J-FLAG

FOR QUEER MINDS

The State of Mental Health Services for LGBT Jamaicans

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CONTENTS

ACKNOWLEDGMENT

The team of consultants acknowledges the unequivocal support of the Equality for All Foundation throughout this project. Additionally, Dr. Karen Carpenter's support in the development of the questionnaire and Mr. Lavaughn Robinson's careful and thorough approach to administrative assistance.

SECTION 1

BACKGROUND INFORMATION, OBJECTIVES & METHODOLOGY

01 BACKGROUND INFORMATION, OBJECTIVES & METHODOLOGY

It is no secret that the lesbian, gay, bisexual, transgender and queer (LGBTQ+) community is marginalized in our country, Jamaica. This is reflected, also, in limited research on this community and their specific needs and experiences. The Human Rights Watch's 2014 report highlighted the high incidence of violence and abuse among LGBTQ+ Jamaicans; with more than half of interviewees reporting that they had experienced violence as a result of their gender identity or sexual orientation. Research has also suggested that Jamaica has entrenched beliefs and attitudes that promote widespread discrimination, at community and institutional levels, of persons based on gender identity and expression, as well as sexual orientation (Inter-American Commission on Human Rights, 2012). Stigma, discrimination and violence appear to often impact on the ability of LGBTQ+ Jamaicans to access basic needs (such as food, shelter and safety), employment and health services.

Our mental health services, especially in the public sector, are over-taxed and under-staffed, and this leaves particular populations / communities like the LGBTQ+ community devoid of accessible mental health services. Additionally, the double-layered impact of stigma surrounding mental illness (UNIATF, UNDP and PAHO, 2019; Gibson et al, 2008) and the ways in which LGBTQ+ Jamaicans are stigmatized contributes to significant barriers to seeking and accessing mental health services (J-FLAG, 2019). Recognizing this gap, the Equality for All Foundation Jamaica sought to conduct a rapid assessment of the problem at hand.

OBJECTIVES

Therefore, this study was undertaken to accomplish a few key objectives:

i. Map the mental health services across major towns in Jamaica
ii. Identify LGBTQ+ friendly MHPSS to increase the referral pool for the community members Identify strengths and gaps in mental health and psychosocial service provision to inform appropriate recommendations for action.

METHODOLOGY

A mixed-methods approach was utilized which incorporated quantitative and qualitative data collection methods. Initially, a list was compiled of private and public mental health services across the island. General practitioners were included as research indicates that they are critical gatekeepers to mental health services. The main service providers therefore included general practitioners, psychologists, psychiatrists and counsellors. Other included service providers were social workers, community organizers and guidance counsellors.

02 BACKGROUND INFORMATION, OBJECTIVES & METHODOLOGY

Qualitative data collection included a desk review of existing information, consultations with key mental health professionals and health practitioners from government agencies / organizations across major cities in Jamaica, more specifically, Kingston and St Andrew, St. Catherine, Manchester and St. James as well as existing community data regarding LGBTQ+ mental health needs. Additionally, 3 focus group discussions were held with mental health professionals and practitioners and LGBTQ+ Jamaicans, and 6 one-on-one interviews with key stakeholders.

Quantitative data collection comprised of 2 online surveys, co-developed by the team of consultants, which were administered to the LGBTQ+ community and the health practitioners. The LGBTQ+ community survey was intended to capture information regarding scope and range of mental health issues and needs and the ways in which participants anticipate that Equality for All Foundation could assist with mental health service gaps. The health practitioners survey was developed to capture information such as the availability of services for the LGBTQ+ community, (knowledge, attitudes, practices and behaviours (KAPBs) of service providers towards serving the LGBTQ+ community, the capacity of service providers (both individuals and agencies/facilities) and perceived barriers or challenges.

The researchers estimated that a sample of 380 for the LGBTQ+ community and 320 for the Health Practitioners surveys would be adequate to conduct a rapid assessment and would achieve sufficient power to maintain a 95% confidence that results are representative and valid. The snowballing technique was utilized, with significant assistance from the Equality for All Foundation, for the LGBTQ+ sampling whilst phone calls were placed to all the mental health facilities and general practitioner offices to fulfill sampling needs for the health practitioners. Two hundred and twenty (220) LGBTQ+ community members filled out the survey assessing their mental health needs whilst two hundred (200) health practitioners filled out their surveys. Statistically, power analyses revealed that these numbers still proved sufficiently representative of both populations.

All standard ethical principles and protocols were observed in conducting the rapid assessment. Care was taken to ensure that participants understood the nature of their participation in the research study, the study procedures, and their right to withdraw at any time or withhold any responses. Participants were guided through the consent process, allowing for any questions or clarification needed. Specific data management procedures were developed to ensure that confidentiality was maintained, with de-identification of data and secure storage of and restricted access to data.

Quantitative data was entered and analyzed using the Survey Monkey software, using standard guidelines and techniques for quantitative data analysis. The desk review data were entered into Microsoft Excel spreadsheets and analyzed using this software. Qualitative data analysis also followed standard guidelines for qualitative research strategies. The audio files from interviews and focus group discussions were transcribed verbatim ensuring participant anonymity and confidentiality for all reporting purposes. The transcripts were used to analyze emergent themes in the qualitative data. The Statistical Package for the Social Sciences and NVivo software were utilized for quantitative and qualitative data analysis respectively.

TYPES OF DATA COLLECTION

QUALITATIVE

QUANTITATIVE

SECTION 2

RESULTS & FINDINGS

STRENGTHS & GAPS IN MENTAL HEALTH SERVICES

Quantitative Findings: Health Practitioners' Knowledge, Attitudes, Practices and Behaviour (KAPB) Survey
This survey yielded 200 responses, with 121 (61%) respondents being psychologists (38%) and counsellors (23%), 8% psychiatrists and 33% general practitioners, 72% of whom have been practicing for greater than 10 years. The additional 2% represents an overlap as 3 counsellors also indicated they were psychologists. Approximately 65 percent (64.5%) of the sample identified as female, 37.5% as male and one service provider identified as both male and female, hence the over-representation in the total percentage. The majority of the sample were either married (42%) or single (33%). Eighty percent (80%) identified as heterosexual, 8% as same-sex attracted and 5.5% as bisexual, while almost 7% did not wish to disclose their sexual identity.

FIG 1. Health practitioner KAPB survey participans by service type

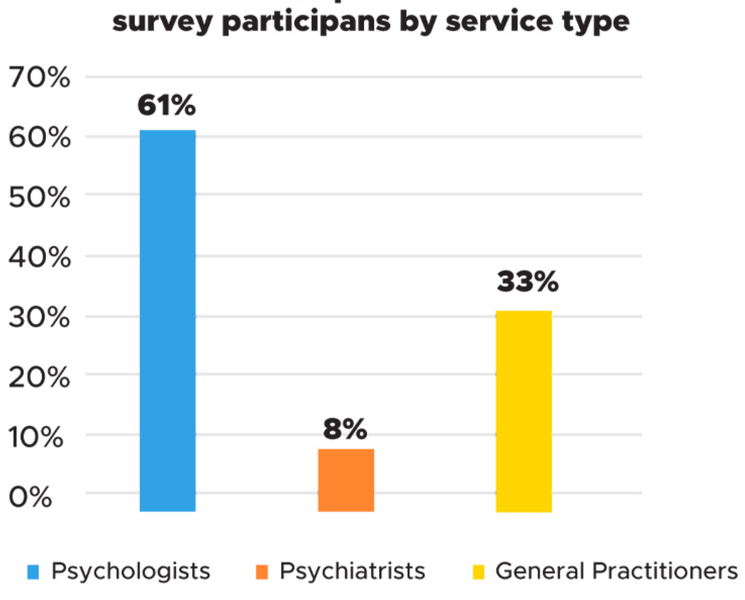
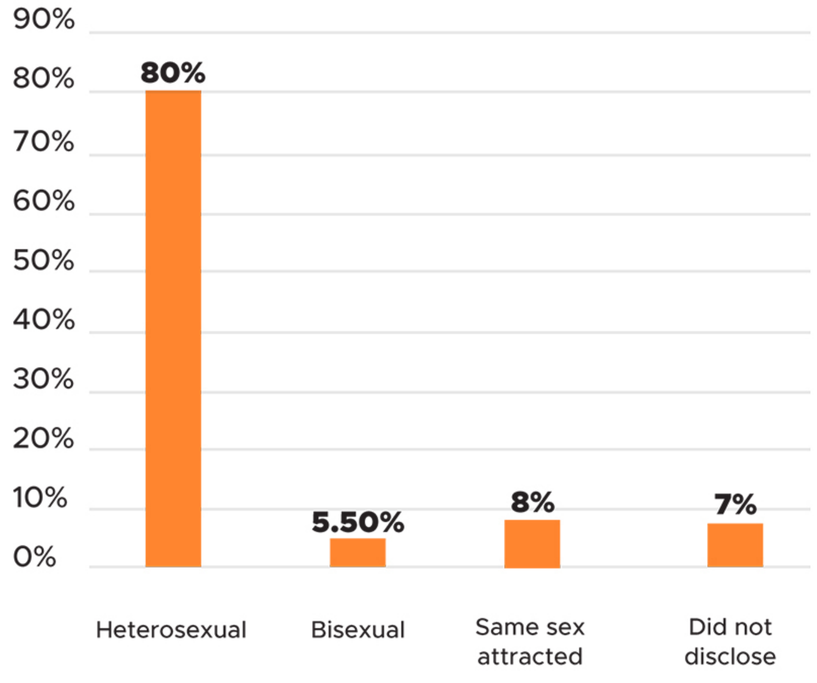
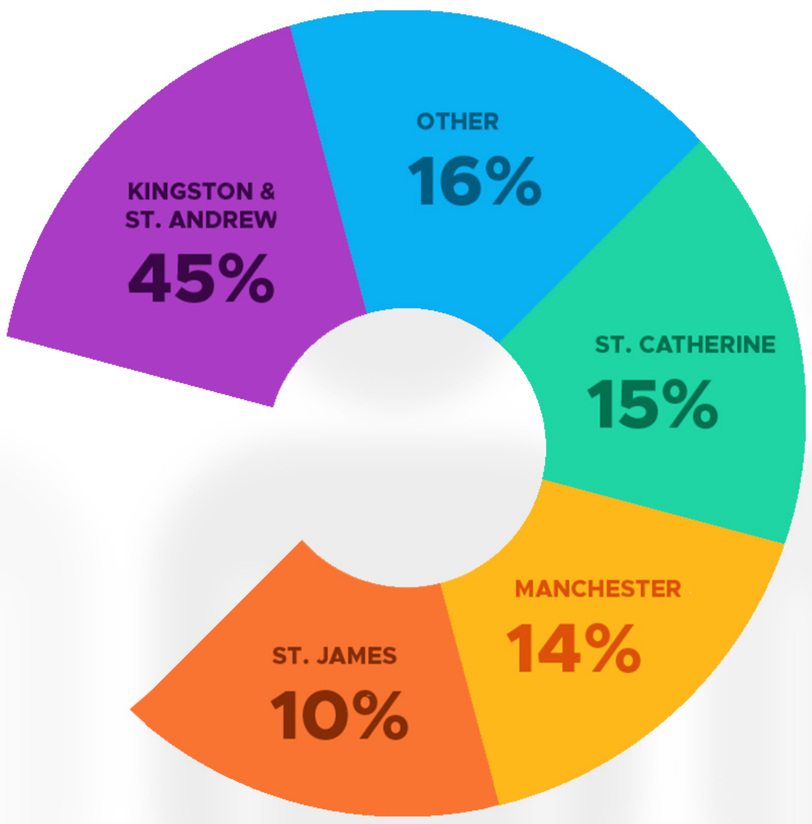


