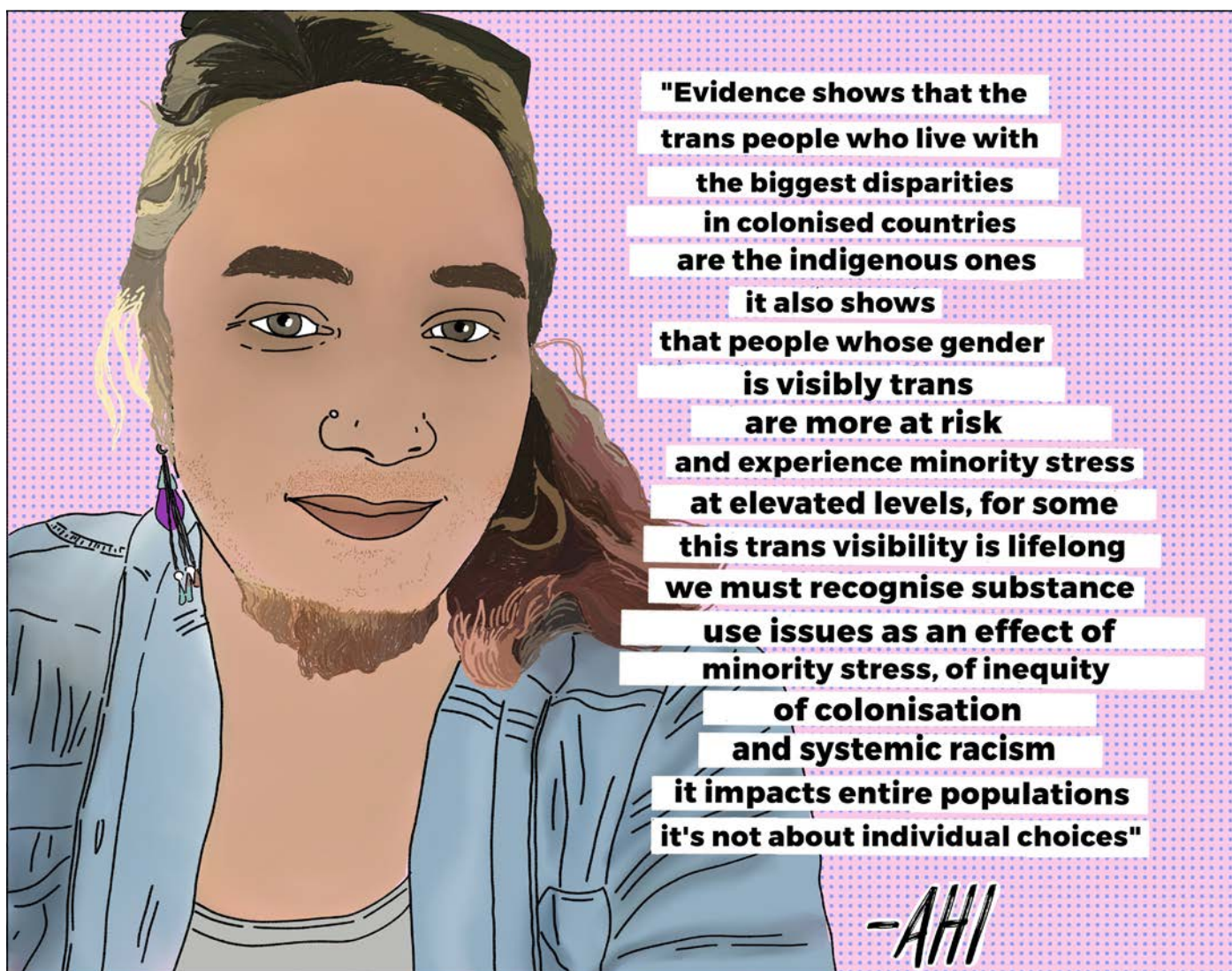
## ELIZABETH

"I was fortunate to find an amazing counsellor who I saw for many years. In my late 40's I had to see a psychologist to sign off ACC funding to continue with my counsellor.

I was prepared for the psychologist to be run-of-the-mill-racist (she was) and not take my sexuality seriously (she didn't), but she also managed to make fun of my diagnosis, ignore my autonomy, and openly disregard my spiritual and cultural beliefs.

I'm a strong Māori woman; a takatāpui who is lesbian femme and incredibly resilient, and I was lucky enough to have my counsellor with me in that meeting. It was still difficult. We should not have to put up with it."

• Artist: Stacey Robertson



## AHI

Evidence shows that the trans people who live with the biggest disparities in colonised countries are the indigenous ones. It also shows that people whose gender is visibly trans are more at risk and experience minority stress at elevated levels, for some this trans visibility is lifelong. We must recognise substance use issues as an effect of minority stress, of inequity of colonisation and systemic racism - it impacts entire populations. It's not about individual choices

• Artist: Huriana Te Aho





## MORGAN

I want to see...

More education given to service providers around our communities, around the things we face and how to ask respectfully information that is needed (sex, relationships etc.).

I would love to see people from our community being professionals supporting other queer and gender diverse people. Our people working for our people.

More correct and quality information for addiction services who are supporting our queer and gender diverse when housing and supporting them.

Seeing my community represented in actual stats so funders and gov will listen to what we need!!!

Takatāpui-specific resources, advocates and experts leading conversations with young people, their whānau, and wider communities.

• Artist: Sam Low



## C) MIGRANT COMMUNITIES

# RECOMMENDATIONS

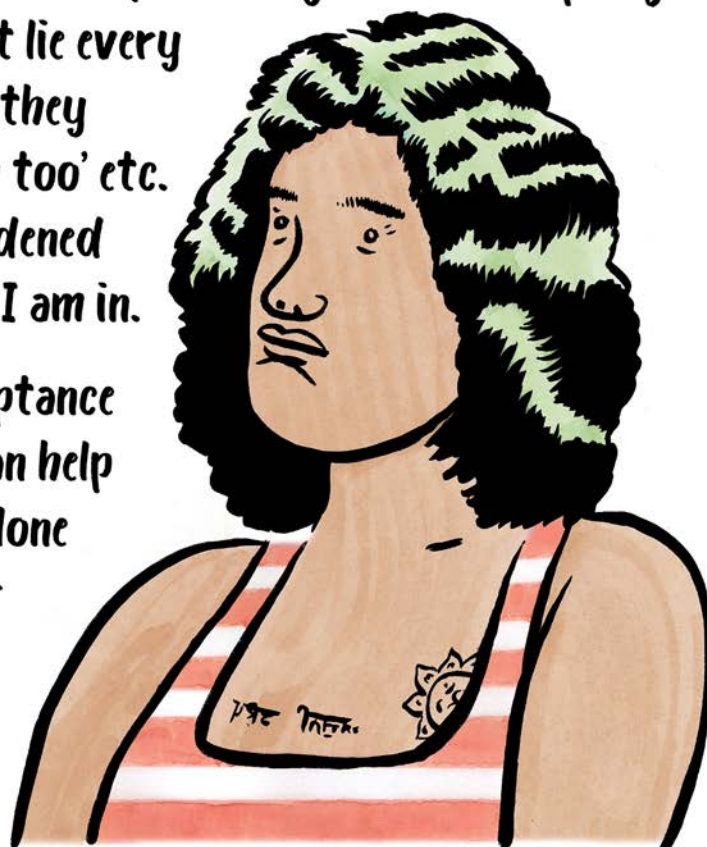
- Approaches to care must include considerations of impacts of immigration, isolation, minority stress, and racism
- Ongoing and appropriate education from rainbow communities for all practitioners must include attention to non-Western approaches to gender and sexuality (i.e. a focus on coming out is not always appropriate)

***I come from a community that doesn't talk about LGBTIQ+ or even Mental Health that much, however, hopes have risen up for me when Aotearoa Rainbow Community accepted me.***

***I face racism and homophobia within my community lest externally. And you know it's hard to be alone, you just become so lonely, it eats you up. You try to explain what's wrong to a counsellor but they can't relate because they are not LGBTIQ+ or they are not accepting of where you come from. I won't lie every time I have talked to a counselor they comment 'oh yes my friend is gay too' etc. Well, what about being more widened up and understand the situation I am in.***

***We need more diversity and acceptance in our mental health system. It can help many young people from feeling alone or getting addicted to alcohol or cigarettes.***

***- Bindi Dyke***



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• Artist: Theo Macdonald

"When I was in an abusive relationship and had just come out to my family, I was having a really hard time with my mental health. I knew I needed more support so I looked into counselling services that were rainbow-friendly and affordable for students. While the counsellor I got was rainbow-friendly, she was Pākehā and had no idea about the cultural



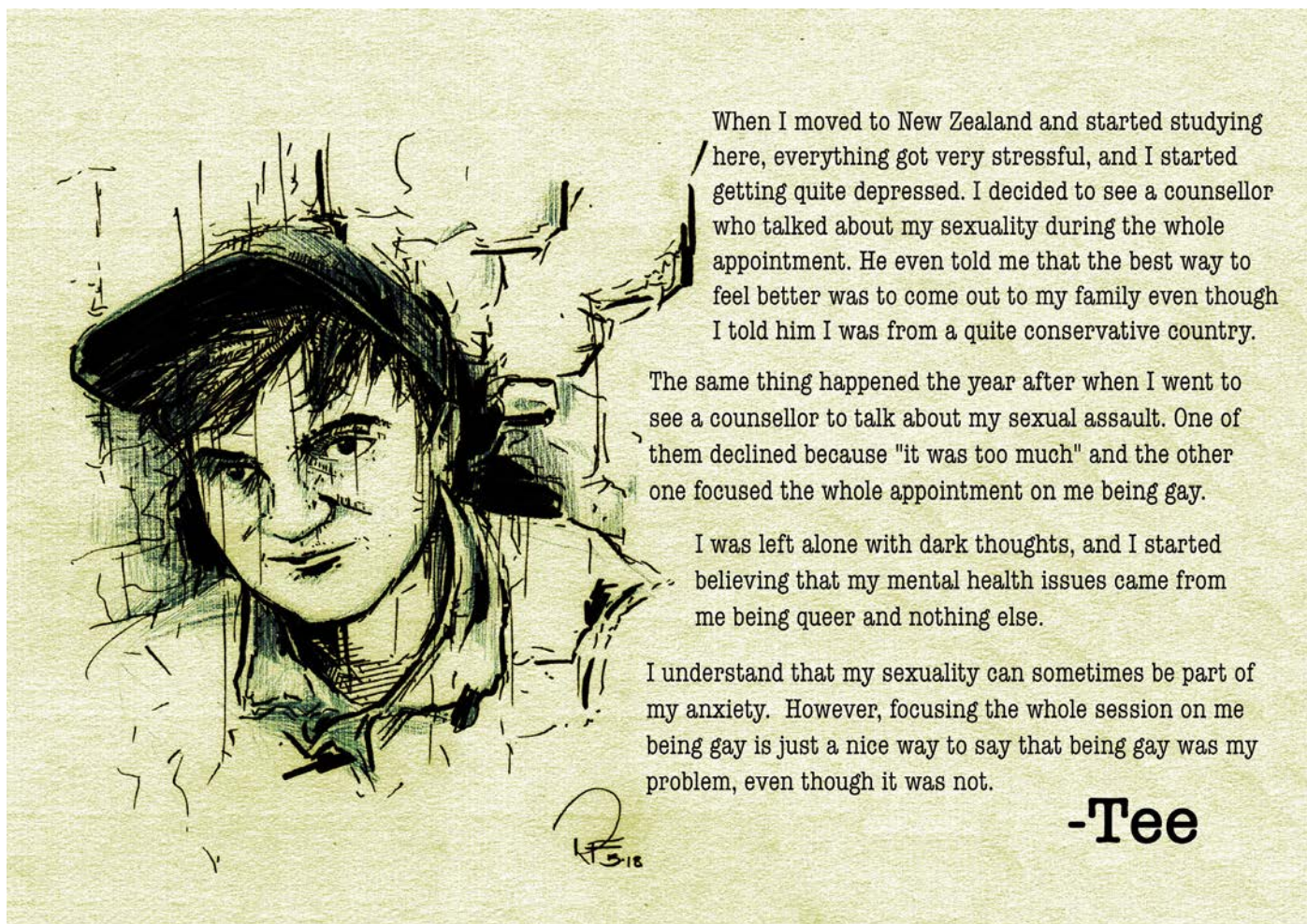
aspects of my experience that I struggled with as an Asian migrant. I felt like I had to spend half the time giving her cultural competency training but I was paying for the counselling sessions. There are not enough culturally competent and rainbow-friendly counsellors, if there are, we don't know where to find them." —Anonymous

## ANONYMOUS

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• Artist: Theresa Ve'a





When I moved to New Zealand and started studying here, everything got very stressful, and I started getting quite depressed. I decided to see a counsellor who talked about my sexuality during the whole appointment. He even told me that the best way to feel better was to come out to my family even though I told him I was from a quite conservative country.

The same thing happened the year after when I went to see a counsellor to talk about my sexual assault. One of them declined because "it was too much" and the other one focused the whole appointment on me being gay.

I was left alone with dark thoughts, and I started believing that my mental health issues came from me being queer and nothing else.

I understand that my sexuality can sometimes be part of my anxiety. However, focusing the whole session on me being gay is just a nice way to say that being gay was my problem, even though it was not.

**-Tee**

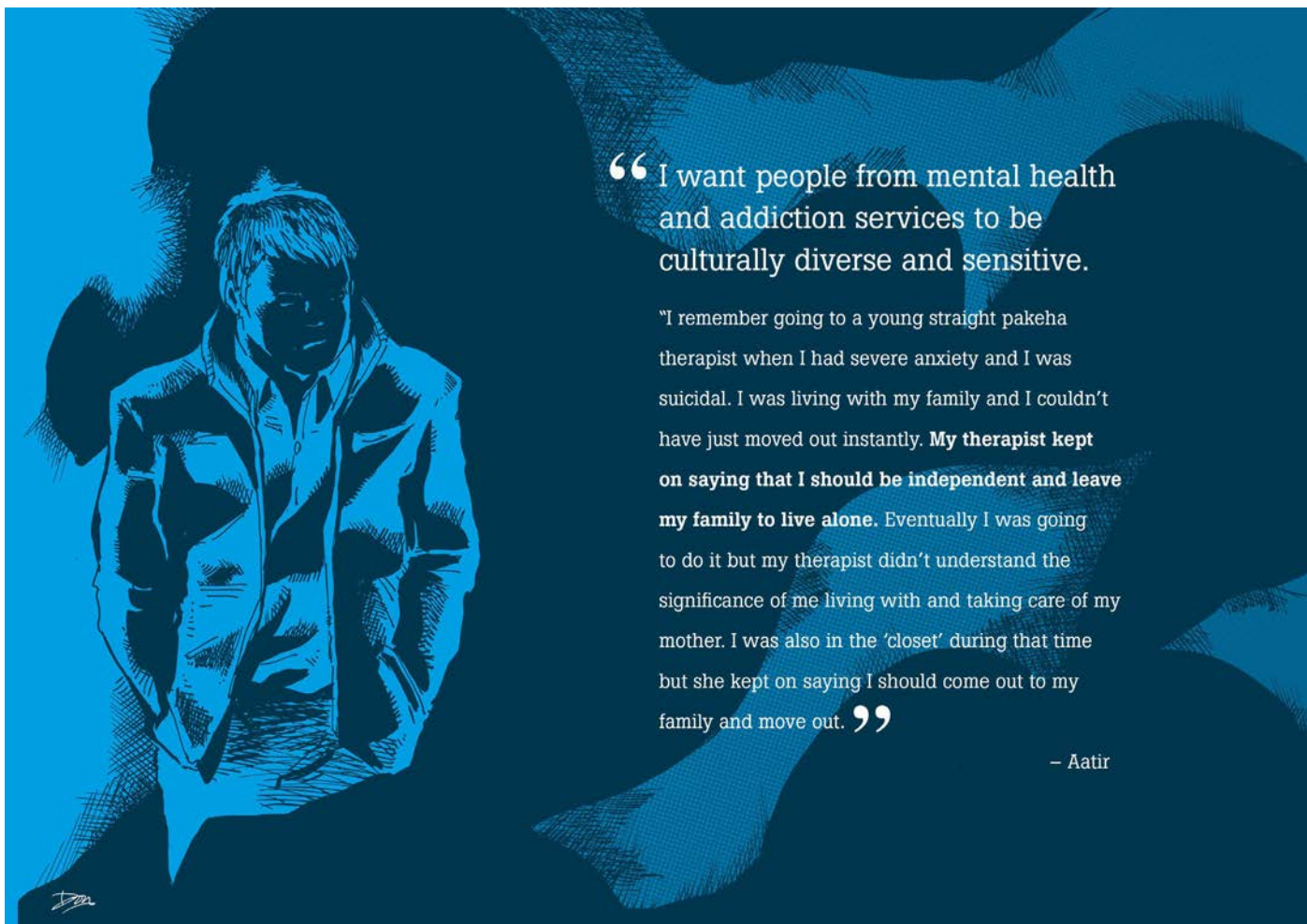
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• Artist: Richard Fairgray



“I want people from mental health and addiction services to be culturally diverse and sensitive.

“I remember going to a young straight pakeha therapist when I had severe anxiety and I was suicidal. I was living with my family and I couldn't have just moved out instantly. **My therapist kept on saying that I should be independent and leave my family to live alone.** Eventually I was going to do it but my therapist didn't understand the significance of me living with and taking care of my mother. I was also in the 'closet' during that time but she kept on saying I should come out to my family and move out. ”

– Aatir

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• Artist: Don Chooi

PART 2:

# BARRIERS TO ACCESS



Theme 4.

## LACK OF CLEAR PATHWAYS INTO SERVICES

One of the barriers that queer, gender diverse and intersex communities face accessing mental health and addiction services is a lack of clarity around which services will be competent around the diversity of sexualities, gender identities and intersex characteristics. Our communities don't know where to go to access services that will be accepting of our diversities.

