POSITION PAPER

**Improving Inclusion and Healthcare for LGBTQ2+ Students**

David Lee1, Kristian McCarthy1

1 University of Toronto Faculty of Medicine, 1 King’s College Circle, Toronto ON

All authors contributed equally to this work.

Reviewers: Angie Salomon, Divya Santhanam (OPAC Policy & Response Team)

Approved: To be voted on

**INTRODUCTION**

The Ontario Medical Students Association (OMSA) recognizes the need for equitable healthcare and the need to address gaps in delivering competent care to the LGBTQ2+ population. Of Canadians 18-59 years of age, 1.7% (approximately 612 453 people) self-identify as homosexual, and 1.3% (approximately 468 347 people) self-identify as bisexual.[1](https://www.zotero.org/google-docs/?DJoElQ) LGBTQ2+ populations are affected by a variety of unique social, structural, and behavioral factors which lend to unique healthcare needs that may not be met by existing healthcare services[4](https://www.zotero.org/google-docs/?bn0djz)LGBTQ2+ Canadians report significantly higher rates of depression, anxiety, low self-esteem, loneliness, and thoughts of suicide.[5](https://www.zotero.org/google-docs/?OJ2aDP)These mental health conditions can exacerbate behaviors such as unprotected sexual encounters and substance use.[5](https://www.zotero.org/google-docs/?0X6jsg)It is estimated that Canada has 2 300 to 5 599 premature deaths annually due to LGBTQ2+ suicide, smoking, alcohol, and drug abuse.[6](https://www.zotero.org/google-docs/?5lFcO6) These factors cost the Canadian economy over $2 billion dollars annually due to healthcare costs and loss of productivity.[6](https://www.zotero.org/google-docs/?Ef4BAQ)

Despite an urgent need to address health inequities among LGBTQ2+ populations, current governmental efforts are largely reactionary rather than proactive. For example, the Government of Canada is currently developing initiatives to help support the health and well-being of the LGBTQ2+ community.7Some of these include funding, available through the Social Development Partnership Program of Canada, towards health-related programs that provide support, information, and awareness on LGBTQ2+ issues. Additionally, province-wide programs have been established to promote the health of Ontario’s LGBTQ2+ communities and improve their access to healthcare services. For example, Rainbow Health Ontario (RHO) delivers training to healthcare service providers and supports research to develop evidence-based practices when treating individuals from the LGBTQ2+ community.8 Some of this training includes teaching physicians appropriate and professional language and conduct that should be used in these interactions, and how to develop a better patient-physician relationship. Although these government programs are necessary, they only act to address the problem reactively, by educating current healthcare practitioners.8 Additionally, training sessions provided by services such as RHO are only by request, rather than a mandatory requirement for all clinical providers. A gap, therefore, exists in ensuring that there is comprehensive and inclusive delivery of healthcare service available in the LGBTQ2S+ community.

This paper will present principles and recommendations to address gaps in medical education on LGBTQ2+ issues and improve the experiences of LGBTQ2+ learners on Ontario’s campuses. We will begin by discussing the health disparities faced by individuals that self-identify as members of the LGBTQ2+ spectrum and the lack of resources and structured curricula for Canadian medical learners regarding this topic. We will then address how to overcome a history of pathologization of the queer experience, as well as how to change the culture of medical schools to support LGBTQ2+ students.

**PRINCIPLES**

The Ontario Medical Students Association puts forward the following principles to guide recommendations for addressing LGBTQ2+ medical education and LGBTQ2+ medical students:

1. All Ontarians should receive healthcare that is comprehensive and inclusive regardless of their sexual identity or orientation, gender identity, and/or intersex status.
2. LGBTQ2+ students should feel welcome to express their sexual and gender identity without fear of discrimination within their educational institutions.
3. No member of the LGBTQ2+ communities should have their identity pathologized.
4. LGBTQ2+ students should have access to healthcare services that recognize the history of pathologization and best practices to minimize further trauma.
5. Members of the LGBTQ2+ community should be able to access their preferred physician regardless of location.
6. LGBTQ2+ students, including medical students, should not face barriers to accessing existing healthcare relationships as a result of attending undergraduate or graduate school.
7. Identities under the LGBTQ2+ umbrella should be recognized by institutions as distinct from each other, facing unique concerns and with unique needs.
8. Students should not have to reveal information about their gender or sexual identity on any documentation if they do not want to do so.
9. Data on race, religion, ethnicity, and culture adjacent to LGBTQ2+ identities should be collected in a safe and ethical manner to prevent furthering systemic barriers and/or increasing discrimination.
10. People of all genders should be able to change their name to best reflect their identity with as few barriers as possible throughout the process.