FIG 2. Reported sexual orientation of health practitioners



Many of the survey respondents provided daily (70%) or weekly (25%) care to patients / clients and so are considered active practitioners. They practice mainly in Kingston and St. Andrew (45%), St Catherine (15%) Manchester (14%) and St. James (10%). The remaining 16% were scattered amongst the remaining parishes of St Mary, Portland, St. Ann, St. Thomas, Clarendon, St. Elizabeth, Westmoreland and Trelawny. Hanover was the only parish not represented amongst respondents.

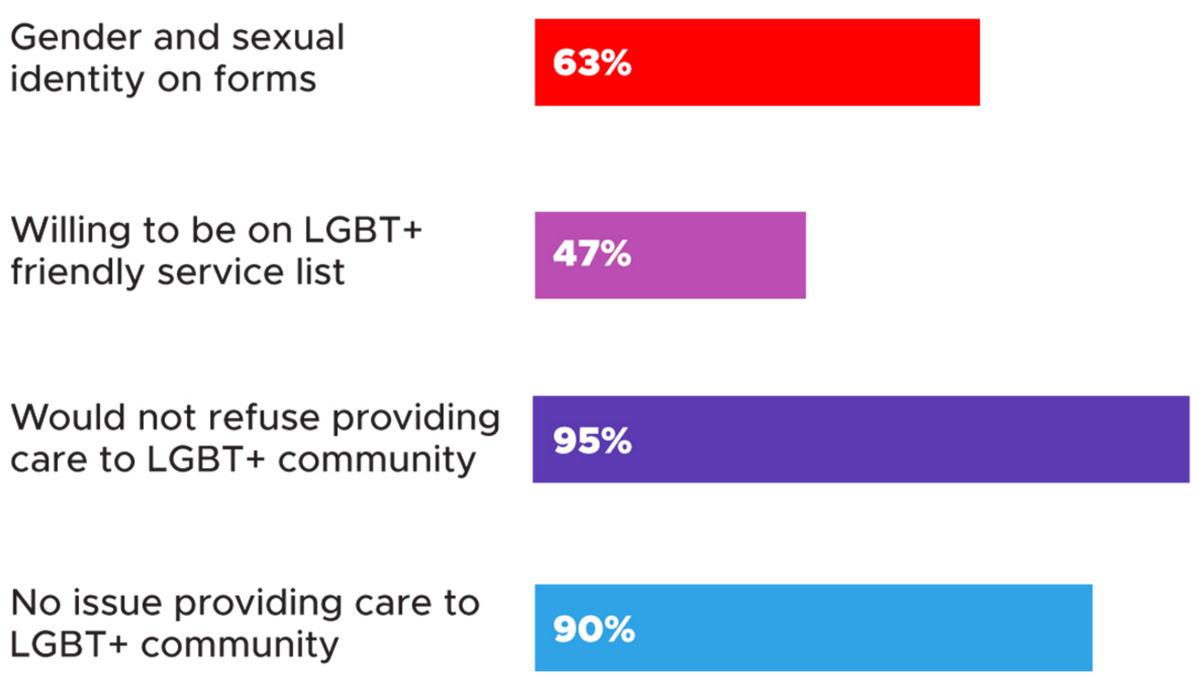
FIG 3. Health practitioner survey respondents by parish



When asked about provision of care to the LGBT+ community, most participants (60-73%) indicated that they have provided care to lesbians, gays and bisexuals, while 29 percent reported providing care to transgender persons. Most practitioners (63%) indicated that the forms in their offices ask about gender and sexual identity (73% of psychiatrists, 65% of psychologists, 51% of counsellors and 68% of general practitioners). Almost 18% of the sample had never provided care to any members of the community. Though the majority of respondents reported having no issues with providing care to the LGBT+ community and indicated that they would not refuse care (90% and 95%, respectively), five (5) practitioners (3 general practitioners, and 2 counsellors) indicated they would refuse care to transgender people and the same two (2) counselling practitioners reported that they would refuse care for lesbians, gays and bisexuals as well. There were no responses / comments as to reasons why they would refuse care. Additionally, 20 respondents (7 general practitioners, 11 psychologists and 2 counsellors) indicated that they would prefer not to provide care for the transgender community. In general the gender split of the sample (65:35) played out in the gender split of practitioners that were unwilling or preferred not to care for the LGBTQ+ community.

Finally, forty seven percent (47%) of participants were willing to put their names on a list for LGBT+ friendly services however 37 persons / agencies listed their names for same and only 26 listed their contact info (See Appendix I). Participants cited the following reasons as to why they did not wish to list their names: lack of authority to do so on behalf of organization, fear of stigmatization, lack of desire to specialize in the area or be known for same.

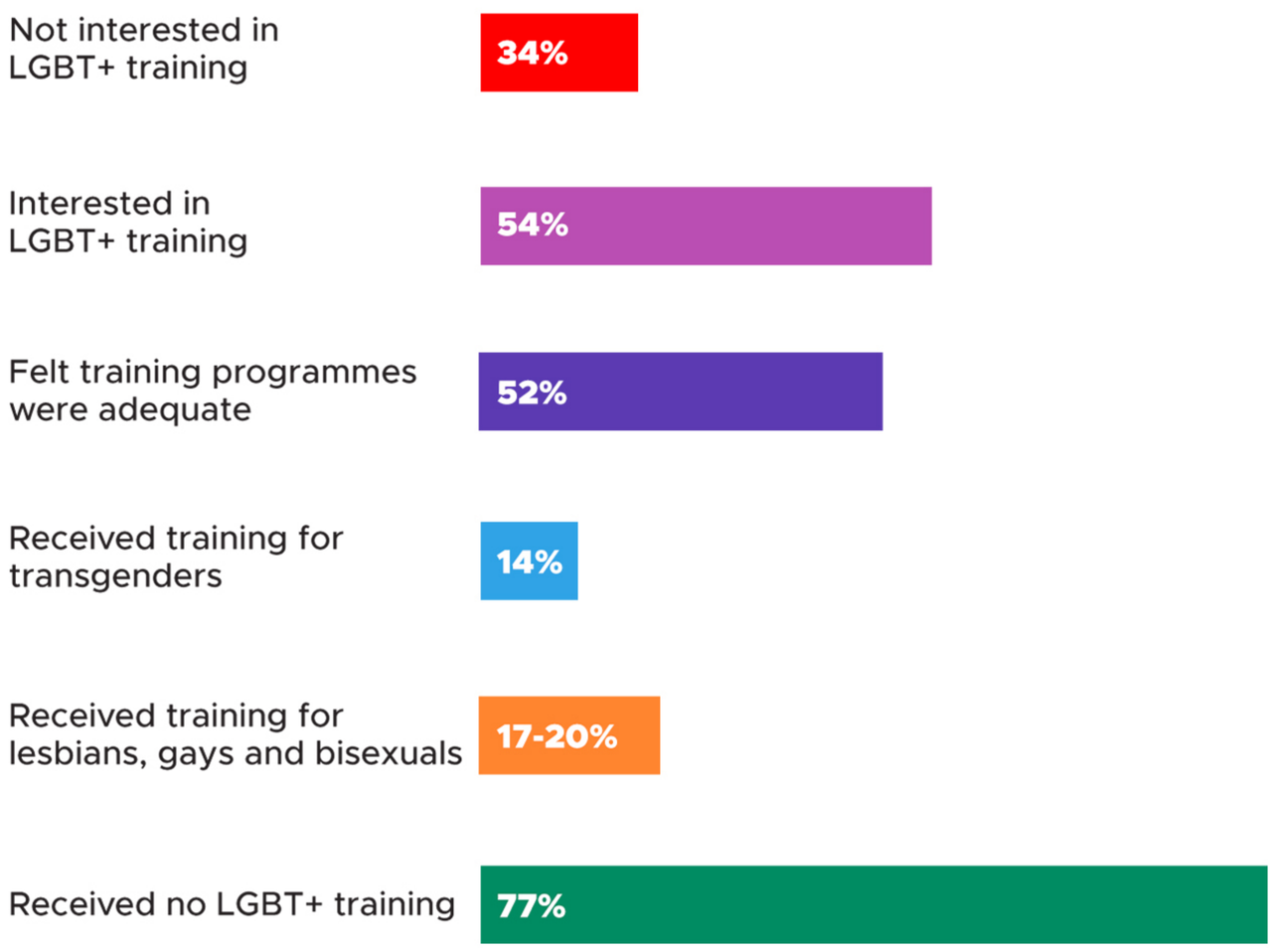
FIG 4. Health practitioner responses to questions about provision of care to LGBT+ community



The overall score for the four (4) survey questions that assessed knowledge of LGBT+ matters yielded an average of 92% indicating an understanding among the majority of providers that there is a difference between sex and gender and that the community faces discrimination that consequently impacts on access to care. Most practitioners (73-76%) felt competent to provide care for lesbian, gays and bisexuals, (73% of psychologists, 93% of psychiatrists, 80% of counsellors and 70% of general practitioners, while a significant amount (35%) indicated that they did not feel competent to care for transgender people (35% of counsellors,41% of general practitioners, 20% of psychiatrists and 32% of psychologists In terms of training, 77% of the sample reported receiving no training on providing care for any members of the community, 17- 20% received training related to lesbians, gays and bisexuals and 14% for the transgender community. Fifty two percent (52%) of practitioners felt that their training programmes had prepared them adequately to address the needs of the LGBT+ community. Though the majority of participants expressed that practitioners should be respectful towards and knowledgeable about the LGBT+ community, only 54% of the sample were interested in receiving training whilst 34% indicated they did not wish to receive any training. This 54% was represented by mostly psychologists (ranging between 45-52 persons for each subgroup in the community), then general practitioners (n=28-32), counsellors (24 persons) and psychiatrists (10-12). The higher numbers in each range were represented for the transgender community as more persons felt training was required for this group of persons.