## RECOMMENDATIONS

- Create and maintain a registry of rainbow competent services and practitioners monitored by a national rainbow body
- Mental health and addiction health promotion includes rainbow people and rainbow specific messaging/issues
- Ensure all DHBs employ Rainbow Liaisons to support people to access mental health services, and to support mental health service providers to provide adequate support for rainbow communities

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-PHYLESHA

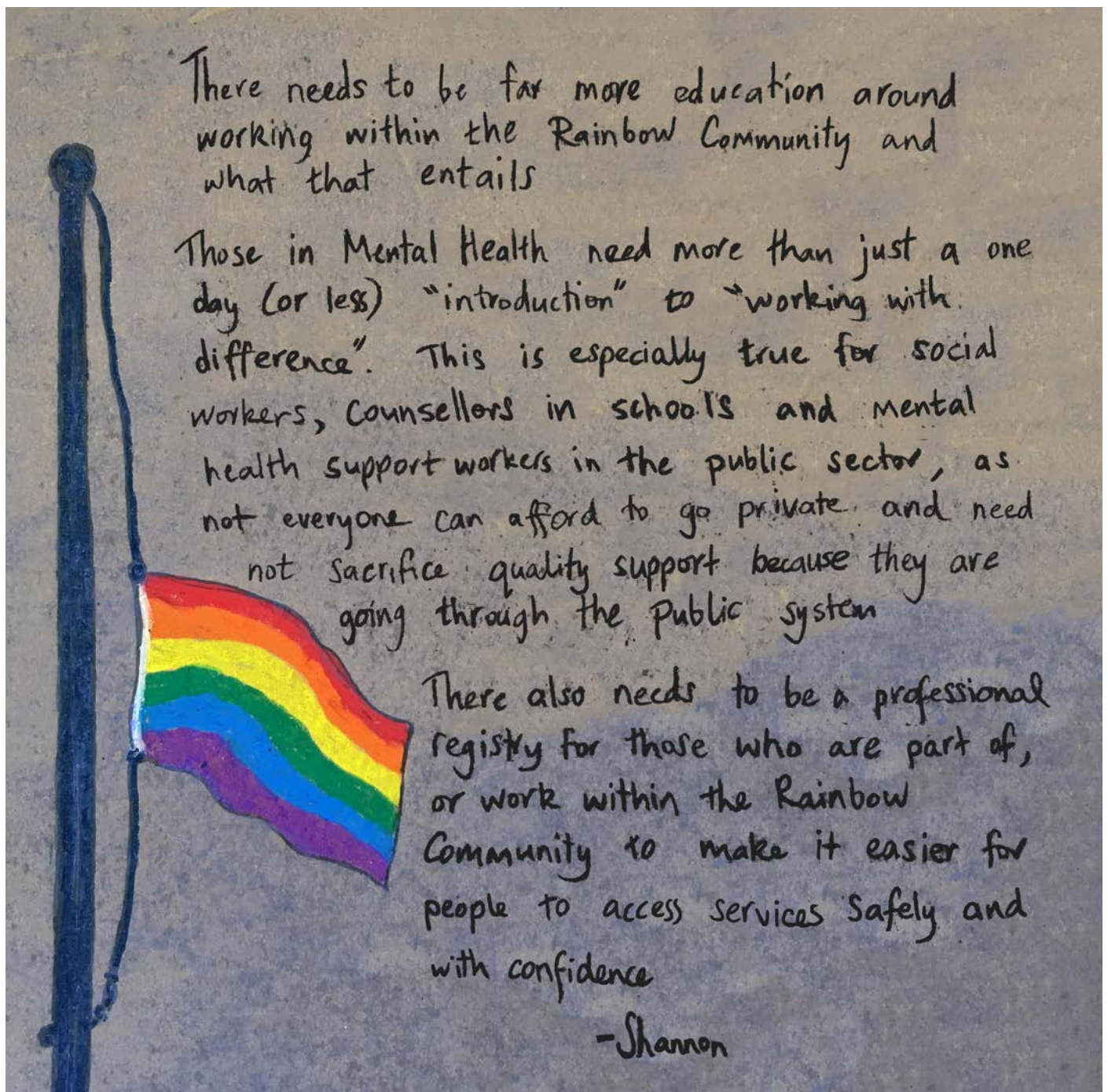


## PHYLESHA

My wish for the mental health system is that it enables those living with mental health to live life without further or prolonged distress and that it also challenges and reshapes society's attitude towards mental health!

• Artist: Fu Fighter Arts





## SHANNON

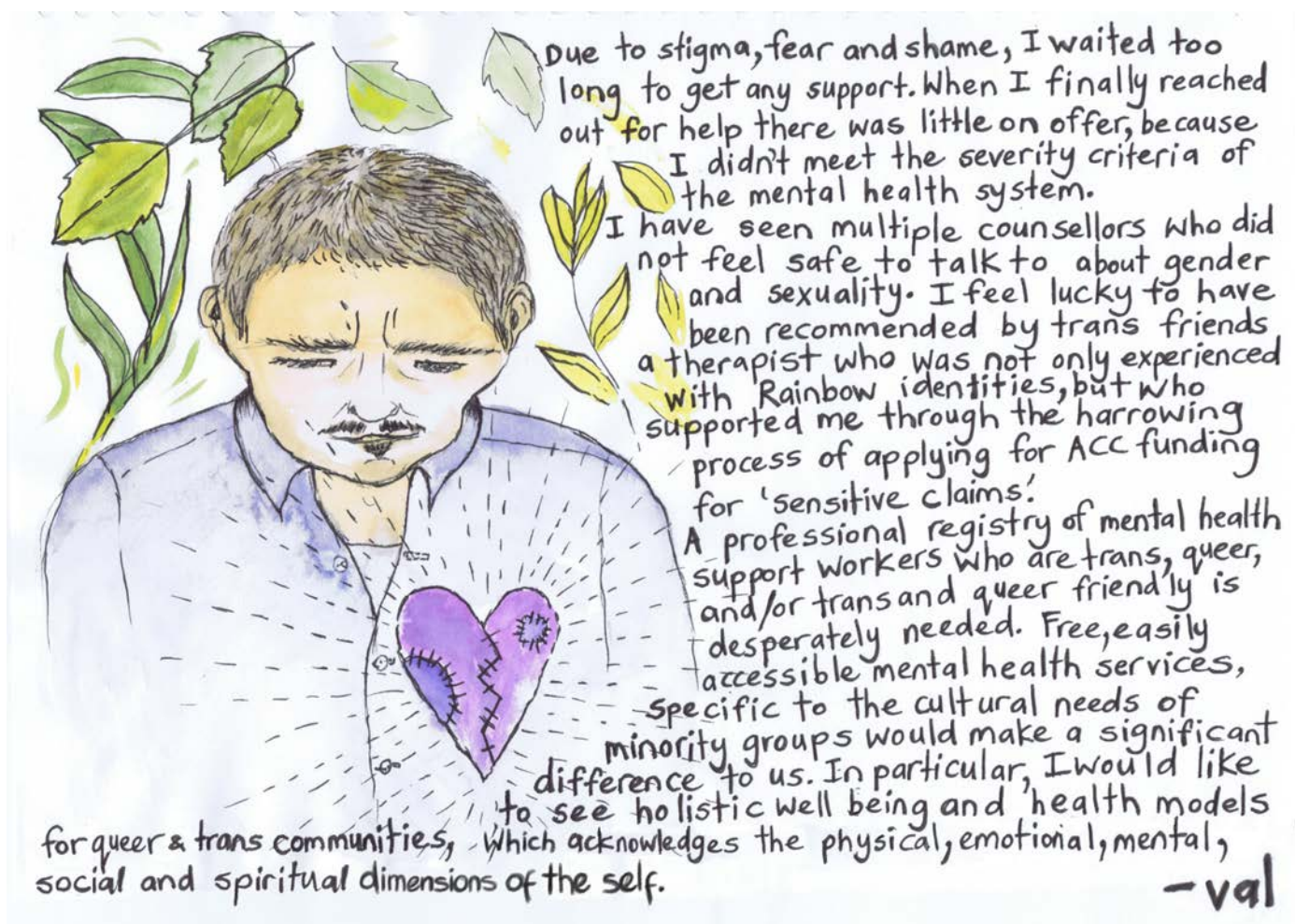
There needs to be far more education around working within the Rainbow Community and what that entails.

Those in Mental Health need more than just a one day (or less) "introduction" to "working with difference". This is especially true for social workers, counsellors in schools and mental health support workers in the public sector, as not everyone can afford to go private and need not sacrifice quality support because they are going through the public system.

There also needs to be a professional registry for those who are part of, or work within the Rainbow Community to make it easier for people to access services safely and with confidence.

• Artist: Tricia Hall





## VAL

Due to stigma, fear and shame, I waited too long to get any support. When I finally reached out for help there was little on offer, because I didn't meet the severity criteria of the mental health system.

I have seen multiple counsellors who did not feel safe to talk to about gender and sexuality. I feel lucky to have been recommended by trans friends a therapist who was not only experienced with Rainbow identities, but who supported me through the harrowing process of applying for ACC funding for 'sensitive claims'.

A professional registry of mental health support workers who are trans, queer, and/or trans and queer friendly is desperately

needed. Free, easily accessible mental health services, specific to the cultural needs of minority groups would make a significant difference to us. In particular, I would like to see holistic well being and health models for queer & trans communities, which acknowledges the physical, emotional, mental, social and spiritual dimensions of the self.

• Artist: Raewyn Alexander

Theme 5.

## LACK OF APPROPRIATE SERVICES AND/OR LONG WAIT TIMES

With the lack of competency of mental health and addiction services, the services that queer, gender diverse and intersex people feel safe accessing are few and far between or the wait times for those services are too long.



## RECOMMENDATIONS

- Increase funding so that services have capacity to be responsive to the needs of their service users or those attempting to access their services
- Map gaps in support regionally and fund targeted interventions to fill the gaps
- Ensure all mental health services can appropriately respond to rainbow communities through education of staff, proper healthcare standards and strong community referral pathways

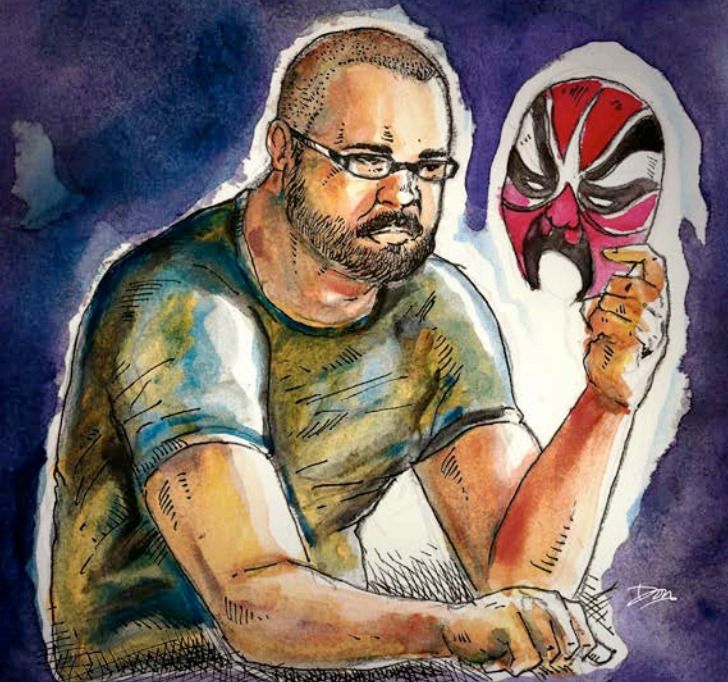
*I moved here to Aotearoa in my 20s,  
and as a gay Asian male, I found myself dealing  
with issues of racism, homophobia and belonging.*

I fell into a state of deep depression. I didn't know where to go, who to ask for help or support. At that time, there wasn't any signage, ads, nor classifieds. I didn't even think to talk to my GP. I hid behind smiles and laughter as my behaviour got destructive and I even contemplated suicide a few times. I never felt more alone or displaced.

*It took a really good friend, who happened to be a psychiatric nurse, to break down my walls and get me to realise that there is help out there – especially for someone like me: migrant, asian and gay.*

*I would like to see not only a greater visibility and clarity in the messaging that emphasises mental health support for the queer community, but easier (and funded) accessibility to these services.*

– Don



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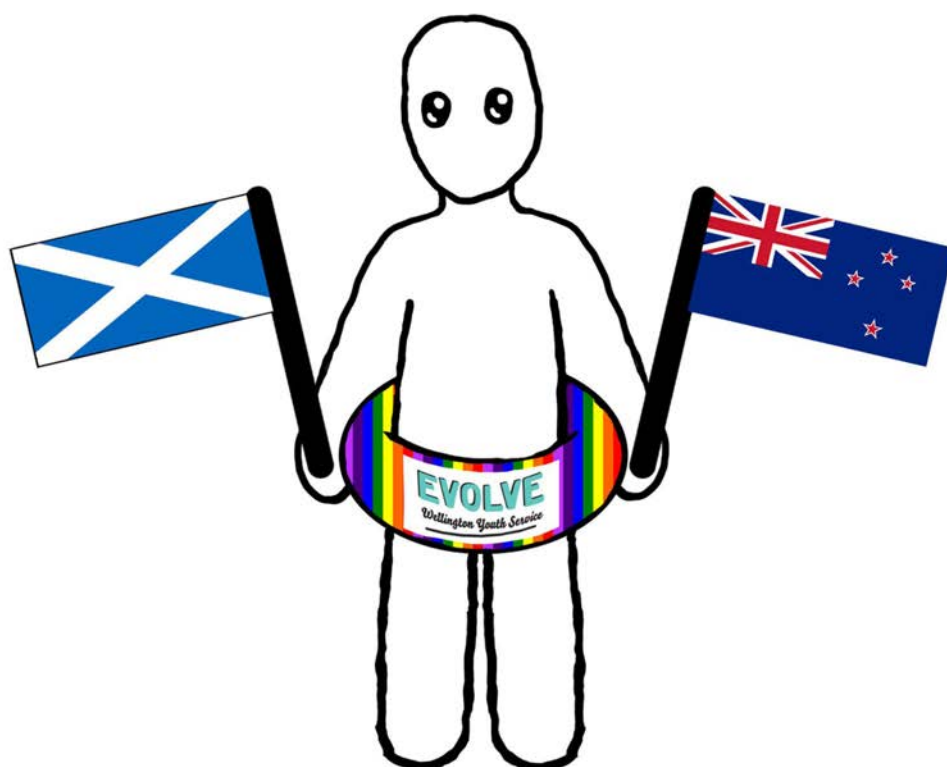
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• Artist: Don Chooi

"It took me three years and being told to move to Scotland to access healthcare before I met a mental health professional or doctor who knew the pathway for me to medically transition. This is after seeing a school counsellor, a psychologist, and being referred to another counsellor. Even after being able to access hormones when I've seen psychologists and psychiatrists they have focused on me being trans rather than supporting me to manage ADHD and I've had to educate them. Its hard to find safe spaces for trans youth and often the only places we feel safe is within YOSS' such as Evolve. These places are a lifesaver for many queer and gender diverse youth and I would not be here without the mental health support."

- Anonymous



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Theme 6.

## UNAFFORDABLE SERVICES

Throughout the stories shared, issues with mental health and addiction services intersected with issues with WINZ/ACC and paying for counselling. Often, rainbow community members are faced with a choice between long wait times/inadequate services of the public health system or the prohibitively expensive private system.

## RECOMMENDATIONS

- Ensure all WINZ/ACC benefits adequately cover the costs of mental support for however long those supports are needed
- MSD publish guidelines on what funding is able to be accessed to cover mental health support for all rainbow people, and other costs specific to intersex, transgender and gender diverse people (e.g. name changes)
- Make sure that all beneficiaries are receiving a liveable income so that all people can live with dignity
- Train WINZ/ACC staff so they do not further traumatised rainbow individuals seeking support (i.e. misgendering, 'outing' people, etc). This should include a review of WINZ/ACC computer systems which often privilege birth names over correct names
- Ensure WINZ/ACC works efficiently so that mental health practitioners can focus on supporting clients rather than dealing with WINZ/ACC
- Provide subsidies for rainbow communities to access private support services when there are no rainbow appropriate public support services near them.

**My great uncle died, my boyfriend left me, my best friend's partner died of cancer, I was hate-crime assaulted; all this affected my performance at work. A week before Christmas, in a distressed and irrational state, I attempted suicide.**

A week later I called Te Haika, but most of them were on holiday, so I had a 14-day wait for an assessment by a social worker.

While waiting my distress increased.

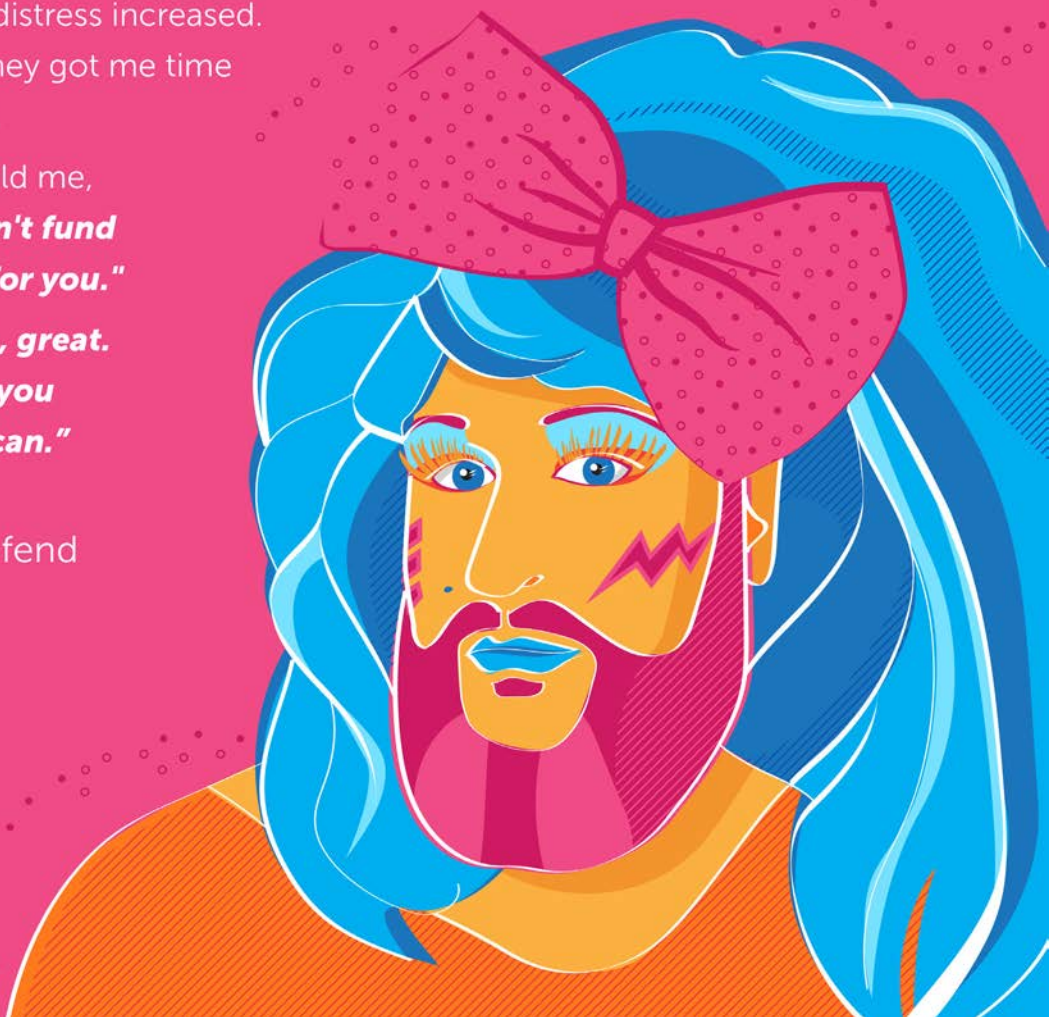
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The psychiatrist told me,  
**"I'm sorry. We can't fund any counselling for you."**

I told them: **"Yeah, great. Great. Of course you can't. You never can."**

I went home to fend for myself.

— Queen Olivia



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• Artist: Carol Green



My transitioning is a process that is taking years, add to that my sexual abuse history, upsetting childhood and anxiety and depression and I have needed several years of weekly counselling. Going back to winz and having to fight again and again for disability allowance to pay for it added trauma onto the trailer load that was already there.