**RECOMMENDATIONS**

**Recommendation 1: The Ministry of Health should provide mandatory training for on-campus physicians on the history and current experiences of LGBTQ2+ students, with specific attention to mental health and unique needs of asexual and intersex students.**

Apart from the previously mentioned mental health challenges that the LGBTQ2+ community face, certain social determinants of health such as social exclusion and access to economic resources put LGBTQ2+ members at a greater risk of developing mental health issues.9 Stigma and discrimination persist across the lifespan, and LGBTQ2+ persons remain targets of harassment, assault, and hate crimes. Experiences of historical discrimination are also important social determinants of health, and these are more likely to impact certain members of the LGBTQ2+ community that identify with multiple equity-seeking identities.8

Each of these factors contributes to the increased risk of mental health issues for LGBTQ2+ community members. The LGBTQ2+ community experiences higher rates of depression, anxiety, obsessive-compulsive and phobic disorders, suicidality, self-harm, and substance use.9 For LGBTQ2+ students, there are additional concerns not reflected in those of the broader community. In particular, LGBTQ2+ youth are at an increased risk for suicide and substance abuse disorders, at fourteen times the rate of heterosexual youth, with trans youth being at the greatest risk for suicide – over three quarters of trans youth surveyed in Ontario reported having considered suicide, and nearly half had attempted suicide.10 It is thus imperative that healthcare professionals receive adequate training in order to address these nuanced issues.

Intersex identities are particularly vulnerable to pathologization due to a history of medical intervention at birth and in childhood and the lack of open and honest communication surrounding such interventions as sex assignment surgery.8,11 It is important to note that intersex people may not identify as LGBTQ2+ but many of the resources they wish to access are available at LGBTQ2+ centres.8 As many intersex individuals may not know they are intersex until they are at post-secondary school- age, resources should be available at all campus health clinics.8 OMSA should advocate that the Ministry of Health provide mandatory training and education for all on-campus practitioners about the harmful history of unnecessary medical treatments in order to inform best practices for providing care to intersex individuals. OMSA believes that this training should also take into account the mental health issues that many LGBTQ2+ individuals face.

**Recommendation 2: The Ontario government should expand the Post-Secondary Student Helpline to include resources and support for LGBTQ2+ students. Specifically, they should ensure that any expansion of the Good2Talk program includes provisions for the recruitment of counsellors with lived experience supporting LGBTQ2+ students as well as adequate additional training for staff expected to interact with LGBTQ2+ students.**

All students, including medical students, should have access to the best practitioner for their physical and mental health needs. This includes physicians whom students feel comfortable with and who are knowledgeable and understanding of the unique health concerns facing their specific identity. However, post-secondary students face unique barriers to accessing preferred physicians due to attendance at institutions away from their hometowns. This can mean that they live or study in a different catchment area than their preferred physician, and therefore risk losing access when they return home for a summer or while they are away at school. This can result in isolation from healthcare supports, making it difficult for students to have their healthcare needs met.

As previously mentioned, members of the LGBTQ2+ community have cited a lack of LGBTQ2+-specific education among health care professionals as being a barrier to proper care. One approach to addressing these concerns is the “No Wrong Door” concept.[12](https://www.zotero.org/google-docs/?soHhSc)  This is the idea that whenever someone has a healthcare need, whether within a service setting or an educational system, they should be provided with information and access to the services necessary to address their concerns rather than being turned away.12 OMSA believes that this concept should be applied to the LGBTQ2+ community on campus, building on existing frameworks to better utilize current resources and programs. One such program is Good2Talk, an Ontario hotline that operates twenty-four hours a day, three-hundred sixty-five days a year.13 The confidential service provides professional counselling and referrals, and covers subjects including mental health, addictions, and well-being; the service is available to all post-secondary students attending a publicly-assisted college or university in Ontario.13 Expanding the Good2Talk program to include access to trained counsellors with lived LGBTQ2+ experience, as well as providing training to counsellors without lived LGBTQ2+ experience, would help address the mental health concerns that LGBTQ2+ students face.

To address health concerns that cannot be met through programs like Good2Talk – namely physical health concerns – OMSA believes that the provincial Ministry of Health can support greater accessibility of health care services through Ontario Telemedicine Network services, specifically among LGBTQ2+ students and their preferred physicians.

**Recommendation 3: The Ontario government should work with the Council of Ontario Universities, Ontario Medical Schools and the Council of Senior Administrative Officers to identify barriers that exist for students attempting to change their name and affirm their gender identity and make recommendations to address these barriers.**

LGBTQ2+ students, changing the information listed on university documentation to reflect their gender identity is a vital step in affirming their identity.10 Unfortunately, the process for doing so is often complex, uncomfortable, and difficult to navigate. Moreover, asking non-binary, questioning, or transgender individuals to repeatedly mark their legal gender identity on documentation can be dysphoric, and it can lead to hostile feelings and a sense of othering.10 In general, requests for gender information, as well as gendered language, have an exclusionary effect on non-binary and questioning individuals.

LGBTQ2+ medical students may face procedural and social hurdles when engaging with their university registrar office to change their name and gender on official university documents. At many universities, the process of changing your name or gender relies on the approval of external legislation and policies, and there is no standardized process across institutions. For trans students in particular, this can be a source of stress and it can deny their right to affirm their identity, as outlined in the Ontario Human Rights Code.14 It is essential, therefore, that the Ontario government act to ensure that the process to make such changes is efficient and barriers are removed. The alternative – Service Ontario’s process – can also be burdensome; it offers name changes by application and payment of a processing fee, and sex designation changes require a letter from a licensed physician in addition to the application and fee.15

OMSA believes that the Ontario government should first work with the Council of Ontario Universities (COU), Ontario Medical schools and the Council of Senior Administrative Officers in order to identify name change barriers that students face, and then develop recommendations to overcome these barriers. Together with COU, OMSA thinks the Ontario government should use these recommendations to set standards for name and pronoun change processes on all university documentation that are clear and transparent. These standards should include measures to ensure students are protected in terms of confidentiality.