It is also important to note that some persons lack of interest in training, was not a reflection of their interest in serving the community, but that they do not believe that specific training was necessary, that they had already had some training and felt competent, that they felt their training programmes were adequate and that all patients are to be treated as equals and the motto “Do no harm” must always be upheld.

FIG 5. Health practitioner responses to questions about LGBT+ training



QUANTITATIVE FINDINGS: LGBTQ+ COMMUNITY NEEDS ASSESSMENT SURVEY

The majority of the sample (48%) reported that they reside in Kingston & St. Andrew, while 20% reside in St. Catherine, 10% in St. James and 6% in Manchester. All parishes were represented except for Trelawny.

The sample ranged from 16 years to 64 years old. Seventeen percent (17%) fell within the 16-20 age range, 40% were 21-25 years, 19% were between 26 and 30 years and 12% fell within the 31-35 age range, with 26 persons (12%) representing the over 35 age group. Sixty-two percent (62%) of the sample identified their sex as female, 34% as male and 3% (n=7) as intersexed. In terms of gender, 46% identified as CIS woman and 30% as CIS man, 4% as transfemale, 2% as transmale and 18% as genderqueer / gender non-conforming.

Other labels that arose from gender identification included: butch, agender, non-binary, bi- gender, and alpha female. The sample was fairly evenly divided amongst bisexuals (31%), lesbians (29%) and gays (28%), with the remaining category of ‘Other’ (including demisexual (homoromantic), pansexual, fluid, straight and queer) constituting the last 13% of respondents. Four participants noted their preference for avoiding the use of labels.

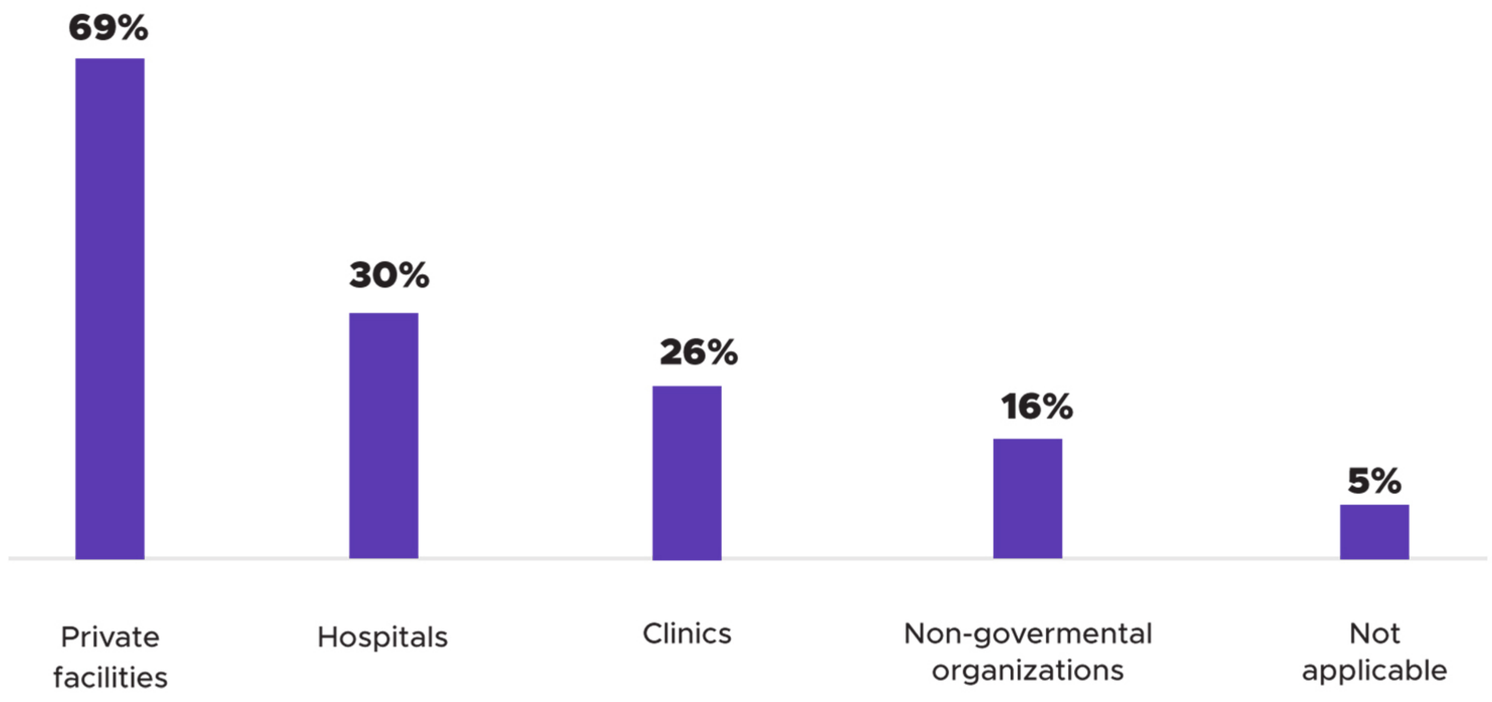
RESULTS & FINDINGS

DEMOGRAPHIC CHARACTERISTICS	(%) OF SAMPLE (N=220)
Parish of Residence	
Kingston & St. Andrew	48
St. Catherine	20
St. James	10
Manchester	6
Other	16
Age	
16-20 years	17
21-25 years	40
26-30 years	19
31-35 years	12
35 years and above	12
Sex	
Male	62
Female	34
Intersex	3

DEMOGRAPHIC CHARACTERISTICS		(%) OF SAMPLE (N=220)
Gender		
CIS woman		46
CIS man		30
Genderqueer/Gender non-conforming		18
Transwoman		4
Trans male		2
Sexual orientation		
Bisexuals		31
Lesbians		29
Gays		28
Other		13

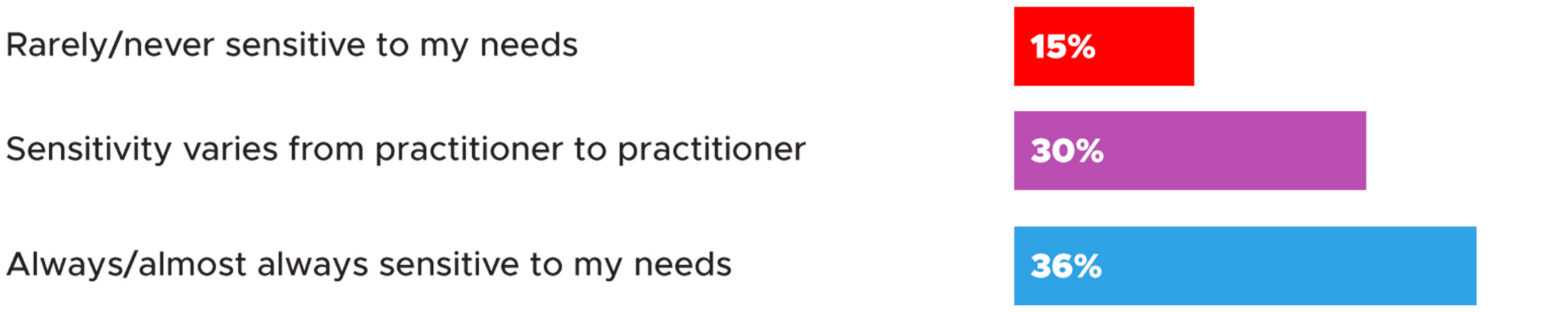
The majority of community members reported accessing private healthcare (69%), followed by hospitals (30%), clinics (26%) and non-governmental organisations (16%). Of note, there was overlap in responses regarding service access as many participants reported using several services, with approximately five percent (5.42%) noting that this question was not applicable to them. Most persons (87%) accessed healthcare in the parish in which they reside.

FIG 6. Healthcare providers utilized by LGBTQ+ sample



Approximately 36 percent (36.14%) of participants felt that their health care providers were sensitive to their needs as LGBTQ+ persons. Similarly, 30 percent (30%) of participants felt that health practitioner sensitivity varied from person to person. Fifteen percent (15%) of the sample indicated that their providers were rarely or never sensitive to their needs.