I've now stopped going because the trauma of dealing with WINZ counteracted the good that the sessions were doing.

I want mental health services to be easy to access and affordable. I shouldn't be made to feel greedy and selfish by winz for wanting to continue treatment that both my Dr and counsellor think I need.



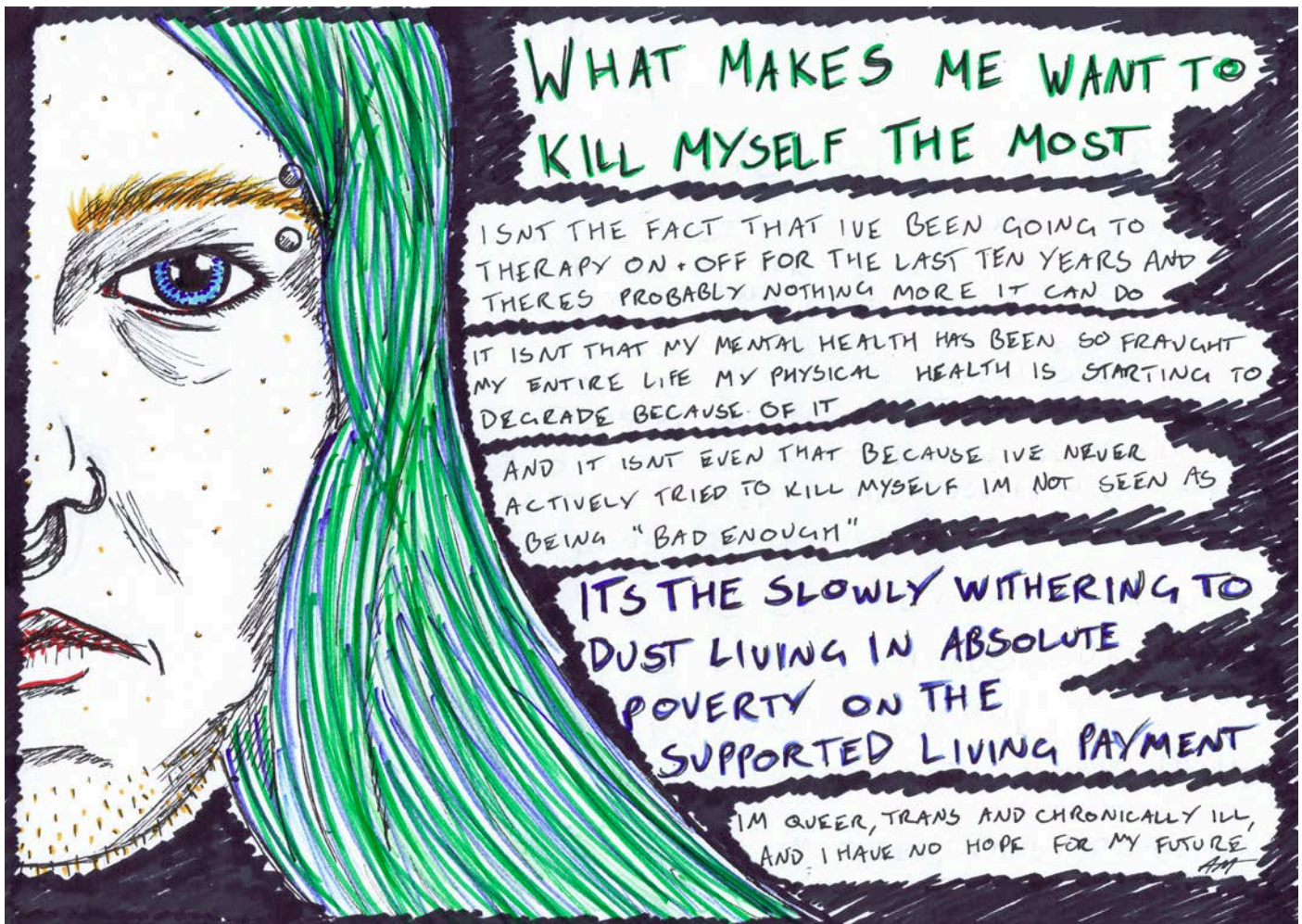
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• Artist: Freddy Zibutis



## ANONYMOUS

What makes me want to kill myself the most

Isn't the fact that I've been going to therapy on + off for the last ten years and there's probably nothing more it can do.

It isn't that my mental health has been so fraught my entire life my physical health is starting to degrade because of it.

And it isn't even that because I've never actively tried to kill myself I'm not seen as "bad enough".

It's the slowly withering to dust living in absolute poverty on the supported living payment.

I'm queer, trans and chronically ill, and I have no hope for my future.





What worked for me: When I first started receiving support, I was assigned therapy via Pākehā organisations. Due in part to the circumstances of my experiences, I was offered the opportunity to go to Hauora Waikato. Not only was I welcomed into the organisation, even though I am Pākehā I was also given a community psychologist and a psychiatrist.

**Unfortunately, the psychiatrist spent much of the time we had together dismissing my existential angst's.**

Marie on the other hand listened. She gave me space to talk about my loss of hope; politically and personally. She also accepted my fears about being labelled mentally unwell and my cynicism about the medicalisation of life.

Alongside her I felt heard, I felt I could express the confusions and contradictions that were causing me to isolate and feel extreme anxieties, fear and persecution.

**Unfortunately she resigned, in part she told me, because she was spend support time negotiating with WINZ , on behalf of the people she worked with.**

people she said were increasingly being harassed and sanctioned by them. And that is another story that needs to be exposed.

**- KYRO -**

@mattibucher

## KYRO

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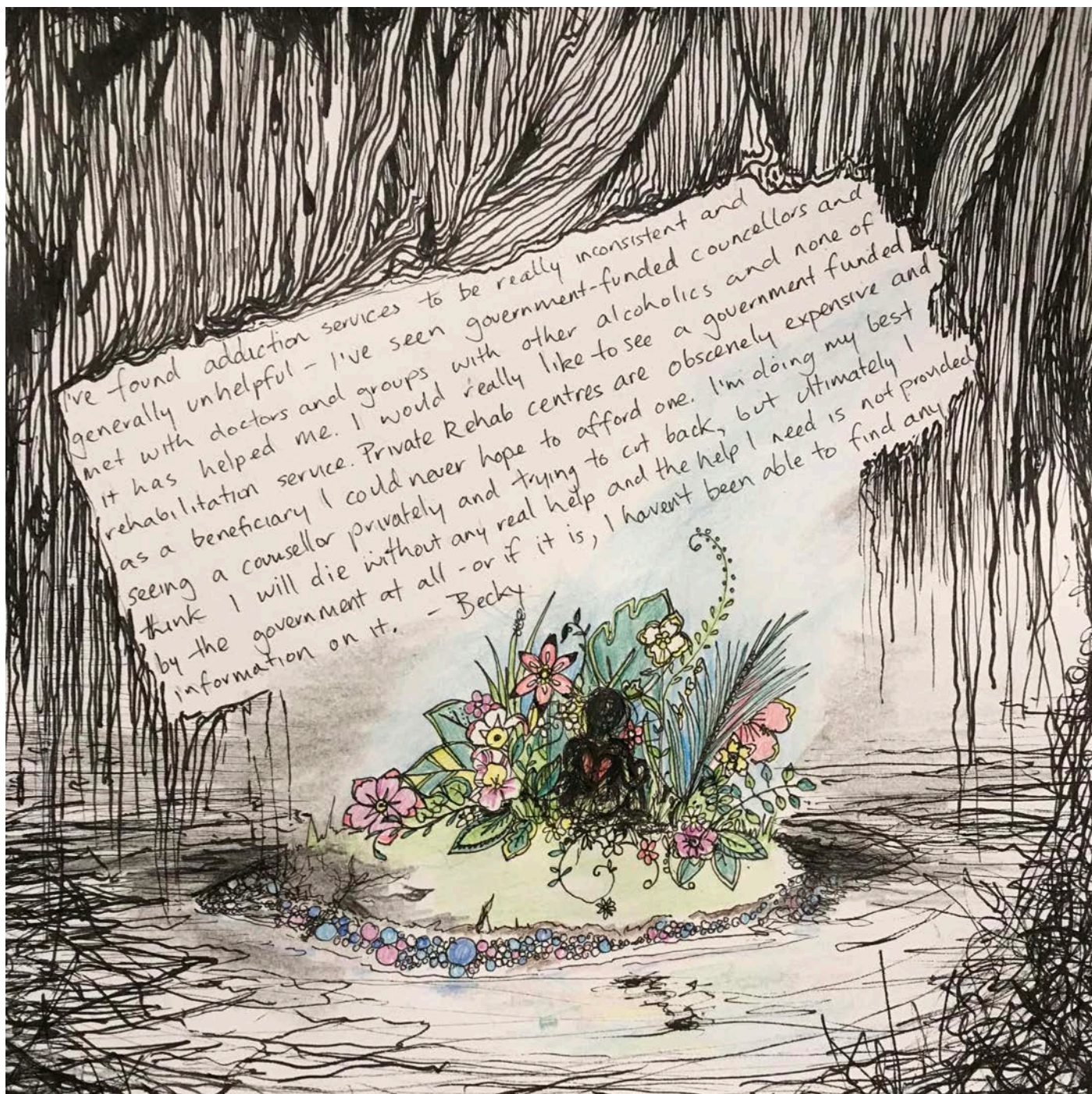
contradictions that were causing me to isolate and feel extreme anxieties, fear and persecution.

Unfortunately she resigned, in part she told me, because she was spend support time negotiating with WINZ, on behalf of the people she worked with.

People said she were increasingly being harassed and sanctioned by them. And that is another story that needs to be exposed.

• Artist: Matthias Bucher



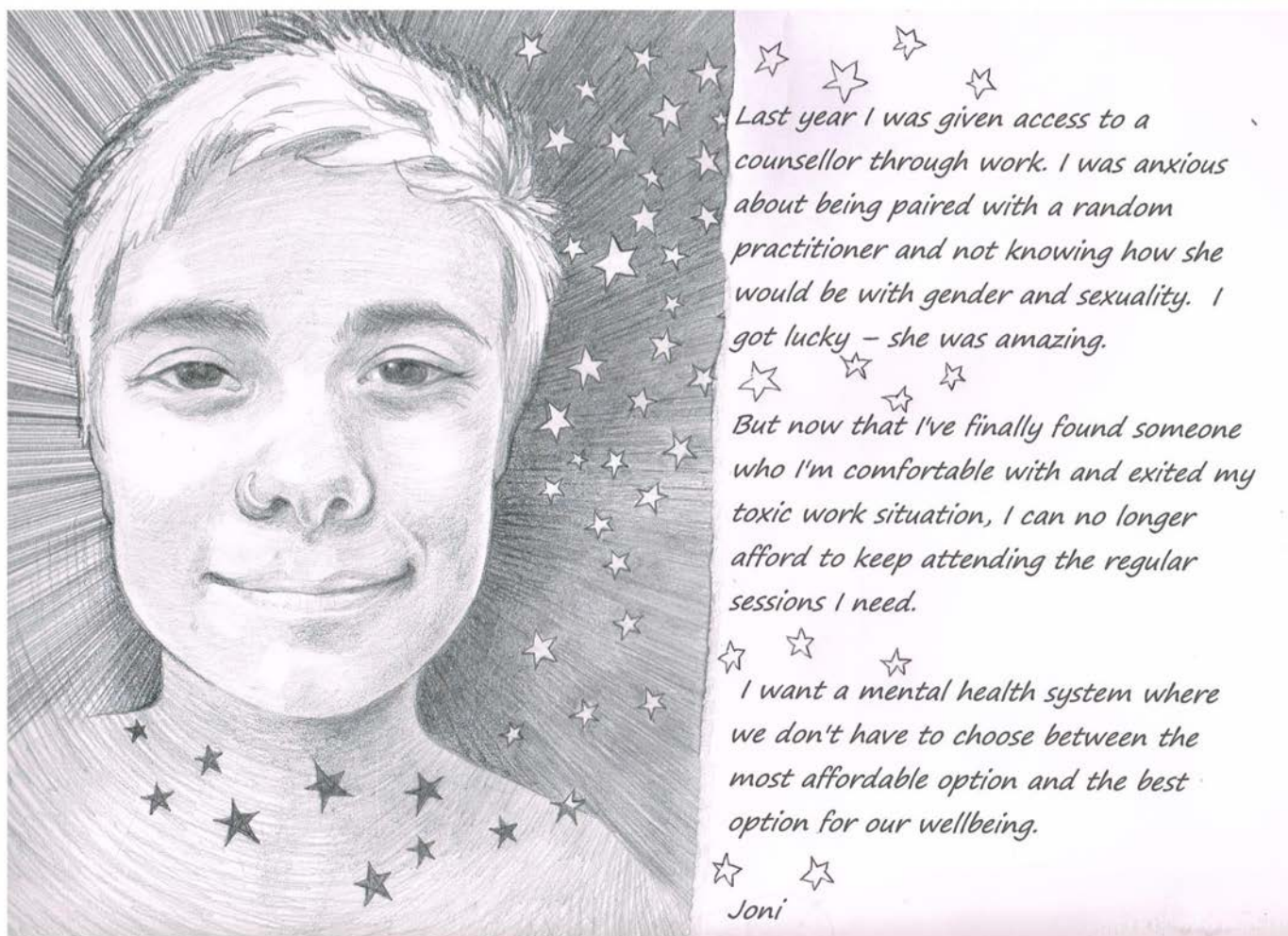


## BECKY

I've found addiction services to be really inconsistent and generally unhelpful - I've seen government-funded counsellors and met with doctors and groups with other alcoholics and none of it has helped me. I would really like to see a government funded rehabilitation service. Private Rehab centres are obscenely expensive and as a beneficiary I could never hope to afford one. I'm doing my best seeing a counsellor privately and trying to cut back, but ultimately I think I will die without any real help and the help I need is not provided by the government at all - or if it is, I haven't been able to find any information on it.

• Artist: Khye Hitchcock





## JONI

Last year I was given access to a counsellor through work. I was anxious about being paired with a random practitioner and not knowing how she would be with gender and sexuality. I got lucky - she was amazing. But now that I've finally found someone who I'm comfortable with and exited my toxic work situation, I can no longer afford to keep attending the regular sessions that I need. I want a mental health system where we don't have to choose between the most affordable option and the best option for our wellbeing.

• Artist: Bax J Green

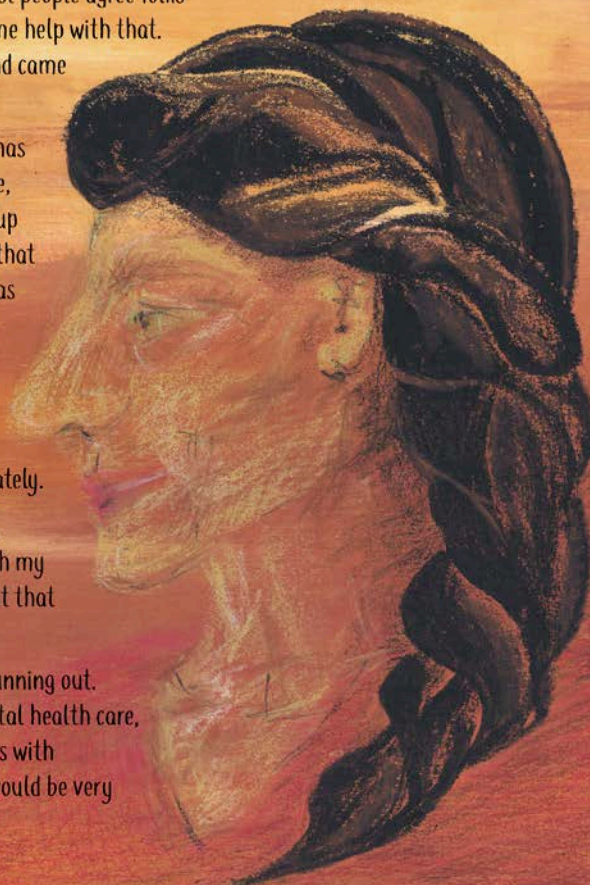
I am an ordinary person who has been through some stuff that most people agree folks shouldn't have to go through, and at some points I have needed some help with that. A lot of this other stuff came to the surface when I lifted the lid and came out, compounding the traumas.

Because I was so committed to my healing journey, my counsellor has worked with me at times at very low cost, depending on my income, for over ten years. She has consistently taken the initiative to look up terms I've used, bought books and researched, and affirmed to me that she wanted to know and considered it best practice anyways, and has always apologised on the odd occasion she gets things wrong, all without any dramas.

Feeling reassured that someone absolutely has my back, alongside the transparency, trust, and therapeutic work we have done, has had a profound effect on my life. The one thing is – she works privately.

I am now in a place where I can confidently say, I am an incredible, courageous, skilful and lovely person, and I would like to get on with my life and have a family of my own now that I know I am all good, but that may be out of reach.

I have spent all my savings on surviving and healing, and time is running out. If I had had reliable, informed, and professional funded public mental health care, without discrimination, and instead been able to invest my earnings with compound interest towards my future, like most folks can, things would be very different, and that's a social injustice that needs to change.



## ANONYMOUS

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PART 3:

**DURING  
SERVICE USE**

## Theme 7.

# EQUATING IDENTITY WITH ILLNESS

The most common experience that people named in their stories of accessing mental health and addiction services was a tendency for clinicians and practitioners to name the person's gender identity or sexuality as the cause of their mental illness or addiction issues. This practice doesn't acknowledge the effects of homophobia, biphobia and transphobia on an individual's mental health, nor is it strengths-based or well-being focused. In some situations, clinicians didn't respond to the issues presented by people, instead they inappropriately assumed that it was the client's sexual orientation or gender identity that was the issue.

## RECOMMENDATIONS

- Ongoing and appropriate education from rainbow communities available to all practitioners (as noted in themes 1 and 3a)
- Move away from pathologising to an informed consent model (as noted in theme 3a)
- Training institutions need to incorporate sexuality and gender throughout their curriculum (i.e. not one lesson once on diversity)
- Adequately fund (in an ongoing manner) a national body to develop national rainbow competency standards (as noted in theme 1)
- Promote and provide support for whānau and parents of gender diverse, transgender and intersex people
- Develop a mechanism for complaints and improvement plans around organisation and individual misconduct around rainbow competency (as noted in theme 3a)



"I have a clear memory of sitting in a therapist office, and being told who I am.

I was in such a dark place in my life, and I was told that I was "too much to handle" as if my queerness was a burden and I needed to hide it in order to fully survive in high school. Mental health services where I lived were so oppressive for queer youth in particular, I was told that I was not like "normal" teenagers, they would try to coerce my emotions in order to fit me into a category that was suited for them to handle.

I always felt that they thought I am mentally ill because I am queer, and that they needed to make me "normal" so that they could treat me."