**Recommendation 4: The Ontario government should conduct a province-wide climate analysis to determine the current state of LGBTQ2+ healthcare in Ontario. All data collection activity should clearly outline its purpose and respect the safety, confidentiality, and anonymity of Two Spirit and LGBTQ2+ students.**

In general, there is a lack of awareness and availability about the challenges and issues that LGBTQ2+ students face.16 When information is available, the unique experiences of LGBTQ2+ students are often generalized together, failing to recognize that each student has a unique story and set of lived experiences.16 In other cases, marginalized identities under the LGBTQ2+ umbrella are overlooked, including bisexual, pansexual, and asexual students, as are many intersecting identities.16

Having accurate and abundant data helps inform medical schools and policy-makers on how to best support students (particularly those experiencing psychological distress and racialized LGBTQ2+ individuals); as such, Two Spirit and LGBTQ2+ student experiences should be critical areas of research for the Ontario government.17 OMSA suggests that a climate analysis on the student experience will inform the best practices for institutional policies on LGBTQ2+ inclusion and visibility.

Moreover, there are a lack of frameworks in place to ensure that administrative data, including racial, religious, ethnic, identity, or cultural demographic data, is collected in a fair, equitable, and ethical manner. For example, surveys and other data collection forms often adhere to heteronormative standards; they might ask the respondent whether they are male or female, without offering other options, and they often do not allow students to indicate their gender identity or sexual orientation.17 To respond to these issues, the Ontario government should develop strict guidelines around the purpose and format of data collection, ensuring that the research collected is only used for promoting campus inclusivity and improving medical education.

**CONCLUSION**

LGBTQ2+ students should never face discrimination or exclusion on their university campuses. Despite growing awareness about sexual orientation and gender identity, homophobia, transphobia, and gender-based violence continue to exist on university campuses, which creates barriers to access and causes significant harm. This policy paper provides a series of recommendations from OMSA directed at the Ontario government and Ontario medical schools to improve the experiences of LGBTQ2+ students on Ontario’s campuses and in their communities.

**REFERENCES**

* 1. Government of Canada, S. C. Same-sex couples and sexual orientation... by the numbers. https://www.statcan.gc.ca/eng/dai/smr08/2015/smr08\_203\_2015 (2015).
  2. Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. (National Academies Press (US), 2011).
  3. Meyer, I. H. Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. Psychol. Bull. 129, 674–697 (2003).
  4. Diamant, A. L. & Wold, C. Sexual orientation and variation in physical and mental health status among women. J. Womens Health 2002 12, 41–49 (2003).
  5. Public Health Agency of Canada. Syphilis among gay, bisexual, two-spirit and other men who have sex with men: a resource for population-specific prevention. (2015).
  6. Banks, C. The Co$t of Homophobia: Literature Review on the Economic Impact of Homophobia On Canada. (2020).
  7. Government of Canada initiatives to support LGBTQ2 communities and promote diversity and inclusion. Prime Minister of Canada https://pm.gc.ca/eng/news/2017/11/28/government-canada-initiatives-support-lgbtq2-communities-and-promote-diversity-and (2017).
  8. Rainbow Health Ontario (RHO). Rainbow Health Ontario (RHO) <https://www.rainbowhealthontario.ca/>.
  9. Meyer, I. H., Dietrich, J. & Schwartz, S. Lifetime Prevalence of Mental Disorders and Suicide Attempts in Diverse Lesbian, Gay, and Bisexual Populations. Am. J. Public Health 98, 1004–1006 (2008).
  10. Lesbian, Gay, Bisexual, Trans & Queer identified People and Mental Health. <https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health>
  11. WHO publishes ICD-11 - and no end in sight for pathologisation of intersex people. OII Europe https://oiieurope.org/who-publishes-icd-11-and-no-end-in-sight-for-pathologisation-of-intersex-people/ (2018).
  12. No Wrong Door. https://www.rfecydurham.com/resourceportal/no-wrong-door.
  13. Good2Talk. Good2Talk https://good2talk.ca/.
  14. Human Rights Code, R.S.O. 1990, c. H.19. Ontario.ca https://www.ontario.ca/laws/view (2014).
  15. Change name. Ontario.ca https://www.ontario.ca/page/change-name (2015).
  16. Eady, A., Dobinson, C. & Ross, L. E. Bisexual People’s Experiences with Mental Health Services: A Qualitative Investigation. Community Ment Health J 47, 378–389 (2011).
  17. Seelman, K. L. Transgender Adults’ Access to College Bathrooms and Housing and the Relationship to Suicidality. Journal of Homosexuality 63, 1378–1399 (2016).