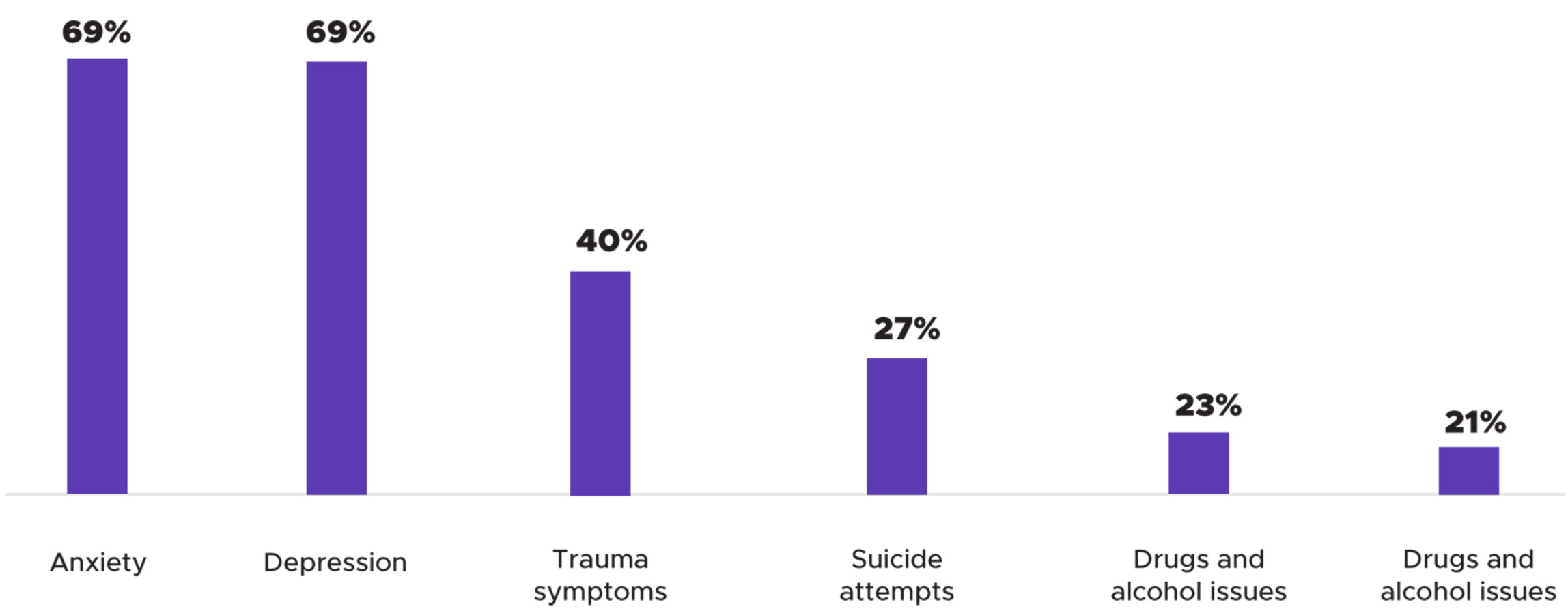
FIG 7. Perceived sensitivity of healthcare practitioners to LGBT+ needs



Fourteen persons (8%) indicated that they did not have mental health concerns, while most participants reported co-occurring mental health concerns, particularly anxiety (69%), depression (69%) and trauma symptoms (40%). In relation to trauma, most participants reported experiencing multiple abuses, whether verbal (65%), psychological (53%) or physical (19%), with 23 percent (23%) reporting no abuse as a result of being a member of the LGBT+ community. A notable number of participants also reported suicide attempts (27%), drug and alcohol issues (23%) and cutting and burning (21%).

Additionally, smaller proportions of participants reported other mental health issues such as disordered eating, disturbed sleep, personality disorder, Bipolar Disorder, Attention Deficit Hyperactivity Disorder (ADHD) and Obsessive-Compulsive Disorder.

FIG 8. Reported mental health concerns among LGBTQ+ sample



Though most of the sample reported having mental health concerns, 37% have not accessed mental health services. Those who reported accessing mental health services utilized private care (35%), university counseling centres (16%), community programmes (13%) and public health clinics (9%). A relatively small proportion of participants identified other sources of mental health support such as friends, family and churches. Sixty-two percent (62%) of the sample reported comfort disclosing their sexual orientation to mental health providers, while 35% felt uncomfortable doing so.

Among those participants who reported accessing mental health services, 31% of them felt that they sometimes received the emotional support they needed, 29% felt they received needed support always or most of the time and 9% felt they have never received the support they needed. Participants identified some of the same entities, organizations and service providers as being both reliable and unreliable in providing mental health support to their community, suggesting that persons have varying experiences and perceptions.

FIG 9. Reported utilization of mental health services among LGBTQ+ sample

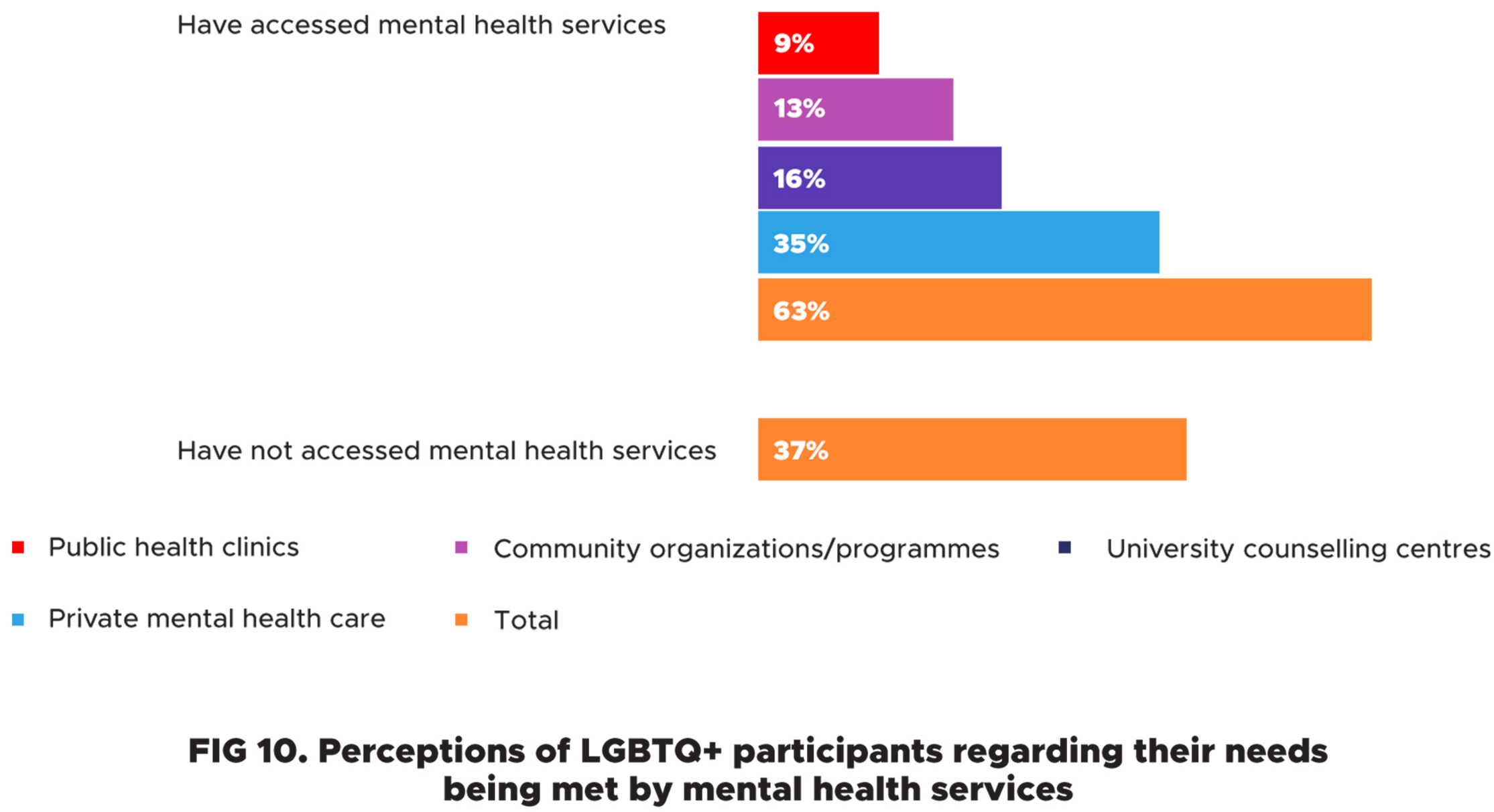
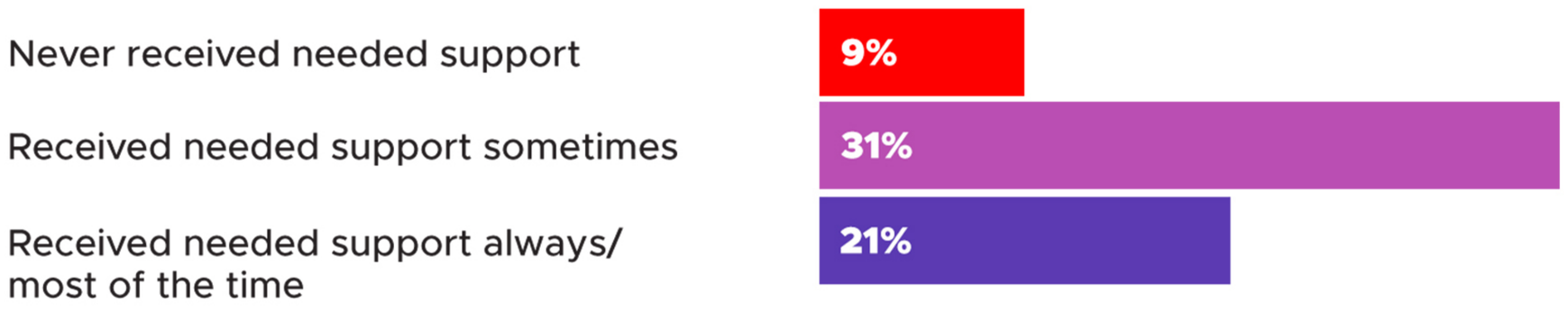
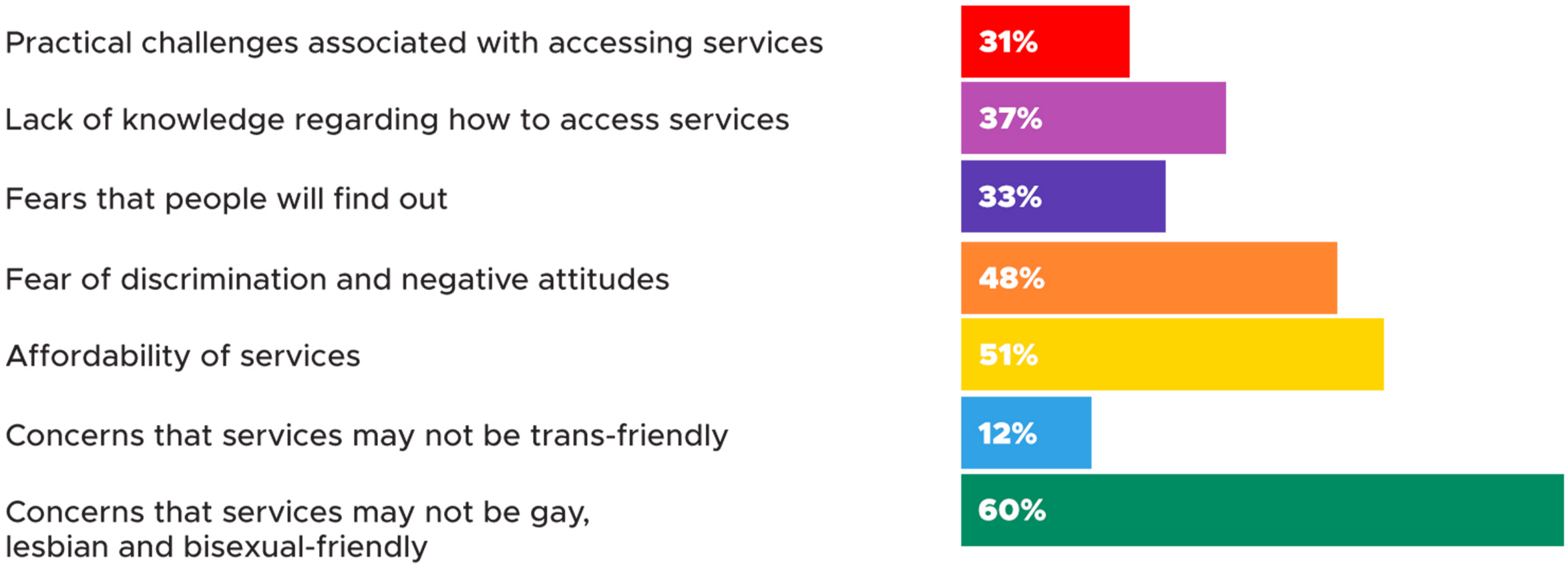