- Te Maungarongo Wilson

#outloud



splitclay

## TE MAUNGARONGO WILSON

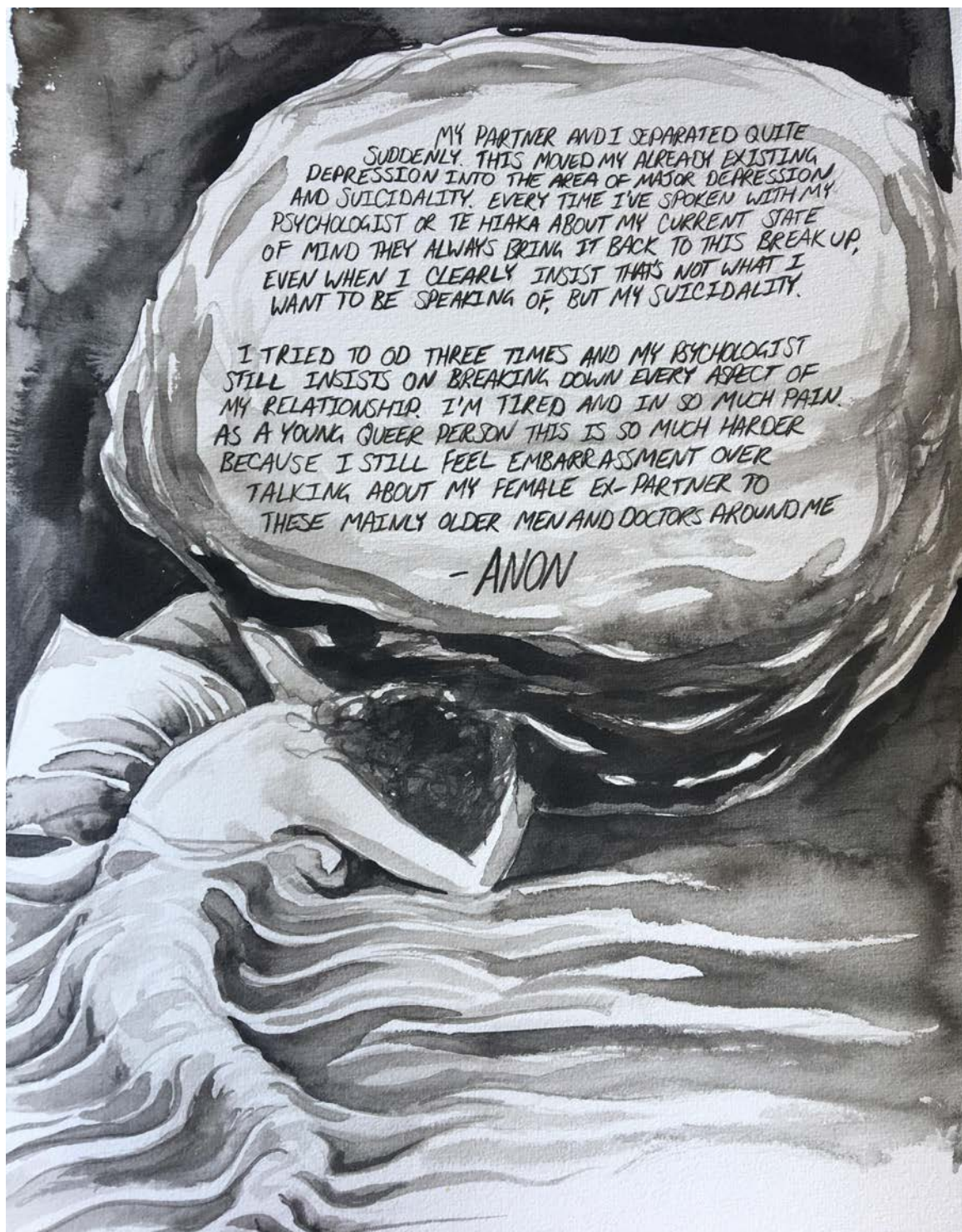
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• Artist: Clay Morrigan





MY PARTNER AND I SEPARATED QUITE  
SUDDENLY. THIS MOVED MY ALREADY EXISTING  
DEPRESSION INTO THE AREA OF MAJOR DEPRESSION  
AND SUICIDALITY. EVERY TIME I'VE SPOKEN WITH MY  
PSYCHOLOGIST OR TE HIAKA ABOUT MY CURRENT STATE  
OF MIND THEY ALWAYS BRING IT BACK TO THIS BREAK UP,  
EVEN WHEN I CLEARLY INSIST THAT'S NOT WHAT I  
WANT TO BE SPEAKING OF, BUT MY SUICIDALITY.

I TRIED TO OD THREE TIMES AND MY PSYCHOLOGIST  
STILL INSISTS ON BREAKING DOWN EVERY ASPECT OF  
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AS A YOUNG QUEER PERSON THIS IS SO MUCH HARDER  
BECAUSE I STILL FEEL EMBARRASSMENT OVER  
TALKING ABOUT MY FEMALE EX-PARTNER TO  
THESE MAINLY OLDER MEN AND DOCTORS AROUND ME

- ANON

## ANONYMOUS

My partner and I separated quite suddenly. This moved my already existing depression into the area of major depression and suicidality. Every time I've spoken with my psychologist or Te Hiaka about my current state of mind they always bring it back to this break up, even when I clearly insist that's not what I want to be speaking of, but my suicidality.

I tried to OD three times and my psychologist still insists on breaking down every aspect of my relationship. I'm tired and in so much pain. As a young queer person this is so much harder because I still feel embarrassment over talking about my female ex-partner to these mainly older men and doctors around me.

• Artist: Holly Aitchison



"My wish for the mental health system is that it focuses on health, not illness. I'd also like people working in the system to be required to undergo extensive, ongoing development around diversity, particularly in the areas of gender and sexual identity, in order to understand the impact of stigma and exclusion in society. The mental health workforce needs to understand the impact of social exclusion on mental health, rather than pathologising identity."

- Anonymous



## ANONYMOUS

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• Artist: Richard Fairgray



when i first entered the mental health system, the idea was floated that maybe my asexuality was actually a symptom of depression: a hormonal imbalance, or something similar. i had blood tests done and no dice; guess i'm for real queer.

years down the track i identify as an ace lesbian, and i'm polyamorous with two non binary partners. i want to be able to talk about my life and situation in it's entirety to healthcare professionals but i don't have the time, money or paitence to explain all these facets and that my situation is actually a huge support rather than the cause of my mental health issues.

i feel like i need to make a fact sheet, but that kind of feels like it defeats the purpose a bit. how can i get help when i feel like i have to hide things to be taken seriously?

-sarah



## SARAH

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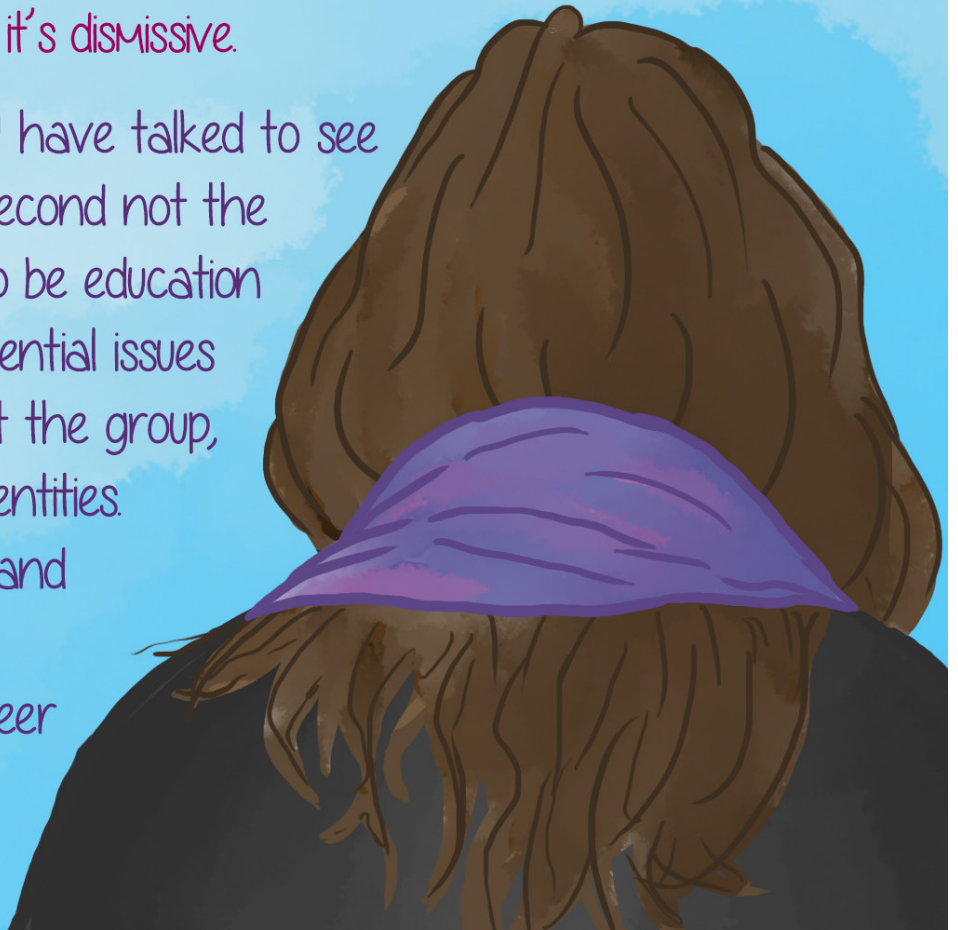
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• Artist: Sarah Lund



Going to an appointment and disclosing that I'm Queer, my depression and generalized anxiety should not be blamed on my sexuality - especially after sharing that I am lucky enough to be surrounded by supportive and accepting people and very happy with my partner. I felt so belittled and that my problems weren't valid. I had a doctor that constantly blamed my illnesses on my mental health, which although there is likely occasional correlation, it's dismissive.

Why is it that many I have talked to see a problem with the second not the first? There needs to be education about LGBTQIA+ potential issues and diversity amongst the group, particularly cultural identities. General compassion and awareness would do wonders for both queer and non-queer individuals.



## TEHKE

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• Artist: Sam Orchard

Theme 8.

## LACK OF STRENGTHS-BASED AND HOLISTIC APPROACHES

There were many submissions detailing experiences of overly clinical and 'ambulance-at-the-bottom of the cliff' approaches to care. These practices do not help create a full picture of an individual, they are dangerous, and they are costly. The most common wish expressed through the submissions was for this to change, and for care to be approached in a more holistic and strengths-based way.



## RECOMMENDATIONS

- Acknowledge the impacts of homophobia, biphobia and transphobia on an individual's mental health and well-being
- Ensure practices are flexible, and respond to the needs and diversity of individuals and the unique experiences people have of their gender and sexuality
- Centre a holistic approach to supporting individuals including acknowledging the unique support systems that rainbow communities have developed to fill the gaps in the current system
- Incorporate a wide definition of whānau in care practices
- Use a strengths-based approach to emphasise the protective factors that come from exploring and embracing identity.

As a counsellor working in a secondary school, I'd like to see schools become more open to change particularly around language and uniform. Rather than asking young people to fit a rigid system, creating an environment that is flexible, accommodating and most of all respectful of all forms of difference. When teachers can roll with changes in pronouns and different kinds of relationships are represented in curriculum content and not just as a health topics, then young people feel their identities are valued. School counsellors need to be comfortable and willing to go there and ask questions but at the same time not be fixated on gender identity or sexuality as 'a problem'. I'd like to see more training for counsellors working in schools to better support gender and sexually diverse young people and for school leaders to openly support diversity in schools more.

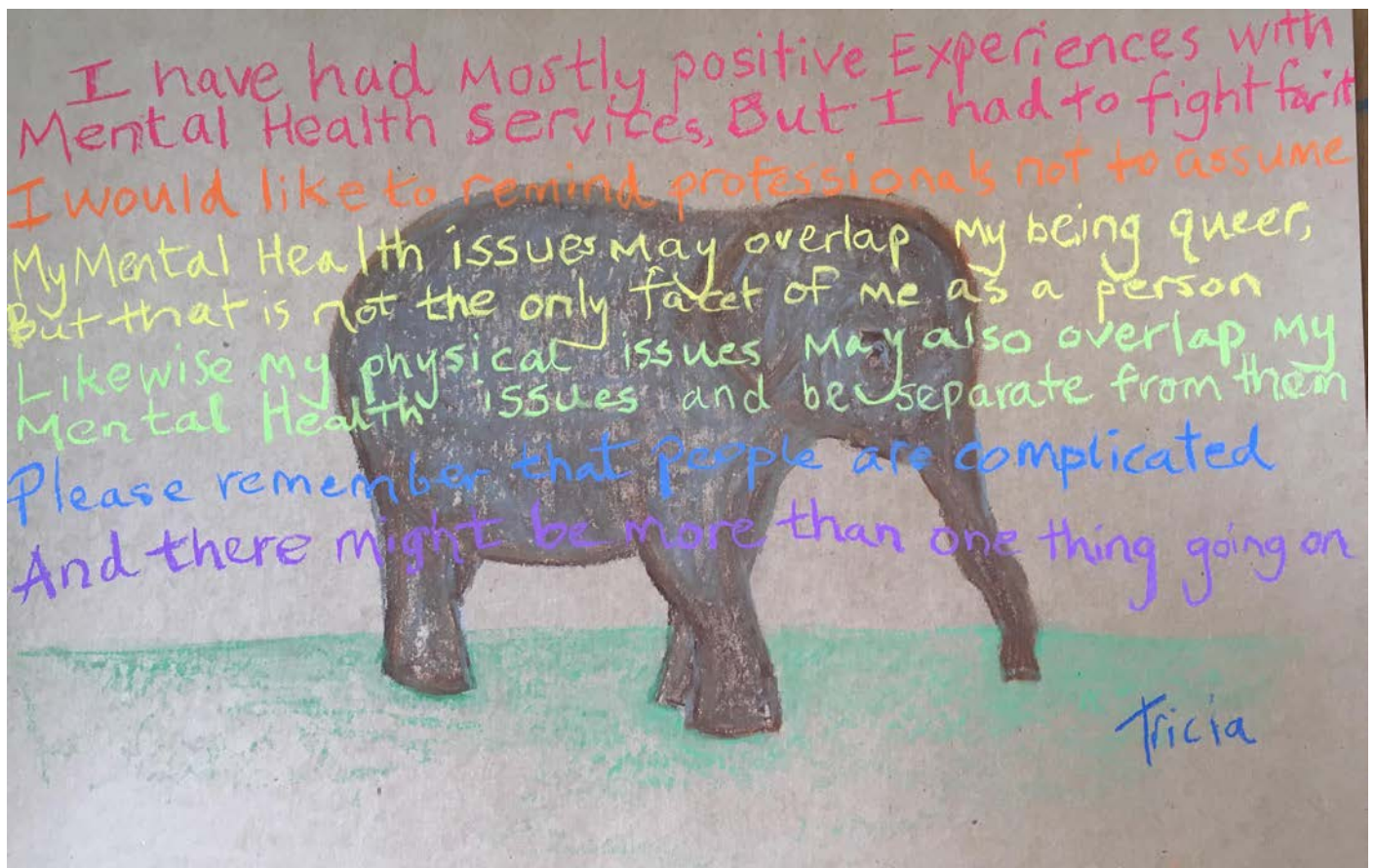
-ANON



## ANONYMOUS

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• Artist: Benjamin Mills



## TRICIA

I have had mostly positive experiences with mental health services, but I had to fight for it.

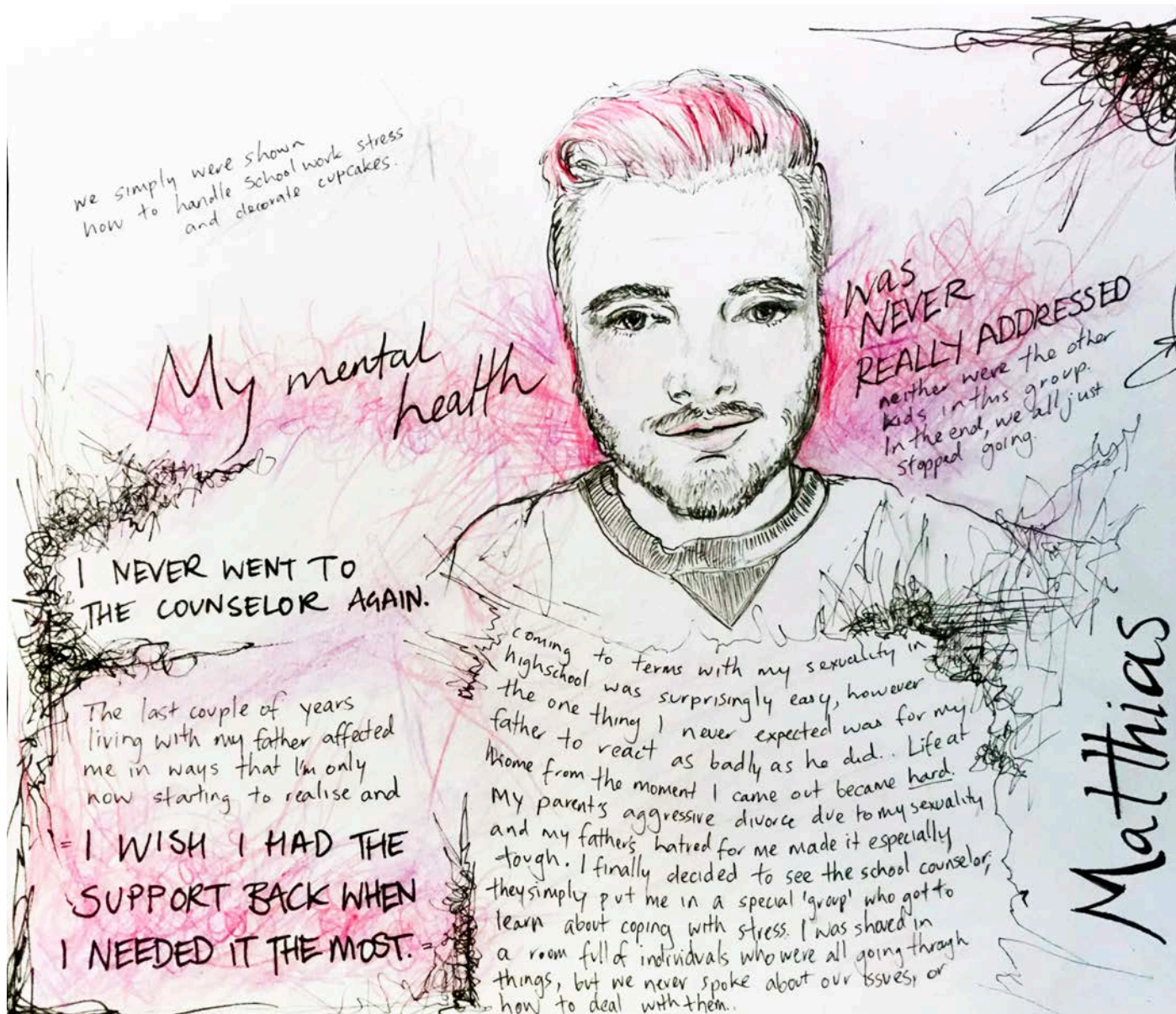
I would like to remind professionals not to assume my mental health issues may overlap my being queer, but that is not the only facet of me as a person.

Likewise, my physical issues may also overlap my mental health issues and be separate from them.