FIG 10. Perceptions of LGBTQ+ participants regarding their needs being met by mental health services



Barriers to seeking mental health support and accessing mental health services included: (i) concerns that services may not be LGBTQ+ friendly, (ii) affordability of services, (iii) practical challenges associated with accessing services (e.g., securing childcare, long wait times at facilities and distance and difficulties with travel) and (iv) fear of discrimination and negative attitudes from service providers and general public and (v) lack of knowledge regarding how to access these services.

FIG 11. Barriers to seeing and accessing mental health services



QUALITATIVE FINDINGS

Thematic analysis of the individual interview and focus group discussion data yielded eight salient themes, namely (i) access to mental health care, (ii) faith-based organizations, (iii) LGBTQ+ community help seeking, (iv) LGBTQ+ experiences in Jamaica, (v) LGBTQ+ language, (vi) LGBTQ+ mental health needs, (vii) mental health treatment and (viii) recommendations.

Access to mental health care

Mental health care providers expressed that general mental health services are available to the LGBTQ community and believed that mental health practitioners and care providers should be open to providing care to all, regardless of gender identity or sexual orientation. While the mental health care providers who participated in interviews and/or focus groups report that they themselves provide care to the LGBTQ+ community, they noted that there is limited conversation around mental health care for the community. Though they acknowledge that they frequently see LGBTQ+ clients, there is reportedly little organizational prioritization of the issues and needs of this community. Members of the community emphasized the challenges they face in accessing LGBTQ+-friendly mental health care and services that are sensitive to and tailored for their needs. Participants also raised the issue of inequities in access to care related to the cost of services, particularly private services which are sometimes perceived by the community as safer spaces than public services, as well as the social realities faced by some community members which may include homelessness and difficulty satisfying basic needs.

Table 2. Access to mental health care

CODES	KEY QUOTES
Cost	"…. accessibility to the services themselves, can be pretty expensive, especially if you want to have well somebody who is very LGBT friendly, and is exposed to a number of areas [mental health care areas of specialization]." (Member of LGBTQ+ community) "….. a big thing is access. And a big thing that we've been trying to push is a lot of people have health insurance and having mental health services being covered by health insurance…. because it's good to have mental health practitioners who can cater to the community, but if these individuals [members of LGBTQ+ community] can't access it…. it actually can do so much and no more, really. And then you also have to look at it from the mental health practitioner's standpoint, especially the private ones, because…. they charge, what I would consider cheap, based on based on like, general costs for mental health services. Um, so I think then we possibly need to figure out how we can make the services accessible. In terms of the costs, people have to pay for it. And if you when you're employed to a company ahm whether it's public or private, if that if your insurance can cover sessions that you will need." (Member of LGBTQ+ community)
Equal access to mental health care	"I live a very privileged life, I have access to most, if not all, private facilities." (Member of LGBTQ+ community) "Um, there's so many people who live in fear and living in the dark and live, don't live their lives because they're in such fear. It's just if if that could be just broken down, some other education, some other way to show that people should be allowed to be themselves and access the same care that everybody can access, whether you know, you're dressed in a woman's clothing and you're a guy and you're going into a doctor's office, because

	that's how you see yourself like that shouldn't determine if you should get care or not." (Member of the LGBTQ+ community) "And so, this does not relate to the general LGBT population. This is talking about the, those who are homeless and specifically high risk, at high risk. So.... their needs include things like access to health care, access to basic, you know, basic needs, food, shelter, clothing, those kind of things...." (Mental health care provider) "Right, you know, but I think they [mental health care providers] should, I mean, treat as necessary, and it doesn't matter, your sexuality or your beliefs...." (Mental health practitioner)
Difficulty accessing LGBTQ+ friendly services	"But, you know, it's been difficult. I listened to XX, and what they said about asking friends about how to get or to navigate the space in which you can go to therapists that suits you. And most how to let you open up to the right way to, you know, help you to just relax. So that is something that I'm looking for. I haven't found that as yet..... I'm working through myself by myself, it's not healthy, I can tell you. It's not. It's really draining on your mental health. And it leaves you to break down a lot, especially when you fear of things what people will say to you. And it plays like on you, like repeatedly. So that's something I am I'm just working on...." (Member of LGBTQ+ community)

Faith-based organizations

LGBTQ+ participants described feelings of shame when interacting with persons in faith-based organizations, whether churches or counselling services. Some participants described negative experiences which involved perceived judgment from others, even when counsellors, for example, were open to providing care to members of the community.

Table 3. Faith-based organizations

CODES	KEY QUOTES
Faith-based counselling services	"I would have to say that it does depend on whether you go to, a let's say, well not say cause to be precise, a faith-based oriented, let's say, counsellor or practitioners.... because what I find is, even though there was a time that I went to a specific one, and I was very hesitant about it, I was particularly told that they are trained not to be biased. And they are not supposed to let's say whether you are homosexual.... or they are not supposed to invade your privacy in that sense. They're supposed to whatever it is, that your issue is, that is what they're supposed to be helping you with, they're not there to turn your life around or tell you that, you know, the way that you're living is wrong, they're not there to anything like that. Yet, when I did go after a few sessions, that is what I experienced, my counsellor eventually started, you know, little by little.... trying to push, let's just say, biblical biblical." (Member of the LGBTQ+ community)

	“In high school, I tried seeking mental health services, but it was hard and then also I never wanted to also seek counselling within in school because I felt like it wasn't safe at the time most of the counsellors were also of Christian backgrounds, I was like I'm not into that.” (Member of the LGBTQ+ community) I just wanted to add.... it depends on how they are grounded. And I think that's true, because I did end up speaking to someone once who I mean, she, she said that, you know, she was a faith-based practitioner, and you know, she she does not believe in, in that kind of lifestyle. And, you know, she was explaining that she knows lots of others who would not treat the person any at all. And she was trying to say that, you know, but she would be fine talking to me. But then when I ended up like, you know, trying to feel her out a little bit, it was it became clear that she couldn't, she couldn't actually separate, like, her beliefs from, from what we were talking about.... you have to find somebody who can truly, you know, be there with you and not make their beliefs, not have their beliefs overshadow what you're talking about.” (Member of the LGBTQ+ community)
Anti- LGBTQ+ teachings in churches	“Yeah, I think acceptance and open mindedness very important and a very big thing for me. I remember this, and it's actually something that affected me. I started going to church about two years ago. And I wasn't a religious person. I'm not still, I'm spiritual. And I was in a service and I was at this church..... Up to that point, I'd been about six times and I really enjoyed the service. I thought they were very forward thinking and everything and then this one service was filled with hate.... how the reason that everything was going wrong was because Jamaica was trying to accept to legalise you know, the laws in relation to gay buggery or whatever it is, and how they started showing how after different countries had legalised it, how their economies and their family structure had changed, and it got worse and they were in this service with all these people clapping and chanting and.... they were talking about all this hatred, and they were preaching so much hate. I was in the church with my aunt who carried me there and my best friend and his girlfriend at the time. And I just remember a tear or two just dropping out my eyes while I was in there. I was gonna walk out .... I'll never step foot back in this place again. Just because of how stupid it is, and I listened to the whole service, and I left, and I've never been back, but it was so sad because up to that point it was such a good experience and they shared so much good thoughts. And so I battle with that all the time.....but that was something I think that is important in this country. We're really religious based and I put that in like Asterix or whatever you call it quotations, because they use religion to do so much evil..... not just in relation to LGBT, but also just in relation to living a good life in this country.” (Member of the LGBTQ+ community)

LGBTQ+ community help seeking

LGBTQ+ participants identified barriers to help seeking which include:

i. a belief that the available services have not been and/or will not be helpful. Some participants described experiences in which they felt that their issues were trivialized by counsellors as a result of their own personal beliefs and biases or, in some cases a belief that the issues for which they have sought care are a ‘normal’ or anticipated issue related to their identities.

ii. observed issues regarding privacy and concerns about confidentiality in mental health service facilities, whether public or private. Participants described their discomfort with long wait times in crowded waiting rooms, detailed notetaking during their sessions and staff access to their records. Some participants also believe that these issues compromise their safety.

iii. limited knowledge of available services. Participants reported that there is limited information available regarding 'what to do' and 'where to go' when one has mental health concerns. Most of the LGBTQ+ participants who reporting having used mental health services noted that they rely on referrals from friends and others in their community when seeking out services. Practitioners and LGBTQ+ participants agreed that finding appropriate services is particularly difficult for the LGBTQ+ community.

Participants also emphasized that LGBTQ+ persons are often uncomfortable disclosing the gender and/or sexual orientation with which they identify to mental health care providers, though they seek out care. In some cases, there is disclosure after some time, while in other cases LGBTQ+ clients present false information, such as the gender of their partners. Mental health practitioners and members of the community agreed that disclosure increases the effectiveness of the mental health care. LGBTQ+ participants identified fears of judgment and making others uncomfortable as some of the reasons for apprehension regarding disclosure when seeking care. Given the fears and discomforts associated with seeking care, the mental health practitioners emphasized the importance of and need for greater sensitivity by care providers in order to reduce refusal to seek help, missed appointments and discomfort in accessing care.

Table 3.0 LGBTQ+ community help seeking

CODES	KEY QUOTES
Barriers to help seeking	"…. So you don't want to talk about your real experiences with people [mental health practitioners] because you you're afraid of what the people will write down or what will be kept as a record. And those records are kept and the secretaries have access to them and people have access to this and some offices changes their secretary so often so you're concerned about who has your information and who could blackmail you and it's a small society and, or who will find out and if they could kill you. So, blackmail might be something I might think about…. if my community found out that I had this thought they might kill me, they might hang me, they might burn me, they might do something bad to me, they might throw acid on me. So, you know, like other people have other realities my scare, might be blackmail, somebody else's scare might be actual death, you know, so that kind of safe space is important and safety of records…." (Member of the LGBTQ+ community) "There was a file. He [mental health practitioner] was making notes, which obviously was gonna be put on file somewhere with his secretary or whoever was there. And I was just not comfortable at all….." (Member of the LGBTQ+ community) "And you know, nowadays people really and truly cyaan hold dem mout'. So, you go to the doctor, you're opening up to them, you're telling them everything, and then you hear it pon yuh road. Everybody have your name a seh 'You know da girl deh mad doh', stuff like that. So that's the reason I never really [reason for failing to seek care]…." (Member of the LGBTQ+ community) "A lot of the places [mental health facilities] that I saw when people were meeting even…. in the emergency room, there was no safe room setup, or whatever. And when you're taking the notes on the patients, it was in the open, nurses could hear, other

	patients could hear, doctors could hear, it didn't feel private. And even when they even in sessions at different offices and stuff, it doesn't seem private.... Like I just I don't think that we really have a safe zone overall for this kind of stuff, so people don't feel comfortable speaking. And that I think is one of the biggest issues with dealing with it I'll tell you" (Member of the LGBTQ+ community) "When I even went to his [mental health practitioner] office I remember as I said, it was a long wait, then after there was a long wait, I literally had five to 15 minutes in there with him. And his door wasn't soundproof. There were people in the waiting room that could hear anything I spoke about...." (Member of the LGBTQ+ community) "And she [mental health practitioner] would repeat that and say.... you know, you're touched, you're marked.... it created a huge confusion. It started to create confusion in my mind. And I would say that that became very difficult for me, and it never eventually proved to be a safe space. So, I do, I do think that it definitely matters. Not only where you go to whether it's faith- based or not, but also how your your your practitioner, therapists, how they themself are grounded." (Member of the LGBTQ+ community) "So, I went for a session, I was apprehensive. And after doing the screening, the person basically said, there's nothing wrong with you, because this is normal, and sent on me my way. I didn't feel normal. And so even now, if I'm overwhelmed, and I feel like I need to talk to somebody, I would never go to a traditional psychologist or a psycho, or psychiatrist....." (Member of the LGBTQ+ community)
Discomfort disclosing to practitioners	"Well, ahm when I was there, yeah, they wouldn't just come [inaudible], it's through discussion that it [gender identity or sexual orientation] will be disclosed eventually." (Mental health practitioner) "So I have not come across like somebody who is going to overtly say that they're queer or anything like that. It has come up in our discussion...." (Mental health practitioner) ".... but I couldn't tell Doc X any of this [same-sex relationship issues]. My friends knew but I couldn't tell my doctor. And there was no way I was telling Doc X. He was, he's just not the person who could have, I wouldn't even feel comfortable talking to him about that like, I feel like he'd judge me, or he'd write down something else, or suggest maybe to my mother that I be shocked or laser treatments or something. Like he just wasn't the right fit for me at the time..... I lied. I said, you know, I was I didn't lie. I actually told him what was happening, but I just used a female instead of a guy." (Member of the LGBTQ+ community) "Yes, so, with my experience, I've never really been, or I've never really tried to seek mental health, just for the fact that I am afraid of being judged." (Member of the LGBTQ+ community)

	"I used to have a doctor who, she was my doctor from I was a kid. And I remember in my 30s, when I don't remember what happened, but it had to come up that I was gay. It it was it was necessary for whatever reason. And she gave me a look that, like, she was in awe, she just couldn't believe it, like her little XX from how in the world's name could this happen to her, as in to me, and through the entire session, you could tell she was trying to keep it together throughout the entire entire session. But I saw the difference in how she looked at me, I saw how she treated me. She would try her best. But I felt so uncomfortable that I never ever went back to her again, I just found that not a doctor because I could tell that she could not manage it. She could just not, she couldn't deal with it." (Member of the LGBTQ+ community)
Missed appointments	".... and you're trying to get them [members of the LGBTQ+ community] to come out.... is an issue, because they, they'll get the referral and then when you call is cloak and dagger to get them to to keep the appointment, that type of scenario. So maybe helping professionals to understand cause sometimes you literally have to be reaching out, it can't be "Okay, show up at 8", you know, there's that, there are the layers in between." (Mental health practitioner)
Referrals	"Well, they [mental health practitioner] were referred through a friend. So, the person [referring friend] will say that they were comfortable with them. And based on how they were talking about them...." (Member of the LGBTQ+ community) "Yeah, so that's kind of how.... basically referrals, and I also asked persons who practice as well for a recommendation." (Member of LGBTQ+ community)

LGBTQ+ experiences in Jamaica

Participants identified abuse as a common experience of the LGBTQ+ community in Jamaica, whether from partners, family members or members of the communities in which they live. Most LGBTQ+ participants were not from home environments in which their identities were accepted or tolerated, and so they described family and community rejection, being victim to bullying in their schools and residential communities and being 'ostracized' and forced to leave their family homes. They also described frequent negative criticism and derogatory 'names' and comments in private and public spheres of their lives. Mental health practitioners also noted that the LGBTQ+ community is often not offered protection by law enforcement, which exacerbates their safety concerns.

Table 3.0 LGBTQ+ community help seeking

CODES	KEY QUOTES
Abuse	"Not to mention, there's a higher chance of sexual abuse in this community [LGBTQ+ community]." (Member of LGBTQ+ community)
Bullying	"So, it was hard, and that I always did struggle with depression since high school because I've always been who I am and know, knew who I am and so, I was bullied for that." (Member of LGBTQ+ community)
Derogatory comments and name calling	"....when I'm driving on the road, and my window is up and I'm seeing something on the outside happening to someone else.... that hurts. That hurts to see and to hear the comments sometimes when somebody is disgruntled about, you know, something, they're like, 'Batty man' or 'Fucking faggot' or some horrible slang

	and slander or some negative criticism in relation to gay or, you know, different people." (Member of LGBTQ+ community)
Negative criticism	....they're [members of LGBTQ+ community] met only with negative criticism and shame and guilt, which in my opinion is a double whammy." (Member of LGBTQ+ community)
Rejection	"It was bothering me, I remember the night that that whole incident happened it had to do a lot with me being drunk and a lot to do with me telling somebody about how I felt about them and them reacting negatively on top of everything...." (Member of LGBTQ+ community) "..... if somebody rejects you, yeah, it's bad if it's a girl and you're a guy, but imagine if a guy, then then the consequence if that guy went and told other people, and then that could bring down your reputation, and do all these things. And it's just a big thing." (Member of LGBTQ+ community) "Will I be accepted? Will I be frowned upon by my peers?...." (Member of LGBTQ+ community) "The family around him [member of LGBTQ+ community] knew of his chosen sexuality, and they were ostracizing him. So he was having so many issues to contend with. It was really messing with his mind cause he didn't have any peace. His uncle would be throwing out his clothes and burning them. So he was so you know, it was very intense. So his health was seriously at risk." (Mental health practitioner) "And they alluded to the things that they've been through in their own lives, whether it be abuse, when they were young, trauma, all of those things that have been going through living on the streets from they were teenagers, and having to fend for themselves, family putting them out, communities not accepting them. A whole bunch of issues Their needs I would say would top the needs in terms of mental health programmes...." (Mental health care provider)
Security or safety concerns	"And then of course, there's the issue of security.... which they [members of LGBTQ+ community] significantly, had significant challenges with because they would have to always be on the alert from both citizens and those who are charged with the responsibility of protection, so law enforcement officers and so on....." (Mental health care provider)
Unjust or unfair treatment	"I am blessed, I don't suffer from a lot of injustices that happen to other treatment fellow Jamaicans in that situation [members of LGBTQ+ community being mistreated]" (Member of LGBTQ+ community) ".... And so you find even now within the community, how they treat people in that community [LGBTQ+ community], there are issues." (Mental health practitioner)

LGBTQ+ language

Among LGBTQ+ and mental health practitioners there was a great degree of similarities in the language used to identify persons in the community. The most frequently referenced terms were gay, homosexual, lesbian, MSM, queer, trans and transgender. Most participants agreed that there are fast paced changes in gender identity and sexual orientation terms, making it sometimes challenging to achieve effective communication related to these matters however, they were comfortable if practitioners openly admitted lack of knowledge and were willing to learn and to ask necessary questions.