Please remember that people are complicated and there might be more than one thing going on.

• Artist: Tricia Hall





## MATTHIAS

Coming to terms with my sexuality during high school was surprisingly easy, however, the one thing I never expected was for my father to react as badly as he did. Life at home from the moment I came out became hard. My parent's aggressive divorce due to my sexuality and my fathers' hatred for me during my last few years made it especially tough. I finally decided to see the school counselor, they simply put me in a special "group" who got to learn about coping with stress. I was shoved in a room full of individuals who were all going through things, but we never spoke about our issues, or our how to deal with them, we simply were shown how to handle school work stress and decorate cupcakes. My mental health was never really addressed, and neither were the other kids in this group. In the end, we all just stopped going. I never went to the counselor again. Those last couple of years living with my father affected me in ways that I'm only now starting to realize and I wish I had the support back when I needed it most.

• Artist: Rhye Hitchcock





## JASMINE

As a queer survivor of sexual violence seeking and receiving counselling has been a mess at times. When ACC made me get assessed by a psychiatrist he saw on my notes that I was non-binary and didn't use she pronouns. Even though he saw it listed that I didn't want to be referred to in that way, he said that he thought my "unusual gender identity" seemed like it wasn't a problem caused by the sexual abuse and so was going to call me by "conventional pronouns". Since then I've had to decide whether I'll try being Out to health professionals. It's just a small thing of being seen and referred to for who you are, but it accumulates over time. It feels like I need to stop trying.

Bisexuality has had its own obstacles, when I've mentioned it to counsellors or at sexual-health check ups, they usually laugh like they think I'm not serious, like it's some amusing phase of youthful 'openness'.

I wish health professionals could recognise the importance of meeting people for who they are and not just seeing it as a 'problem' or tossing it aside as irrelevant. Mostly, this stuff IS relevant to receiving holistic support.

• Artist: Sol Marco Duncan



I was "lucky" in the sense that the severity of my illness was never questioned. I have one of those "scary" highly stigmatized mental health issues that freaks people out if you're not on medication. My sexuality was brought up repeatedly by my psychiatrist, justified by the fact that being hypersexual and engaging in risk-taking behaviours are symptomatic of my condition. I'm bisexual, very sex positive and in an open relationship, so I must be ill right? This 1930's level pathologizing of women's sexuality. I made it abundantly clear I was always using the required protection and was in full control of my actions, and was still disbelieved. This led to my medications being upped to a dosage making it impossible to function. But no one there expected me to function anyway, over-medication not seen as an issue. Same doctor decided I wasn't stable enough to manage my own birth control, referred me to get an I.U.D. Didn't seem to matter to her, I'd been sexually active 5 years without so much as a scare.



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• Artist: Raewyn Alexander and Matthew Beck Berrigan



As a queer femme I feel like my identity often isn't taken seriously by medical professionals and counselors I've seen. I'd love to see a system that is inclusive of our community - medical professionals and counselors etc who know the definitions of the words we identify with, and understand how important our identities are to us, but also understand that there is more to it than our queer identities. We need more support, and we need it now.

- Caity



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• Artist: Sarah Lund

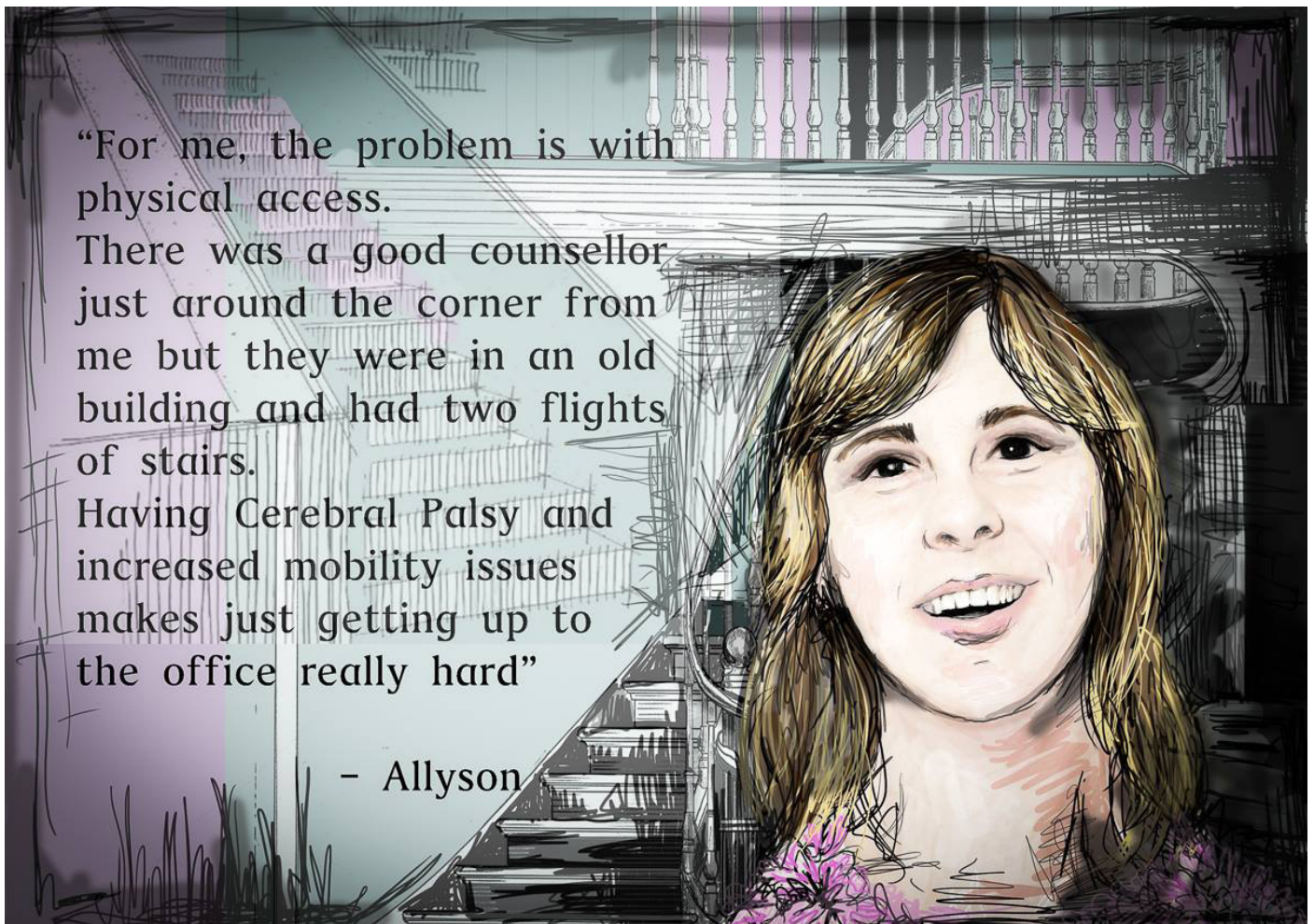


## MAGGIE

I envisage the ideal mental health system to be free of gatekeepers policing it only letting in those they deem “severe” enough with everyone else just falling through the cracks. A system that moves away from solely looking at what’s wrong with the individual and actively celebrates their queer identity

• Artist: Robyn E. Kenealy





“For me, the problem is with physical access.

There was a good counsellor just around the corner from me but they were in an old building and had two flights of stairs.

Having Cerebral Palsy and increased mobility issues makes just getting up to the office really hard”

– Allyson

## ALLYSON

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• Artist: Jana Allen





"As someone who is queer and disabled experiencing anxiety and addiction, my experience of the mental health system was, generally, alienating and disrespectful. At a community service assessment I was assumed to be straight until I said I wasn't and my disclosure was met with awkwardness. My role as Managing Director of my own business and ability to drive a car was met with surprise, due to low expectations of my disability. The service then followed up several times with unscheduled phone calls, which were often inconvenient because they were during working hours.

When I tried to find a private therapist, I enquired with four or five, all of whom were unavailable or inaccessible and wouldn't see me at home. The last therapist I contacted just replied, "No," when I asked for a recommendation of someone else. I finally received four free CBT sessions after being diagnosed with a moderate anxiety disorder, which were respectful and reasonably useful. My current wellness, though, has been through my own interventions, not because of (or maybe in spite of) the system." - Philip



## PHILIP

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• Artist: Taupuruariki Brightwell

Theme 9.

## GATE-KEEPING AND INAPPROPRIATE CRISIS RESPONSES

Many submissions outlined experiences of being assessed as “not being bad enough” to receive the care they sought. This is contrary to so much of our mental health promotion which encourages people to reach out when they are in distress. This also creates an dangerous situations where people are only able to receive support at their most vulnerable, which, in an already stretched sector, can result in death when people fall through the cracks.

## RECOMMENDATIONS

- Acknowledging and trusting an individual's experiences of their identities
- Make efforts to acknowledge, understand and incorporate individual needs within care practice (ensuring this does not get lost in referrals that occur during an individual's care)
- Develop a mechanism for complaints and improvement plans around organisation and individual misconduct (as noted in themes 3a and 7)





*"When I came out to my parents as trans in 2011 my parents disowned me and my father has never spoken to me since. I fell into deep depression and went through the public mental health system in 2011, where I was able to access compassionate, gender-respectful counselling and medication - I was discharged after 6 months with the assurance that if things got bad again I'd be able to access services again, easily."*

*"In 2014 after a number of distressing personal events I had a major relapse and started harming myself and thinking about suicide. I did the right thing and contacted mental health services, but their attitude had changed - it seemed as though I wasn't considered bad enough to be seen, and I was never even invited to talk to another human being face-to-face. It felt like only a suicide attempt would have convinced them that I was worth their time - real ambulance-at-the-bottom-of-the-cliff stuff. So what changed?"*

## ANONYMOUS

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• Artist: Taupuruariki Brightwell

## 'Squeaky wheel gets the oil'

I would like to see more people within the LGBTQ community feeling that they were able to contact our drugs & alcohol services for help with addictions. I would like to see more minor calls for help with addictions taken seriously. I think it is a socially ingrained LGBTQ mentality to feel like you are already asking too much of someone to accept your sexuality or gender identity and I believe our drugs & alcohol counselling services are acutely aware of this fear of asking 'too much' of people, as such I would like to see more open calls for help with addictions within Aotearoa; especially towards the LGBTQ community.

- Morgana



## MORGANA

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• Artist: Ki Foster



**My GP referred me to Mental Health Services as I was severely depressed and suicidal.** When I was finally seen by someone it was by a mental health nurse for a consult to see what services I needed. She told me that my GP had said I was queer in the notes passed on about my health.

**From this she assumed that I was transgender (I was not) and told me that in order for me to get better I just needed to "stop thinking about [my] gender."**

She said that I was not bad enough to get a medication review and sent me home. I later got the help I needed after my family and I pooled money to pay for a private psychiatrist. I wish there was more funding available so that people in crisis can get the help they need.

I wish healthcare professionals better understood **rainbow identities** - even basic things like the difference between **sexuality** and **gender identity**. We deserve better.

**- Vee**

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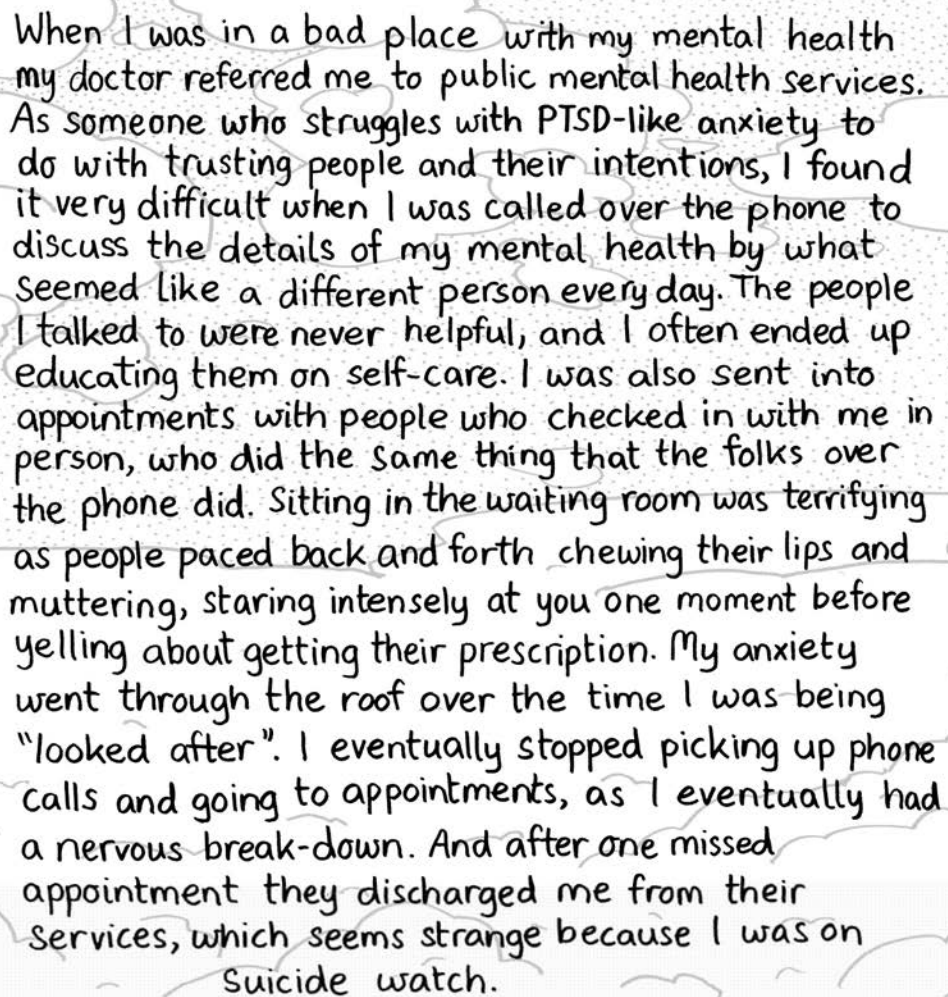
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• Artist: Matthias Bucher





When I was in a bad place with my mental health my doctor referred me to public mental health services. As someone who struggles with PTSD-like anxiety to do with trusting people and their intentions, I found it very difficult when I was called over the phone to discuss the details of my mental health by what seemed like a different person every day. The people I talked to were never helpful, and I often ended up educating them on self-care. I was also sent into appointments with people who checked in with me in person, who did the same thing that the folks over the phone did. Sitting in the waiting room was terrifying as people paced back and forth chewing their lips and muttering, staring intensely at you one moment before yelling about getting their prescription. My anxiety went through the roof over the time I was being "looked after". I eventually stopped picking up phone calls and going to appointments, as I eventually had a nervous break-down. And after one missed appointment they discharged me from their services, which seems strange because I was on suicide watch.

—Toby.

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When I was in a bad place with my mental health my doctor referred me to public mental health services. As someone who struggles with PTSD-like anxiety to do with trusting people and their intentions, I found it very difficult when I was called over the phone to discuss the details of my mental health by what seemed like a different person every day. The people I talked to were never helpful, and I often ended up educating them on self-care. I was also sent into appointments with people who checked in with me in-person, who did the same thing that the folks over the phone did.

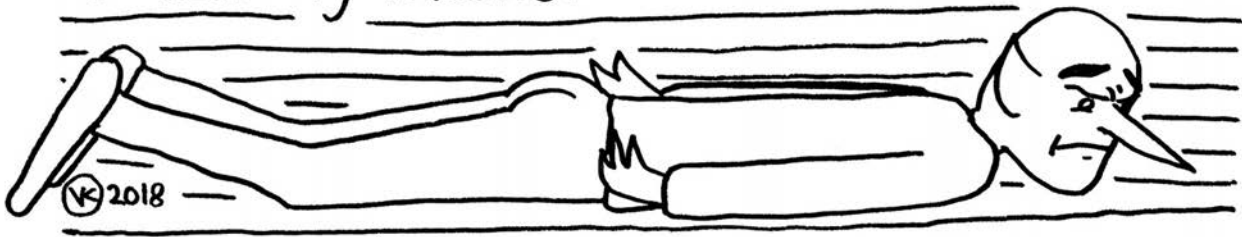
Sitting in the waiting room was terrifying as people paced back and forth chewing their lips and muttering, staring intensely at you one moment before yelling about getting their prescription. My anxiety went through the roof over the time I was being

'looked after'. I eventually stopped picking up phone calls and going to appointments, as I eventually had a nervous break-down. And after one missed appointment they discharged me from their services, which seems strange because I was on suicide-watch.

• Artist: Vincent Elizabeth Konrad

I woke a pal up early morning to take me to A&E because I was suicidal. I was seen by a nurse then waited for hours before giving up and going back to bed. The most help I got was from a young woman who was there unrelatedly, and who counselled me from her past experiences with her friends and her own mental health.

Another time I was shown to a bed and told to wait for the mental health team to call my mobile.



## VINCENT

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Another time I was shown a bed and told to wait for the mental health team to call my mobile.

• Artist: Vincent Elizabeth Konrad

# PART 4:

# IMPACTS



Theme 10.

## FALLOUT FROM DANGEROUS SERVICE PRACTICES

The impact from inadequate mental health and addiction care cannot be overstated. Submissions to the project outlined everything from being scared to access services, to someone being locked in a jail-cell after a suicide attempt.

## RECOMMENDATIONS

- Develop a mechanism for complaints and improvement plans around organisation and individual misconduct (as noted in themes 3a, 7 and 9)
- Build competent, appropriate and responsive crisis interventions for all regions of Aotearoa
- Understand and address the fact that people engaged in services are still committing suicide (i.e. not glorifying the “reach out for help” method in suicide prevention promotion and action plans)
- Train mental health and addiction practitioners so they do not further traumatise rainbow individuals seeking support (i.e. misgendering, ‘outing’ people, etc) (as noted in themes 1, 3a and 7)
- Ensure all services provide support to their clients for however long those supports are needed
- Ensure all DHBs have Rainbow Liaisons to support people to access mental health services, and to support mental health service providers to provide adequate support for Rainbow communities.

"I have been a patient of New Zealand's mental health system since I was only fourteen due to my chronic clinical depression. Late last year I suffered a mental health episode where I attempted to take my own life.

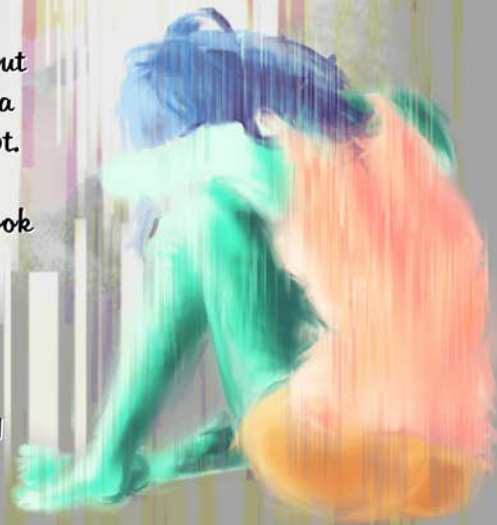
During the episode the Police were called, and since no mental health professionals were available to see me, I was taken back to the Police Station and locked in a jail cell for five hours. They finally let me go once a counsellor was able to come out and assess me, but by that time I had been crying alone in a jail cell for hours, left with no support after a suicide attempt.