Table 6. LGBTQ+ language

CODES	KEY QUOTES
Gay	"I identify as gay." (Member of LGBTQ+ community) "But they'll [mental health practitioners] find a way to come around and make you feel that the reason why all of this [challenging circumstances] is happening in your life is because you're gay, is because you have opened the door to sin." (Member of LGBTQ+ community)
Homosexual	"And they [mental health practitioners] are not supposed to let's say whether you are homosexual or not.... they are not supposed to invade your privacy in that sense." (Member of LGBTQ+ community) "So it's kind of funny, because you do have people who are Christians and who are in the church, who are homosexuals." (Member of LGBTQ+ community)
Lesbian	"I'm a lesbian." (Member of LGBTQ+ community) "I previously identified as lesbian..." (Member of LGBTQ+ community)
MSM	"Well, in the group MSM population, in the support group it's about 20 of them." (Mental health care provider)
Queer	".... and I asked persons in my circle who are also queer to recommend someone." (Member of LGBTQ+ community)
Trans	"Right, and then I kinda happened upon the trans identity." (Member of LGBTQ+ community) "And then like a year after me identifying as trans." (Member of LGBTQ+ community)
Transgender	"And what I find is that there may be a leaning towards transgenderism, but there's something holding that particular person back in expressing especially in our cultural and social setting. Yeah, they prefer even if they would, like they may do that in the underground. But they don't overtly express that. Even if that's their you may nuanced in the interaction, you may observe it, or it may be expressed a particular way that terms of the way and the transformation." (Mental health practitioner)

LGBTQ+ mental health needs

Based on the interviews and focus group discussions, the primary mental health needs identified are (i) difficulty adjusting to life changes after 'coming out'; (ii) anger and self-control issues; (iii) fear and anxiety; (iv) mood issues, particularly depression; (v) relationship issues and (vi) disturbed or delayed gender and sexual development. In terms of gender and sexual development, LGBTQ+ participants felt that their fears of disclosure, cultural non-acceptance and limited information about diversity in gender identity and sexual orientation contribute to delayed or disturbed exploration and self-acceptance, as well as confusion and limited understanding of their gender and sexual orientation-related experiences and development.

Table 7. Mental health needs of LGBTQ+ community

CODES	KEY QUOTES
Adjustment to life change after coming out	"And so when they [members of LGBTQ+ community] come, you know, they they're so used to being liberal and sometimes risqué, and they then have to manage this new change in lifestyle, families that they have to or choose not to break the news to this type of thing. And so, from that standpoint, again, you really can't allow it to blow your mind because it can, so my stance is while human beings you have to manage the circumstances, the life change, you know" (Mental health practitioner)
Anger issues	"And, you know, I've always had, I know I have this anger issue and this like, issue when persons raise their voice or, you know, certain type of things that triggers me, and I don't know why it triggers me, and then I would just kick off." (Member of LGBTQ+ community) "And I mean they [members of LGBTQ+ community] even acknowledge their own tendencies to be violent and to be maladaptive and all of those things." (Mental health care provider)
Anxiety and fear	"…. but then the general public isn't comfortable with that and I have to face that as a reality every day when I go out. It does bring me a great level of anxiety. And I have been diagnosed with anxiety and on medication for it as well, and depression as well. So I've been back in therapy for almost a year. And it's been going pretty well since I changed my therapists." (Member of LGBTQ+ community) "I have suffered from like depression and anxiety." (Member of LGBTQ+ community) "Oh, for me, um, at that time, in my life, I, I felt alone. And I believe that I did want someone to talk to, but then there was nobody to talk to. So, you know, I was fearful, I felt alone." (Member of LGBTQ+ community)
Mood issues	"So if you're [mental health practitioners] seeing somebody with, for depression, I see mostly people with depression, then you if it's ah one of the stressors, or one of the issues that is causing the depression, or precipitating the depression…" (Mental health practitioner) "What I also find out though that they [members of LGBTQ+ community] are, constantly depressed. And this depression is coming from the lifestyle that they are living." (Mental health practitioner) "So it was hard, and I always did struggle with depression since high school because I've always been who I am and know knew who I am. And so I was bullied for that." (Member of LGBTQ+ community)

Gender and sexual development	"Aahh. Well first of all, which I think is very understated, I would bet that every single LGBTQ+ Jamaican has mental health needs as it relates to proper gender and sexual development." (Member of LGBTQ+ community) "We underestimate how critical the gender and sexual experience is to a human being, and in Jamaica, anyone from this community [LGBTQ+ community] not only doesn't have a chance to mentally and physically learn about their bodies and desires and gender and sexuality...." (Member of LGBTQ+ community) "I'm very into psychology and evolutionary biology and things like that, so I've been using my gender and sexuality experiences to try to find some truth. And when I identified as lesbian, it had its own set of challenges, but I never felt like I fit neatly into that category. Because while I was technically a female that liked female, I still didn't identify with this, largely because there was just no information." (Member of LGBTQ+ community) ".... but I got married and everything from I was in my early 20s I didn't love the love the person I loved that I wasn't in love with then that I realised that I wasn't comfortable with intercourse. But I didn't understand why. It wasn't until after we got divorced. And even after that I started really getting into my feelings and started realising that I'm having these feelings there and after that I realised that I started having a certain energy and attracting. And then after that, I realised that I'm having deep feelings for the same sex. But you see, I didn't have the chance to go through any of that, when I was younger, I didn't have the chance to, you know, go either. I could never, I could, I just could never right, but I didn't touch onto that part until, you know, basically, I would say, like, when I was maybe 29, 30. And at that time, it was terrible." (Member of LGBTQ+ community)
Relationship issues and conflict	"Yes, they [members of LGBTQ+ community] are but most when they come most of the issues are relationship wise.... Poor communication and you know, the whole getting together, but it's mostly relationship and conflict within those relationships." (Mental health practitioner) "Yes, um, I agree with what J said, as it relates to the conflicts that come up, because the relationship things tend to reflect what we normally deal with binge eating, the am I going to tell my parents how I feel, am I yes or no...." (Mental health practitioner) "So, you know, I started to say, you know, just talking naturally, but then there was no way I could have, you know, overlooked what was happening. When I said to the student, you know, what's happening? And it was relationship wise, and it was not a person his age, it was someone who was much older. That's the thing that we are finding now, but he became depressed because he could not live the lifestyle he wanted to leave because he was still under the care of his guardian, it wasn't parents, but guardian. So that really, really had him for days...." (Mental health practitioner)

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Self-harm and suicide attempts	"Right and ahm for example, I have two 17, 17-year-olds [LGBTQ+ clients], and what I realise is this. I remember one day, when the when the student came to me, I realised a lotta you know, abrasions, self-inflicted, from the from right down at the wrist way up on the student's hand...." (Mental health practitioner) "And then the second time when I started therapy, was last year. And this is a hard personal story, but it was after I tried committing suicide. But it was mainly because of the social dysphoria that I was going through at the time." (Member of the LGBTQ+ community)
Shame and guilt	".... they're [members of LGBTQ+ community] met only with negative criticism and shame and guilt. Which in my opinion is a double whammy." (Member of the LGBTQ+ community) "And then, at the end of the day, society made me feel ashamed." (Member of LGBTQ+ community)
Trauma	"..... you know what I tell them [members of LGBTQ+ community] because they, a lot of times the MSM and transgender they have had a rough time. They've had a rough time and it's just nice to say, you know, I love you and I care about you. And that was amazing. Amazing to what they have been through.....It makes no sense, makes no sense. A lot of trauma, it makes no sense that we could treat a person like that." (Mental health care provider) "And they [members of LGBTQ+ community] alluded to the things that they've been through in their own lives, whether it be abuse, when they were young, trauma, all of those things that have been going through living on the streets from they were teenagers, and having to fend for themselves, family putting them out, communities not accepting them. A whole bunch of issues Their needs I would say would top the in terms of mental health programmes and so on, that would be significantly more intense...." (Mental health care provider)

Mental health treatment

Participants agreed that mental health treatment should be individualized, that is tailored to each individual and their specific needs given the diversity in LGBTQ+ experiences and challenges and should offer unconditional positive regard to clients. Some mental health practitioners noted that offering care to the LGBTQ+ community in Jamaica requires social support services and advocacy given the widespread non-acceptance and discrimination in Jamaica. Participants deemed it important to offer social support, in the forms of both supportive services and support groups, and safe spaces for the community to share openly and seek care. Family education and counselling were also identified by some LGBTQ+ participants as an important component of treatment. Some LGBTQ+ participants believe that practitioners who use alternative forms of therapy - such as yoga, meditation, drumming and chanting, and massage therapy- tend to not only be Some LGBTQ+ participants believe that practitioners who use alternative forms of therapy tend to not only be more informed and accepting of LGBTQ+ clients, but more effective in meeting their mental health needs.

Table 8. Mental health treatment

CODES	KEY QUOTES
Advocacy	"….. But then that's where as a counsellor, you have to stand up for the whole ethical consideration about everybody. And then now you have to really sit down with administration, because that's what I do. And I will see them [members of administration in organizations] and, and when you have expressed and you have really communicate with them, you have found a different behaviour….. But upfront they will have, especially if you have men in administration who are really macho, and you know, they would really and truly want to the first thing is to let go let go that student, but then you have to just stand up and say no, I have been doing that several, several on several occasions, until they understand exactly where I am at." (Mental health practitioner)
Alternative or non- traditional treatment	"I would never go to a traditional psychologist or a psycho, or psychiatrist and actually prove alternative counselling methods that are not steeped in Western psychiatry….Yeah, so I, yeah, I've been practising yoga for a couple of years. As well as I work with a Etha priestess…. Well she also utilises different therapy strategies such as drumming, chanting, we do sound healing. I've used Reiki and massage therapy as well." (Member of LGBTQ+ community) "So first of all, they're [practitioners who offer alternative therapies] also queer, which makes the space a lot easier. You don't feel like you have to filter anything or maybe three sessions in then I can say that. So it's off the bat. This is what is happening. But I do find even persons are not queer who do alternative therapy such as dance therapy and art therapy are a lot more open and are a lot more informed about what's happening with the queer community." (Member of LGBTQ+ community) "I think it's because of the form of therapy that they [mental health practitioners] utilise. Traditionals use, predominantly talk therapy, and we have to then have the client explore in their own words, or another art form outside of just in questions waiting for a response, cause if we gonna be 100% real, me ah come in dere, me waan yuh [mental health practitioner] help, but mi nuh eena the back and forth something in here, I don't want you to unearth all of my problems one time, but other things that distract you and you know, involve your body physically and emotionally without you just talking, I think helps persons feel a bit more comfortable." (Member of LGBTQ+ community)
Disclosure and sharing	"So the idea is to talk about it, and to get them [LGBTQ+ clients] to the point where they are comfortable with their sexual orientation and then move from there." (Mental health practitioner)
Family education and counselling	"…. her [member of LGBTQ+ community] family to train to educate them how to handle her, how to take away the stigma of mental health…" (Mental health practitioner)