My mental health, sense of self-worth and self-esteem all took a big hit that day.

I was treated like a criminal for being sick.

Would they lock a cancer patient in a jail cell the same way they lock mentally ill people away?"

- Victoria



## VICTORIA

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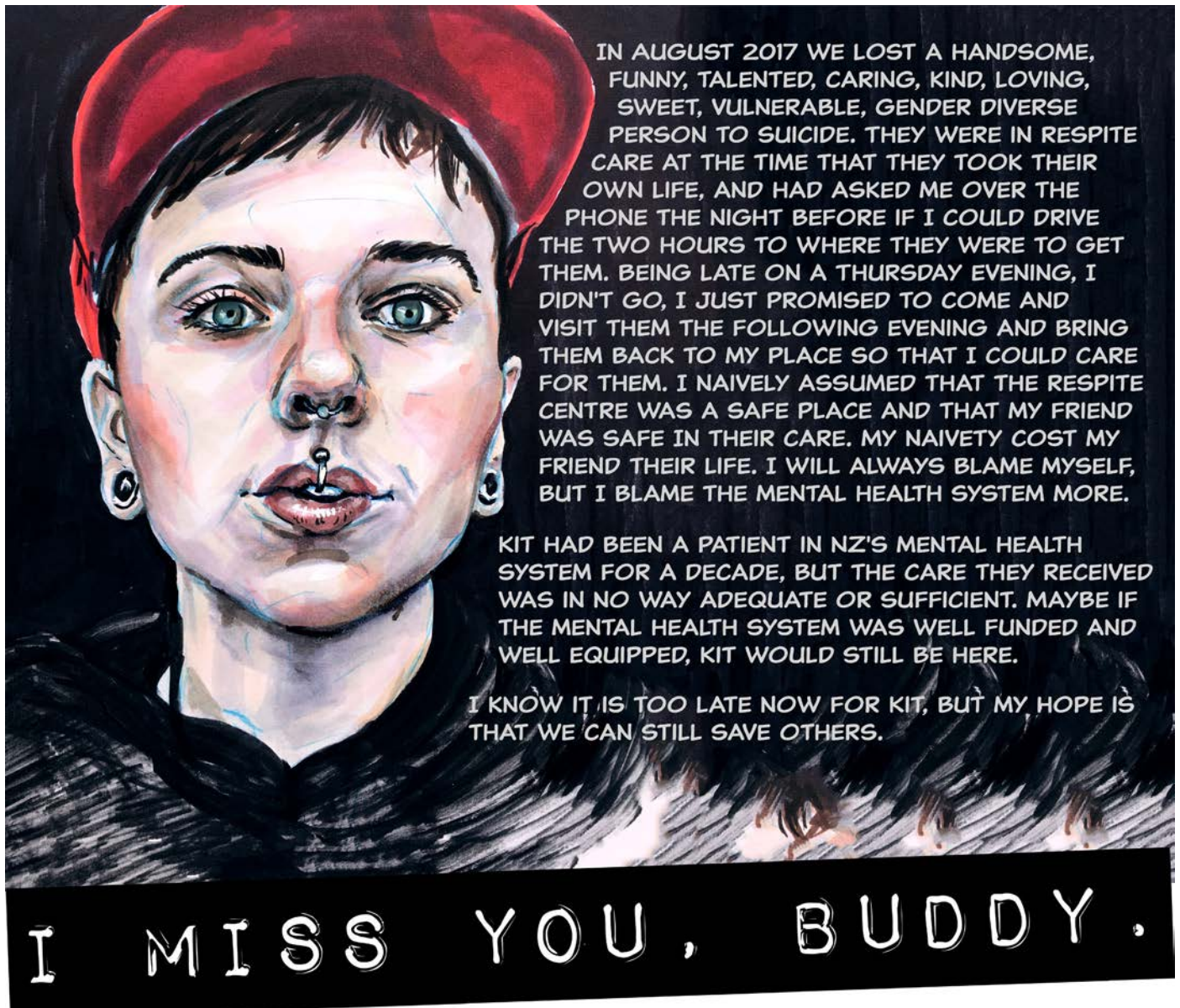
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Would they lock a cancer patient in a jail cell the same way they lock mentally ill people away?

• Artist: Ki Foster





IN AUGUST 2017 WE LOST A HANDSOME, FUNNY, TALENTED, CARING, KIND, LOVING, SWEET, VULNERABLE, GENDER DIVERSE PERSON TO SUICIDE. THEY WERE IN RESPITE CARE AT THE TIME THAT THEY TOOK THEIR OWN LIFE, AND HAD ASKED ME OVER THE PHONE THE NIGHT BEFORE IF I COULD DRIVE THE TWO HOURS TO WHERE THEY WERE TO GET THEM. BEING LATE ON A THURSDAY EVENING, I DIDN'T GO, I JUST PROMISED TO COME AND VISIT THEM THE FOLLOWING EVENING AND BRING THEM BACK TO MY PLACE SO THAT I COULD CARE FOR THEM. I NAIVELY ASSUMED THAT THE RESPITE CENTRE WAS A SAFE PLACE AND THAT MY FRIEND WAS SAFE IN THEIR CARE. MY NAIVETY COST MY FRIEND THEIR LIFE. I WILL ALWAYS BLAME MYSELF, BUT I BLAME THE MENTAL HEALTH SYSTEM MORE.

KIT HAD BEEN A PATIENT IN NZ'S MENTAL HEALTH SYSTEM FOR A DECADE, BUT THE CARE THEY RECEIVED WAS IN NO WAY ADEQUATE OR SUFFICIENT. MAYBE IF THE MENTAL HEALTH SYSTEM WAS WELL FUNDED AND WELL EQUIPPED, KIT WOULD STILL BE HERE.

I KNOW IT IS TOO LATE NOW FOR KIT, BUT MY HOPE IS THAT WE CAN STILL SAVE OTHERS.

I MISS YOU, BUDDY.

## KIT

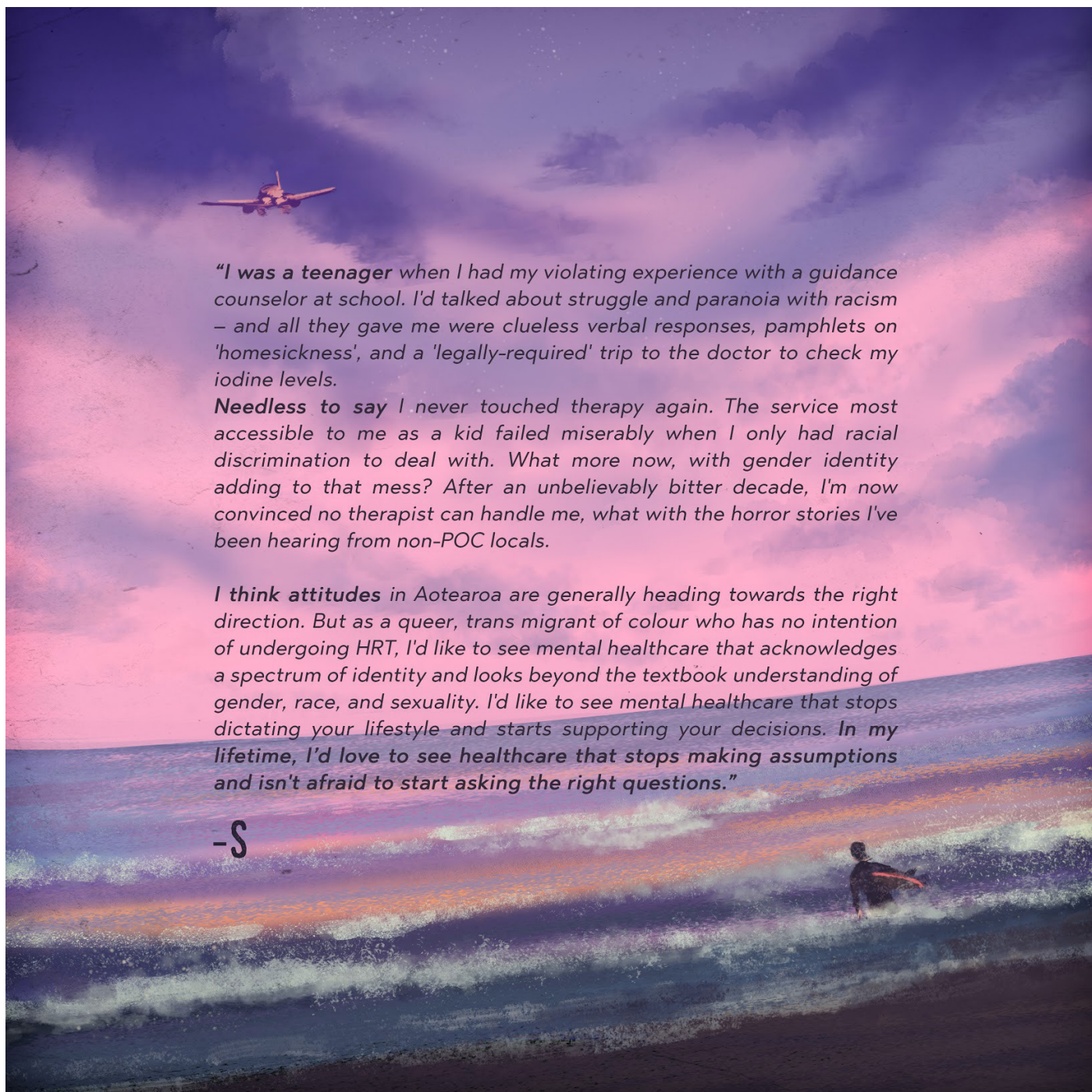
In August 2017 we lost a handsome, funny, talented, caring, kind, loving, sweet, vulnerable, gender diverse person to suicide. They were in respite care at the time that they took their own life, and had asked me over the phone the night before if I could drive the two hours to where they were to get them. Being late on a Thursday evening, I didn't go. I just promised to come and visit them the following evening and bring them back to my place so that I could care for them. I naively assumed that the respite centre was a safe place and that my friend was safe in their care. My naivety cost my friend their life. I will always blame myself, but I blame the mental health system more.

Kit had been a patient in NZ's mental health system for a decade, but the care they received was in no way adequate or sufficient. Maybe if the mental health system was well funded and well equipped, Kit would still be here.

I know its too late now for Kit, but my hope is we can still save others.

• Artist: Stacey Robertson





*"I was a teenager when I had my violating experience with a guidance counselor at school. I'd talked about struggle and paranoia with racism – and all they gave me were clueless verbal responses, pamphlets on 'homesickness', and a 'legally-required' trip to the doctor to check my iodine levels.*

*Needless to say I never touched therapy again. The service most accessible to me as a kid failed miserably when I only had racial discrimination to deal with. What more now, with gender identity adding to that mess? After an unbelievably bitter decade, I'm now convinced no therapist can handle me, what with the horror stories I've been hearing from non-POC locals.*

*I think attitudes in Aotearoa are generally heading towards the right direction. But as a queer, trans migrant of colour who has no intention of undergoing HRT, I'd like to see mental healthcare that acknowledges a spectrum of identity and looks beyond the textbook understanding of gender, race, and sexuality. I'd like to see mental healthcare that stops dictating your lifestyle and starts supporting your decisions. In my lifetime, I'd love to see healthcare that stops making assumptions and isn't afraid to start asking the right questions."*

-S

S

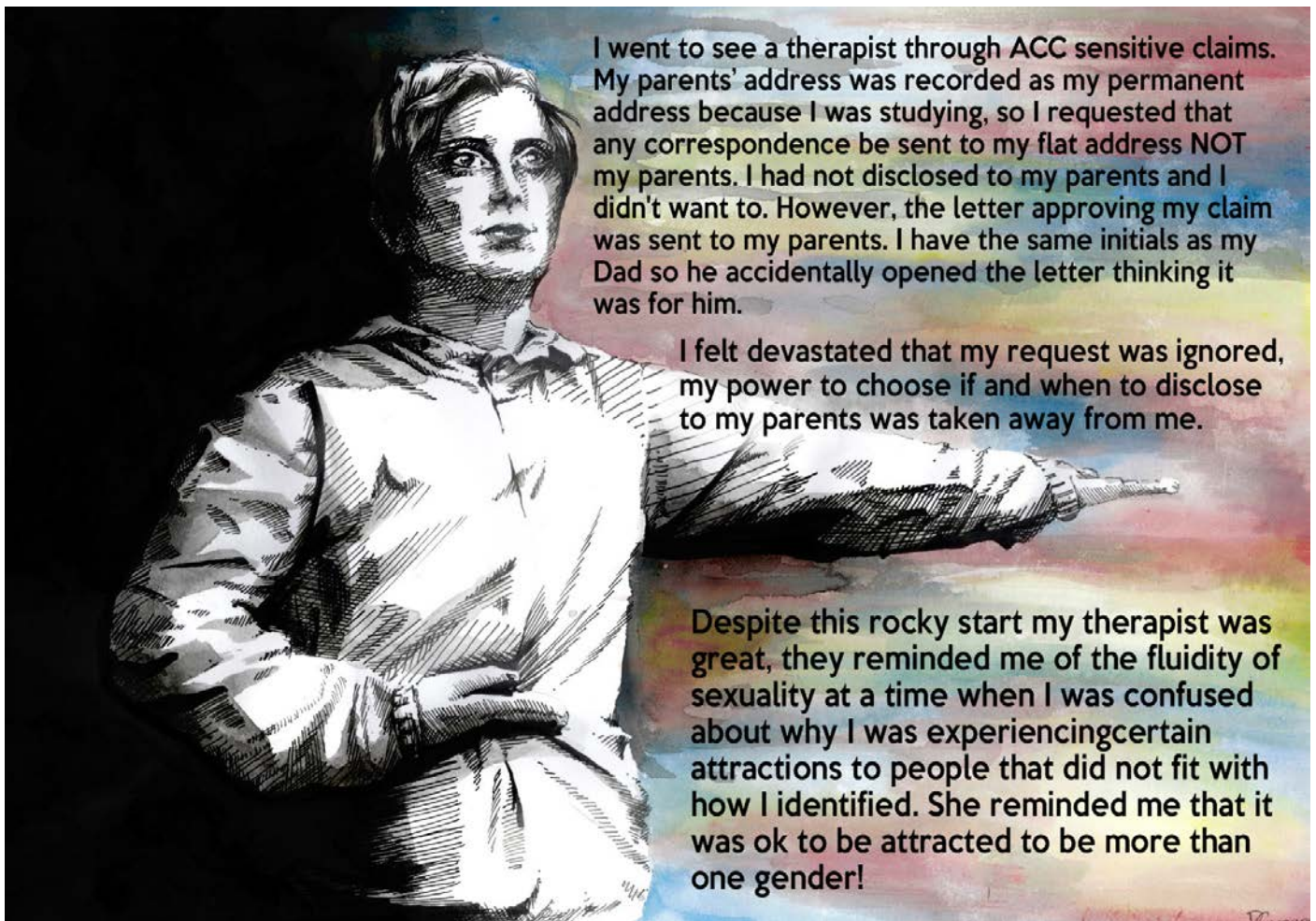
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• Artist: Sam Low





I went to see a therapist through ACC sensitive claims. My parents' address was recorded as my permanent address because I was studying, so I requested that any correspondence be sent to my flat address NOT my parents. I had not disclosed to my parents and I didn't want to. However, the letter approving my claim was sent to my parents. I have the same initials as my Dad so he accidentally opened the letter thinking it was for him.

I felt devastated that my request was ignored, my power to choose if and when to disclose to my parents was taken away from me.

Despite this rocky start my therapist was great, they reminded me of the fluidity of sexuality at a time when I was confused about why I was experiencing certain attractions to people that did not fit with how I identified. She reminded me that it was ok to be attracted to be more than one gender!

## ANONYMOUS

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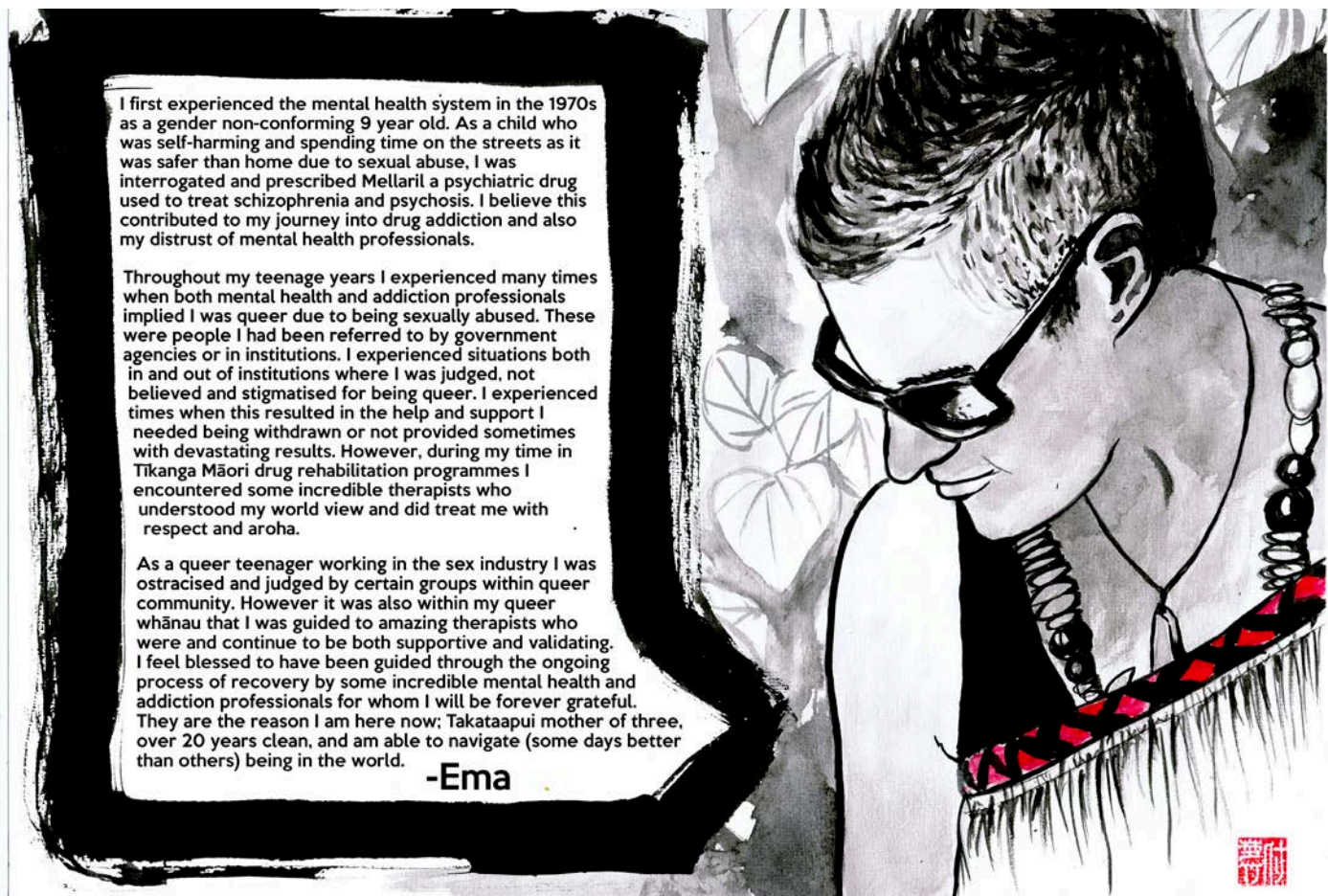
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• Artist: Dean Winter Creamer





## EMA

I first experienced the mental health system in the 1970s as a gender non-conforming 9 year old. As a child who was self-harming and spending time on the streets as it was safer than home due to sexual abuse, I was interrogated and prescribed Mellaril a psychiatric drug used to treat schizophrenia and psychosis. I believe this contributed to my journey into drug addiction and also my distrust of mental health professionals.

Throughout my teenage years I experienced many times when both mental health and addiction professionals implied I was queer due to being sexually abused. These were people I had been referred to by government agencies or in institutions. I experienced situations both in and out of institutions where I was judged for being queer. I experienced times when this resulted in the help and support I needed being withdrawn or not provided sometimes with devastating results. However, during my time in Tikanga Māori drug rehabilitation programmes I encountered

some incredible therapists who understood my world view and did treat me with respect and aroha.

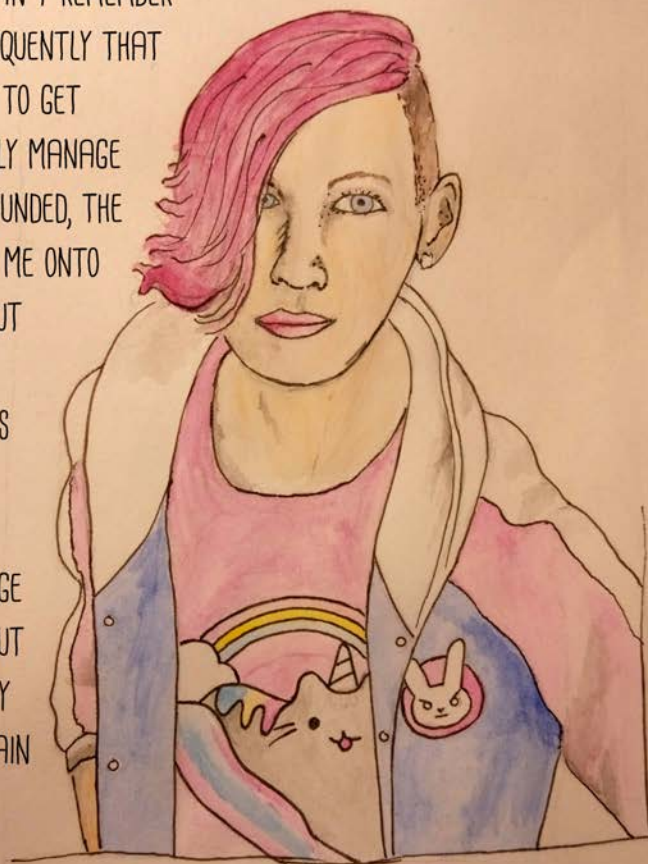
As a queer teenager working in the sex industry I was ostracised and judged by certain groups within queer community. However it was also within my queer whānau that I was guided to amazing therapists who were and continue to be both supportive and validating. I feel blessed to have been guided through the ongoing process of recovery by some incredible mental health and addiction professionals for whom I will be forever grateful. They are the reason I am here now; Takatāpui mother of three, over 20 years clean, and am able to navigate (some days better than others) being in the world.

• Artist: Fu Fighter Arts

"I'VE BEEN STUCK IN THE MENTAL HEALTH SYSTEM FROM THE AGE OF 12. I'VE BEEN SHUFFLED THROUGH SO MANY COUNSELORS, DOCTORS, THERAPISTS, AND PSYCHIATRISTS AT SUCH A FREQUENT RATE THAT I CAN'T REMEMBER ANY OF THEIR NAMES. THE SYSTEM HAS FAILED ME SO FREQUENTLY THAT THE ONLY REASON I STILL BOTHER SEEING ANY SERVICES IS TO GET PRESCRIPTIONS FOR ANTIDEPRESSANTS. THE SECOND I FINALLY MANAGE TO OPEN UP TO SOMEONE, THE SERVICE I'M USING GETS DEFUNDED, THE PERSON I OPEN UP TO CHANGES LOCATION, OR THEY SWITCH ME ONTO A DIFFERENT COUNSELOR WITHIN THE SAME SERVICE WITHOUT REASON OR WARNING. IT FEELS LIKE THE MENTAL HEALTH SYSTEM IN NEW ZEALAND IS DESIGNED AROUND QUICK FIXES RATHER THAN SLOW RECOVERIES.

SINCE COMING OUT AS TRANS, I NOTICED A DISTINCT CHANGE IN HOW I'M TREATED. THERE'S MUCH MORE QUESTIONS ABOUT MY GENDER THAN ABOUT MY DEPRESSION, LIKE MY IDENTITY IS THE REASON BEHIND MY ISSUES. I'VE EVEN HAD TO EXPLAIN BEING TRANS TO SOME OF MY COUNSELORS.

I WISH THE MENTAL HEALTH SYSTEM HAD MORE EDUCATION ON QUEER ISSUES AND HAD ENOUGH OF A BUDGET TO PREVENT THE CONSTANT CLOSURE OF SERVICES THE MENTALLY ILL, PARTICULARLY YOUTH AND QUEER YOUTH, NEED."



- Ashley

## ASHLEY

"I've been stuck in the mental health system from the age of 12. I've been shuffled through so many counselors, doctors, therapists, and psychiatrists at such a frequent rate that I can't remember any of their names. The system has failed me so frequently that the only reason I still bother seeing any services is to get prescriptions for antidepressants. The second I finally manage to open up to someone, the service I'm using gets defunded, the person I open up to changes location, or they switch me onto a different counselor within the same service without reason or warning. It feels like the mental health system in New Zealand is designed around quick fixes rather than slow recoveries.

Since coming out as trans, I noticed a distinct change in how I'm treated. There's much more questions about my gender than about my depression, like my identity is the reason behind my issues. I've even had to explain being trans to some of my counselors.

I wish the mental health system had more education on queer issues and had enough of a budget to prevent the constant closure of services the mentally ill, particularly youth and queer youth, need."

• Artist: Jess Stuart



"I was left in a closed room having a panic attack, hyperventilating and dry retching on the floor for over half an hour because the staff didn't know what to do. They challenged my beliefs and got angry when I apparently used the wrong wording to describe my feelings. This was all at an emergency mental health meeting with a supposed crisis team. I am vegan and the doctor mocked my shoes because they looked like they were made from leather. I have bad OCD and was having trouble eating because in my mind the food was contaminated and the doctor angrily said, would you rather just eat or get low iron levels? I got so sick I couldn't work. I couldn't function. My family had to call an ambulance.

I have Tourettes syndrome and the doctor was pissed off because my involuntary muscle spasms meant he couldn't take my blood pressure effectively.

I was so sick and depressed that I completely withdrew. Then they got angry at me for missing a phone call because I was literally in an ambulance after another extreme panic attack and so they refused to help me any further" - Anon



## ANONYMOUS

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• Artist: Jana Allen



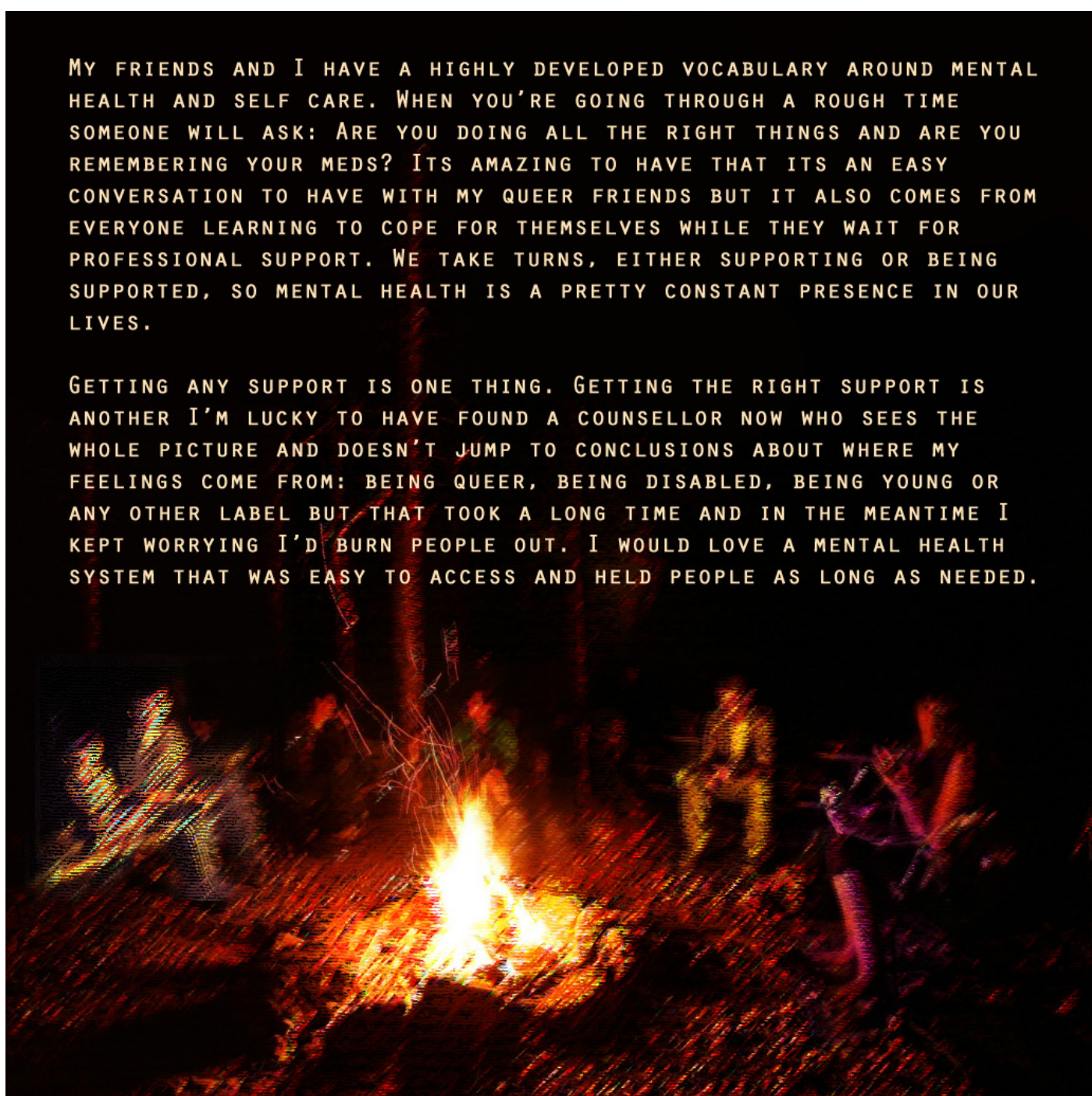
Theme 11.

## HAVING TO FIND OUR OWN WAY

In light of inadequate, underfunded or dangerous mental health and addiction services and practices, queer, gender diverse and intersex communities have had to develop our own support systems and interventions to fill the gaps. We are a resilient community, and often have to find creative solutions to a lack of appropriate services. Some submissions outlined how these practices worked.

MY FRIENDS AND I HAVE A HIGHLY DEVELOPED VOCABULARY AROUND MENTAL HEALTH AND SELF CARE. WHEN YOU'RE GOING THROUGH A ROUGH TIME SOMEONE WILL ASK: ARE YOU DOING ALL THE RIGHT THINGS AND ARE YOU REMEMBERING YOUR MEDS? ITS AMAZING TO HAVE THAT ITS AN EASY CONVERSATION TO HAVE WITH MY QUEER FRIENDS BUT IT ALSO COMES FROM EVERYONE LEARNING TO COPE FOR THEMSELVES WHILE THEY WAIT FOR PROFESSIONAL SUPPORT. WE TAKE TURNS, EITHER SUPPORTING OR BEING SUPPORTED, SO MENTAL HEALTH IS A PRETTY CONSTANT PRESENCE IN OUR LIVES.

GETTING ANY SUPPORT IS ONE THING. GETTING THE RIGHT SUPPORT IS ANOTHER I'M LUCKY TO HAVE FOUND A COUNSELLOR NOW WHO SEES THE WHOLE PICTURE AND DOESN'T JUMP TO CONCLUSIONS ABOUT WHERE MY FEELINGS COME FROM: BEING QUEER, BEING DISABLED, BEING YOUNG OR ANY OTHER LABEL BUT THAT TOOK A LONG TIME AND IN THE MEANTIME I KEPT WORRYING I'D BURN PEOPLE OUT. I WOULD LOVE A MENTAL HEALTH SYSTEM THAT WAS EASY TO ACCESS AND HELD PEOPLE AS LONG AS NEEDED.



## ANONYMOUS

My friends and I have a highly developed vocabulary around mental health and self care. When you're going through a rough time someone will ask: are you doing all the right things and are you remembering your meds? It's amazing to have that it's an easy conversation to have with my queer friends but it also comes from everyone learning to cope for themselves while they wait for professional support. We take turns, either supporting or being supported, so mental health is a pretty constant presence in our lives.

Getting any support is one thing. Getting the right support is another. I'm lucky to have found a counsellor now who sees the whole picture and doesn't jump to conclusions about where my feelings come from: being queer, being disabled, being young or any other label but that took a long time and in the meantime I kept worrying I'd burn people out. I would love a mental health system that was easy to access and held people for as long as needed.

"It took me a long time to realise I was an anxious person.

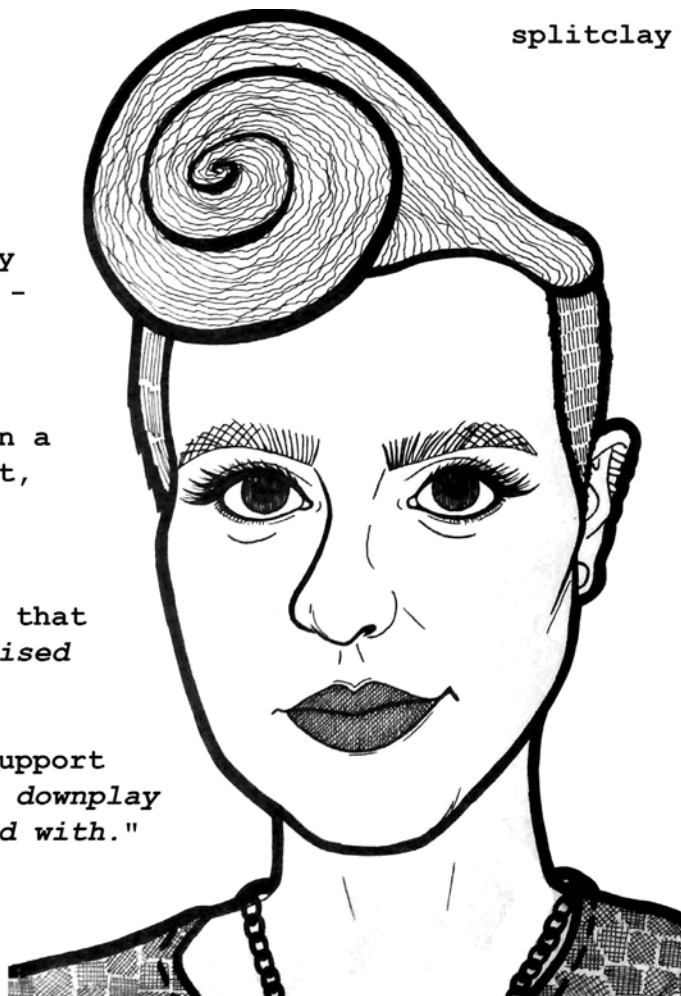
I go in and out of intense anxiety - *short bursts and longer wobbles* - quite often.

It's hard to sort out which of my anxieties are good *self protection* in a hostile world, helping me stay intact, and which are *self-isolating* and destructive or destabilising.

I wish we had a mental health system that *appreciated the skills that marginalised people develop for self protection*.

Mostly I turn to my loved ones for support because *they don't pathologise me or downplay the horrors we're so often confronted with.*"  
- Joey

#outloud



## JOEY

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• Artist: Clay Morrigan



## MY EXPERIENCE?



SHITE, IN TERMS OF THE PUBLIC SYSTEM, APART FROM MY GENERAL PRACTITIONER, ABSOLUTE GOBSMACKING CRAPOLA

IN TERMS OF SUPPORT IN THOSE SERVICES OUTSIDE OF THE PUBLIC SENSE? I'VE GOT SOME GREAT SUPPORT FROM MY CHURCH, AS MY ELDER IS ACTUALLY A REGISTERED COUNSELLOR, AND I'VE BEEN SEEING A STUDENT PSYCHOLOGIST AT THE UNIVERSITY.

I'D LIKE THERE TO BE MORE EDUCATION, AND MORE RESOURCES AROUND THE PROCESSES - NO MORE SECOND GUESSING WHAT THE RIGHT QUESTIONS ARE.

- KIERAN

## KIERAN

My experience? Shite, in terms of the public system, apart from my general practitioner, absolute gobsmacking crapola.

In terms of support in those services outside of the public sense? I've got some great support from my church, as my elder is actually a registered counsellor, and I've been seeing a student psychologist at the university.

I'd like there to be more education, and more resources around the processes - no more second guessing what the right questions are.

• Artist: Ash Spittal

Theme 12.

## WHEN IT WORKS

Throughout the submissions, people shared the experiences they had with services or practitioners/clinicians that were supportive and competent. The help received was, in some cases life-saving.

## "30 YEARS AGO I HIT A BRICK WALL -

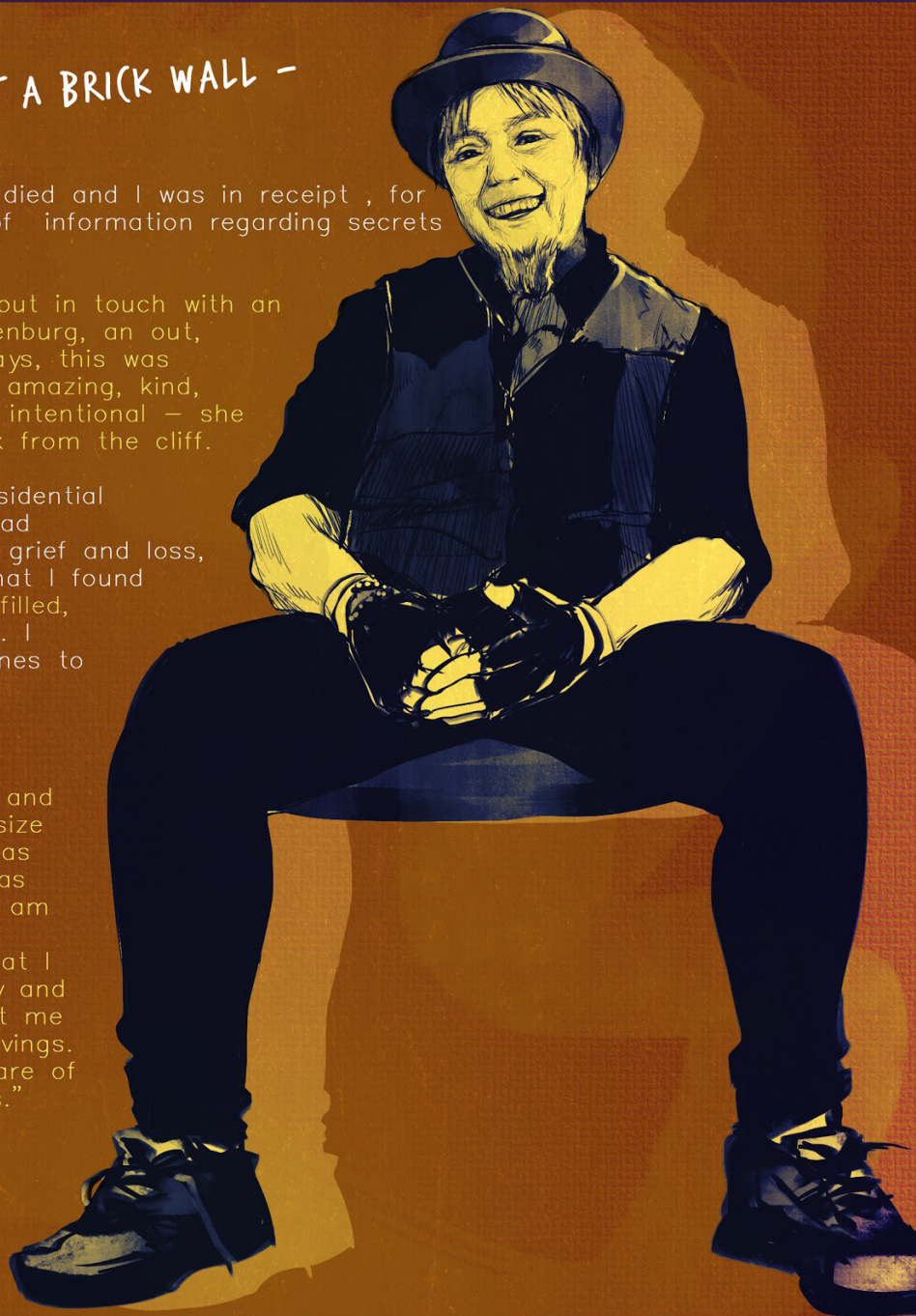
- my mother had recently died and I was in receipt, for the first time in my life, of information regarding secrets of my childhood...

Suicidal, depressed, I was put in touch with an amazing doctor Hetty Rodenburg, an out, lesbian doctor (in those days, this was incredibly rare). Hetty was amazing, kind, respectful, determined and intentional - she helped me find a way back from the cliff.

I attended a week-long residential workshop for people who had experienced severe trauma grief and loss, it was at that workshop that I found 'me'; a dancing, laughter-filled, non-binary, intersex herm. I found meaning and the bones to hang the story of my life.

I also met/found Sue my therapist; a trained nurse, with knowledge of trauma, and a heart and patience the size of a mountain. The work has been amazing, though it has been largely self-funded. I am still alive - contributing to planet earth - however, what I have spent on my recovery and health - would have bought me a house and retirement savings. I face my 'elder' years aware of my financial precariousness."

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• Artist: Sam Low





**I was in the mental health system for about ten years (2000-2010). It was where I experienced genuine kindness from people.**

I believe when you enter the system, you are potentially placed on a different path, it has a huge impact, and one way or another your life is changed. If this path includes people that are kind, highly skilled, well trained, and with a strong capacity to empathise, then you have an opportunity to begin to change your experience of the world.

*The mental health professionals I met along the way were all of those things and more.*

My life is far from perfect but I am very happy to be here and immensely grateful to everyone that walked alongside and supported me. For all this to happen the service obviously needs to be valued and well resourced. There are governments that have done this better than others, and cuts made in the past were very damaging.

In my experience of mental distress, I have been negatively influenced by homophobia, stigma, and discrimination. But these attitudes have tended to come from family, friends, and general health professionals, rather than from mental health professionals.

– **Sam RB** (& Reddington)

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• Artist: Carol Green

My struggles around my sexuality and sexual identity began in early adolescence. I had my first bout of depression at 14. The negative rhetoric of society along with convoluted views from the Christian Community I grew up in caused me to internalise warped messages about what it meant to be Gay.

I struggled with depression until I had a breakdown of sorts at 27. I found myself feeling incredibly isolated and messed up. My Mum recommended I go to counselling. I was too afraid. It took another 5 years to agree to accept help.

I am fortunate that my parents work in addictions and social work. Their help lead to my referral to a counsellor and they also provided some financial assistance. It was hard work. However my counsellor was insightful, knew when to show me empathy and challenge me. He assisted me in coming out, gave me confidence, courage and tools to find support and come out to the people I needed to. He remained respectful and responsive to the fact that my Christian faith remained important to me.

I feel for people who have been subjected to Mental Health Practitioners who have failed in adhering to their code of ethics.

-CRAIG



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• Artist: Sam Orchard





My whole world was de-stabilised when my partner walked out the door. Suddenly finding myself in a vacuum was the catalyst for facing the internal challenges that I had been avoiding.

I self referred to Auckland Sexual Health and with the help of a counsellor started asking myself some hard questions to do with my gender identity. Having not sought counselling before and always feeling quite headstrong, I was anxious about what to expect. I was so relieved to be welcomed by a friendly, conscientious and intelligent listener. They didn't pretend to have all the answers, but helped me to establish a framework for working things through in a process that was always led by me.

At the time, I identified as gender-fluid and during one very significant session, I asked if they thought that was an accurate way to describe myself. After a long pause, and with great care to not respond in a leading way, they answered that they understood me to have already started transitioning.

From that moment forward, I gave myself permission to start accepting myself as the woman that I was, and always had been.

~Anonymous

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• Artist: Erin Fae



PART 5:

# ORGANISATION SUBMISSIONS

InsideOUT works to make Aotearoa a safer place for young people of minority sexualities, genders and sex characteristics. We want all mental health and addiction services to include us, respect us, welcome us, count us. We want to feel safe, confident and secure accessing these services. We want everyone working in mental health and addiction services to have rainbow cultural competency training so they are better positioned to meet our needs.

We want schools to prioritise our safety and inclusion, train their staff and respect our confidentiality.

We want to challenge assumptions in mental health services that our queer identities automatically make us mentally ill and that that's what we're there to talk about. Equally we want greater understanding of minority stress and how the discrimination we may face being LGBTQIA+ can impact our mental health.

We want gender diverse people seeking HRT treatment to be able to access this via their primary care or local health clinic. We want to see an informed consent model and an end to denying trans people HRT because of their mental health status. We want to see organisations like ours funded and acknowledged for the work we do to support young people's wellbeing.

InsideOUT



## INSIDEOUT

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## OUSA QUEER SUPPORT

I work with Queer and Transgender tertiary students, as well as allies, university staff and community organisations. I would love to live in a world where our rainbow people are able to access mental health and addiction services without fear of discrimination. People working in mental health and addiction services need better training, support and professional development in order to work safely and effectively with our rainbow people. We need more rainbow role models and leadership within mental health and addiction services so that people can see themselves reflected in services they seek out. We need to stop pathologising rainbow identities and we need services that can cater to the diverse cultural needs of our rainbow communities. We need to do better.

• Artist: Alec James



WE WANT A MENTAL HEALTH SYSTEM IN WHICH PEOPLE CAN BE OPEN AND EXPRESS THEIR SENSE OF SELF WITHOUT FEAR OF FURTHER PATHOLOGISATION OR HARM.

A SYSTEM THAT WORKS IN SOLIDARITY WITH OUR COMMUNITIES TO DISMANTLE HARMFUL SOCIETAL STRUCTURES AND IDEAS, RATHER THAN REINFORCE AND SUSTAIN THEM.

ONE WHERE THE IMMENSE STRENGTHS, RESILIENCY, AND FORTITUDE OF OUR COMMUNITIES IS ACKNOWLEDGED AND AFFIRMED, YET ALSO WHERE WE CAN BE VULNERABLE AND BE GIVEN THE SPACE AND SUPPORT WE NEED TO HEAL.



## BREAKING BOUNDARIES

We want a mental health system in which people can be open and express their sense of self without fear of further pathologisation or harm.

A system that works in solidarity with our communities to dismantle harmful societal structures and ideas rather than reinforce and sustain them.

One where the immense strengths, resiliency, and fortitude of our communities is acknowledged and affirmed, yet also where we can be vulnerable and be given the space and support we need to heal.

• Artist: Rhye Hitchcock



That the NZ Govt and all health boards throughout Aotearoa recognise the medical necessity, efficacy and benefit of gender transition treatments and therefore provide accessible services to all those seeking such services .

That these services are promoted and advertised well within local communities and they are accessible to all in a timely manner and that the services are staffed by clinicians well trained and knowledgeable in the issues of our communities , and that treatment and support they provide is appropriate, non-discriminatory and linked with the best practice guidelines of the WPATH."

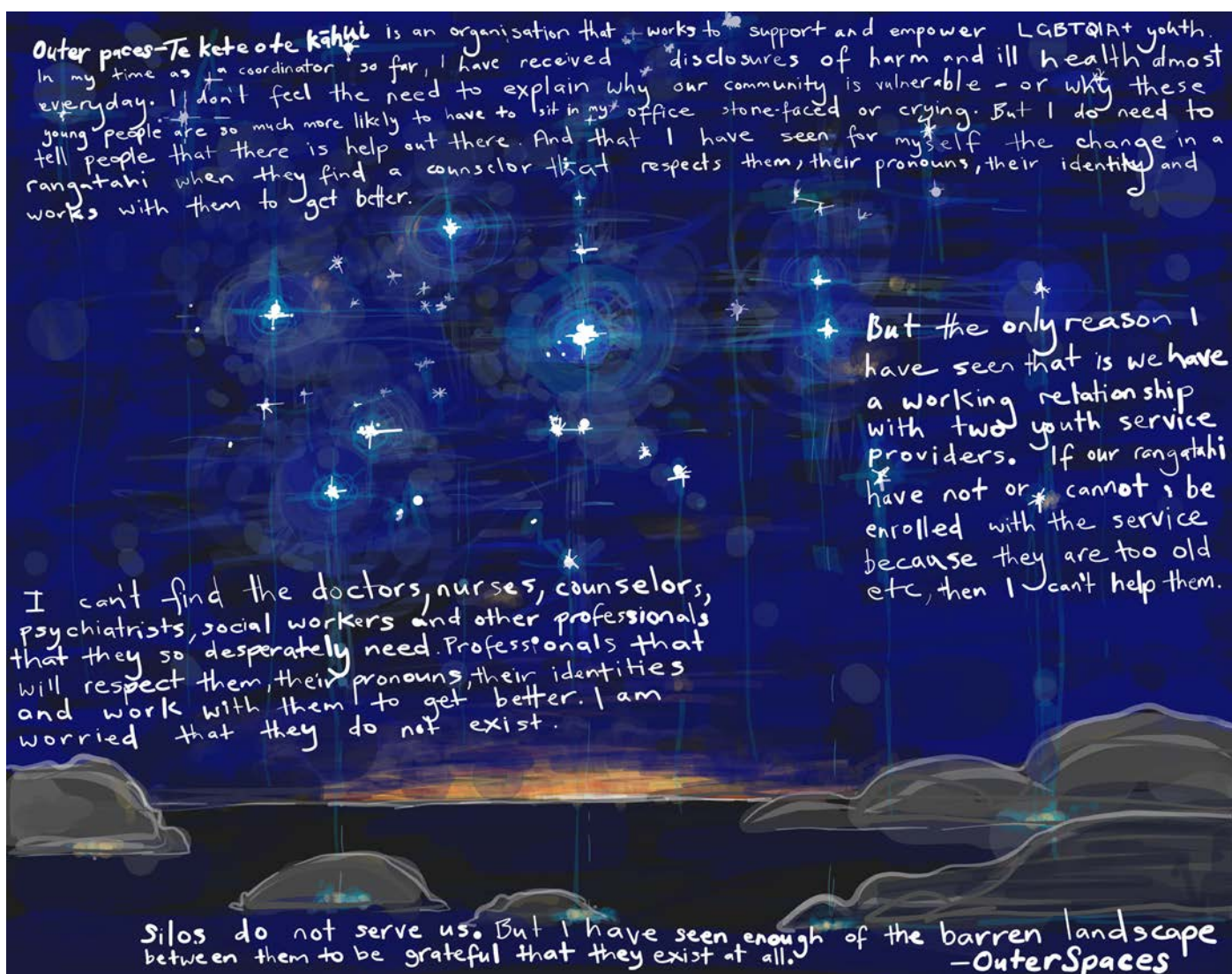
## GENDERBRIDGE

That the NZ Govt and all health boards throughout Aotearoa recognise the medical necessity, efficacy and benefit of gender transition treatments and therefore provide accessible services to all those seeking such services.

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• Artist: Dean Winter Creamer





## OUTERSPACES TE KETE O TE KĀHUI

OuterSpaces-Te kete o te kähui is an organisation that works to support and empower LGBTQIA+ youth. In my time as a coordinator so far, I have received disclosures of harm and ill health almost every day. I don't feel the need to explain why our community is vulnerable - or why these young people are so much more likely to have to sit in my office stone-faced or crying. But I do need to tell people that there is help out there. And that I have seen for myself the change in a rangatahi when they find a counselor that respects them, their pronouns, their identity and works with them to get better.

But the only reason I have seen that is we have a working relationship with two youth service providers. If our rangatahi

are not or cannot be enrolled with the service because they are too old etc, then I can't help them. I can't find the doctors, nurses, counselors, psychiatrists, social workers and other professionals that they so desperately need. Professionals that will respect them, their pronouns, their identities and work with them to get them better. I am worried that they do not exist.

Silos do not serve us. But I have seen enough of the barren landscape between them to be grateful that they exist at all.

• Artist: val smith



# Q-YOUTH MEMBERS HAVE A SHARED EXPERIENCE OF BEING INVALIDATED BY SCHOOL COUNSELORS:

THE CHANGES WE WANT TO SEE MADE THE MOST ARE MENTAL HEALTH PROFESSIONALS HAVING UP GENDER & SEXUALITY-SPECIFIC TRAINING, AND BETTER EDUCATION AROUND MENTAL HEALTH IN SCHOOLS – INCLUDING SKILLS FOR DEALING WITH MENTAL ILLNESS! – Q-YOUTH



## Q-YOUTH

Q-Youth members have shared experience of being invalidated by school counselors: the changes we want to see made the most are mental health professionals having up gender & sexuality specific training, and better education around mental health in schools – including skills for dealing with mental illness! – Q-Youth

"You'd feel better if you put makeup on"

"It Gets Better™"

"You only think you're trans because you're mentally ill"

"You're not mentally ill, you're just trans/queer"

"You're doing it to get out of assignments"

"You're doing it for attention"

"If you weren't so open about it you wouldn't be getting bullied"

• Artist: Jacinta van Gerwen

RainbowYOUTH wants Aotearoa to be a place where all young people thrive. We as a society need to put effort into changing how our mental health and addiction services view queer, gender diverse and intersex people. Young people's identities are not the barrier to seeking help with mental health and addiction services, the problem lays with our society that is not geared to uplift them, validate them, or encourage their well-being.

While this attitude change needs to be a wave that is sweeping and wider than our mental health and addiction services, there are several key ripples of change these services and the government can make to better provide for the needs of queer, gender diverse and intersex youth.

We chose three for this submission:

- 1) Respect their autonomy and their humanity - they know who they are and not everyone will present their queerness or gender identity in the same way.
- 2) Put resources into educating staff - including time, money and organisational support. Education means an organisational shift, not just one diversity workshop.
- 3) Put resources into better understanding the needs of our community - for example, fund research or fund dissemination of existing research.

- RainbowYOUTH



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3) Put resources into better understanding the needs of our community - for example, fund research or fund dissemination of existing research.

• Artist: Maddy Oldfield



# THANKS + ACKNOWLEDGMENTS

This project could not have been completed without the generosity of those who shared their stories, hopes and wishes about our mental health and addiction system. Thank you to each and every one of you for taking the time to add your voice for change.

Thank you to all of the organisations who work with queer, gender diverse and intersex people who have supported the kaupapa of this project. Special thanks goes to Moira Clunie and the Mental Health Foundation who held space for us to present our initial findings to the Inquiry Panel in late June. Thanks also to Kevin Haunui from Tiwhanawhana Trust who helped us with our mihi for this report, and the various individuals and organisations who had input into the developments of our recommendations.

Thank you to Creative NZ and the Rule Foundation whose initial funding helped us koha the artists, pay for the administration behind the project and print this report for distribution. We appreciate your support of the kaupapa of Out Loud Aotearoa.

Thank you to the supporters of our Boosted campaign, listed below. The donations we received allowed us to koha artists to create artwork to accompany the extra submissions. We appreciate the extra capacity your donations created to help us ensure we could do justice to all of the submissions we received. They are as follows:

LARA IRIARTE  
RACH AND JEROME RIVERA  
LANI EVANS  
TABBY BESLEY  
ANONYMOUS X4  
CAT PAUSE  
JOANNE WAITOA  
JAN LOGIE  
TAINIE POLKINGHORNE

MOIRA CLUNE  
RACHAEL DIXON  
EDDY ROYAL  
RAMYA WARAN  
HANNAH SPYKSMA  
THOMAS COPPELL  
JACK TROLOVE  
JO MACDONALD



Thank you to the artists who contributed to the project, listed below.  
Your talent has brought another layer of impact to these submissions:



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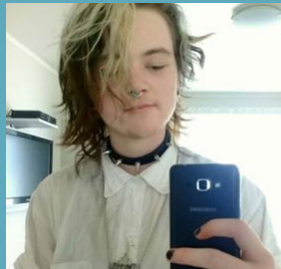
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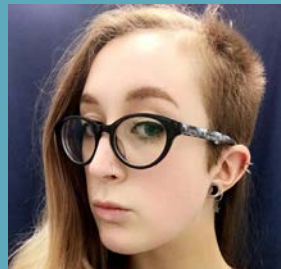
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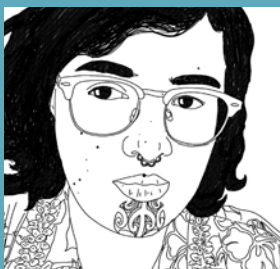
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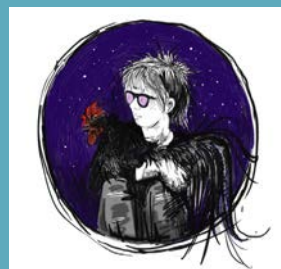
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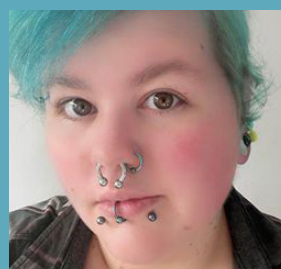
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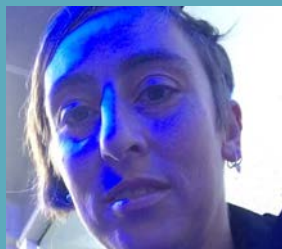
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