Providing a safe space	"And anyway, point of the matter I hope the foundation can bring some sort of acceptance, some sort of ability for people to access, oh, one of the biggest things, security in terms of somewhere that is safe to speak." (Member of LGBTQ+ community)
Individualized approach to treatment	"…. how could we enhance? I mean, unless we tailor, I mean, here's my answer to this. We [mental health practitioners] deal with clients based on their specific needs. …. because everybody comes with a unique need when they have a substance abuse issue and so the programme is tailored to treat their needs, because you may be a member of the LGBT community, and you're functioning quite fine but your issue is just that you have an issue with your family or you have an issue with your spouse…. So it's much more individualised in that way…. And you're more effective that way because a blanket approach does not address issues." (Mental health care provider)
Support groups and supportive services	"And we have these males[members of homeless LGBTQ+ community], [inaudible] we have, what we do is, we try to support them in any way we can. So, basically, we have a support group that meets twice a month….And in the support group, they cover everything you can think of ….. Everything you can think of they cover. From let me help you write this resume, right, practice mock interview….hygiene, partner relationships. Anything, anything you can think of." (Mental health care provider)
Two-way learning	"Yes, I just wanted to note and this is just my, my personal opinion, but I think sometimes we [members of LGBTQ+ community] have to be a little bit careful when we speak a lot about terms, because for me, I think it's important that we meet each other halfway. So we don't put too much pressure on the therapist, because I'm going to be honest, there are a lot of terms, and it takes a while to get used to them, I get confused a lot of times, and I don't know, I'm going to be honest, half of them. But there's nothing wrong whatsoever with not knowing and if it's a situation where, where, let's say you're seeing somebody and she doesn't know there's nothing wrong with telling her or him and, and educating them about it and now that they know, they will start dealing with you accordingly, as they would anybody else is just like you coming in and telling them about let's say another issue that you have, and well then they start treating you accordingly. A lot of time we get wrapped up in terms and they're like, she didn't even know about that she didn't even think about that he didn't even know about that. And I'm like, I think that's, you know, one of our biggest issues because somebody can know theory and know all of the the be educated in lots of but at the same time, they're not able to be empathetic or not able to treat, you're not able to receive what you're saying are not able to be compassionate …. while you have somebody who is just who is fit for you, but because they didn't know the term, you didn't give them the opportunity to be there. So it's like, it's important for them to know that terms however, I think, as I said before, again, halfway, like give a little leeway right there." (Member of LGBTQ+ community)

	"... I remember recently.... [LGBTQ+-focused organization] we hosted a speaker's forum and we had a mental health practitioner on the panel and that's the same thing she said, I think majority mental health practitioners are trained to treat heterosexual individuals. When she has clients who are from the LGBT community, she normally starts her teaching me somewhat like a clean slate. Yes, she allows them to teach her....we understand that we'd want them to be knowledgeable. But sometimes we should kind of allow them that space, and we should also be able to learn to teach them." (Member of LGBTQ+ community)
Unconditional positive regard	"And as you all know, you know, we [mental health practitioners] have to deal with them with unconditional positive regard, whatever issues they come with.... I think I was prepared somewhat however, I do a lot ah reading and because I, you know, you have to use a eclectic approach, but my thing because I love the humanistic approach, Rogerian therapy, because he sees everybody as capable and, you know, and everybody who, who can reach their optimum and, and live their lifestyle in such a way that you know, it, you don't judge them." (Mental health practitioner) ".... the basic stance is that you [mental health practitioner] don't discriminate..." (Mental health practitioner) "There may be, but I don't take it like that. I kind of take it like, you know, we're all people. We all have our preferences. This is somebody's child. And I want them to let them [LGBTQ+ clients] leave from me feeling better than they did when they came. So I don't I don't look at it like this is a transgender person. I look at it like this is a person." (Mental health care provider)

SECTION 3

LIMITATIONS, CONCLUSIONS & RECOMMENDATIONS, REFERENCES + APPENDIX 1

25 LIMITATIONS, CONCLUSIONS & RECOMMENDATIONS, REFERENCES + APPENDIX 1

LIMITATIONS

It is important to note that in any study, limitations do exist.

For this particular study, there was some level of passive resistance to dealing with such a difficult subject for our population and the response from health care facilities, government agencies and community organizers was not as resoundingly helpful and some blatantly indicated they did not want to participate in such a study. Although this may have appeared to minimize the generalizability of the findings, these responses were incorporated into the qualitative results.

Secondly, a wider cross-section of health practitioners would have been ideal, although the power of the survey was not compromised.

Thirdly, the focus group discussions were not as well attended as anticipated however, the quantitative and qualitative data highly corroborated each other and the results are deemed as valid and reliable.

CONCLUSIONS AND RECOMMENDATIONS

The data is irrevocably clear on the issues that the LGBTQ+ community is facing with regards to mental health. In both quantitative and qualitative findings, similar issues abound. Significant levels of mental health issues amongst the population: limited access to affordable and non- discriminatory mental health care, cost of mental health care, avoidance of mental health care due to fear of discrimination. Health practitioners felt that they lacked training in dealing with the community but moreso the transgender community. Generally they felt that Equality for All Foundation could be very helpful in advocating for the following recommendations geared towards improving the mental health care system for the community:

Table 8.0 Recommendations

CODES	KEY QUOTES
Available listing of appropriate	"…. but I don't think it's very public knowledge as it relates to counsellors or therapists who are actually LGBT tolerant or friendly or accepting so I guess having a resource like that, or at least have individuals who are willing willing to accept persons of well, queer individuals, then that would be good as well. Because it's always a question from my own personal experience. I, there was a counselling section where counselling programme that was offered through my organisation, and well, the, the, my employer paid for it about about four sessions and I opted to take it. But I could only choose from the about three therapists or counsellors they had. And it was very difficult to select, because I didn't know if they would be open…." (Member of LGBTQ+ community) "…. and also having the information where as we [members of LGBTQ+ community] know, who we can go to…." (Member of LGBTQ+ community) "Can I also suggest maybe a list of practitioners…. who are open, that can be circulated who are less discriminatory in terms of…. all of these things. So, if we have a list of practitioners, because that would be something that would help me…. I mean, I've had to do counselling with married males….. And so when I have married males, and one cheating, and you know, you want to do a medical screen, I kind of have to go, Okay, I really have to think about…. who do I, who do I?….and where?….. (Mental health practitioner)

LIMITATIONS, CONCLUSIONS & RECOMMENDATIONS, REFERENCES + APPENDIX 1

	"…. So, if there was a list, it's not that anybody would just go and just choose anybody from the list, but at least there would be options. And that people can ask around, hey, do you know this person? Do you know that? And at least it's somebody they can go off of." (Member of LGBTQ+ community)
Feedback loop regarding available	"Yeah, I was also gonna add that part I, I mean, how will it be managed, because, you know, we can generate a list, but then if somebody has a bad experience, is there an opportunity to report that …. so that hat we can manage the list." (Member of LGBTQ+ community) "Yeah, I think TransLive has a list of persons that you get counselling…. So, it would be good if there was a wider resource list that we [members of LGBTQ+ community] could use, and possibly maybe a rating scale for persons so that could be one of the ways that we track to see what their experiences were like and maybe for the therapist to say, you know, what kind of therapy form they predominantly use." (Member of LGBTQ+ community)
Identifying practitioners who are part of LGBTQ+ community	"So, the idea is to talk about it, and to get them [LGBTQ+ community] to the point where they are comfortable with their sexual orientation and then move from there." (Mental health practitioner)
Increased LGBTQ+ conversation among practitioners	"Not sure if I can so much in terms of the general views [views of mental health practitioners] though because it's not much of a conversation." (Mental health practitioner) "No, well there hasn't been any specific conversation [among mental health practitioners] recently. Time to time it might come up… I think I think it would be helpful, because it's not something it's an area that needs to be dealt with, because you're gonna find issues that gonna come up in your day-to-day practice with sexual orientation…. Well, you see it's not a, we haven't discussed it at length, right. And I agree with you, that it's something that should be brought up and should be discussed. It's an issue that needs to be discussed, but there hasn't since I've been President, there hasn't been any forum that we have focused on that, because one of the reasons is not really a discrimination but there's so many other issues that you have to deal with on a day-to-day basis, that it hasn't been at the forefront…. LGBTs really take back burner. (Mental health practitioner) "Conversations need to be happening." (Mental health practitioner)
LGBTQ+ modules in university training programmes	"But in the training at the university, I think two issues, two areas that needs to be dealt with is the sexual orientation and the emotional intelligence. Those are the two areas that I think are lacking in the training there…. And most of the people that come to JPA are graduates of the University. So, if it's tackled there, and the training is done there, then you will have it." (Mental health practitioner) "…. going through studying, there wasn't necessarily a module that was dedicated perse to how you treat…. the LGBTQ…." (Mental health practitioner)

LIMITATIONS, CONCLUSIONS & RECOMMENDATIONS, REFERENCES + APPENDIX 1

Need for more LGBTQ+ specific policy and programmes	"When you say a specific approach, there is no specific policy or documentation... in terms of us [LGBTQ+ focused organizations] having a particular policy or particular, what we do, not a policy, but we have programmes that satisfy their [members of LGBTQ+ community] needs that they have." (Mental health care provider)
Specialized training needed for practitioners	"However, my concern is that we [mental health practitioners] can also incorrectly manage them if we're not very.... comfortable or aware or treat them in the appropriate way. So therein lies another aspect that we can go ahead but if we're not able to manage correctly, so .... if we have whether personal biases or so, that is not portrayed in the initial interaction that can go even in another wrong way. So, in that we can also get more informed and trained. It's, it's unavoidable that we will have patients who are in, in, in this community, community, but I think just like you, you may have specialists, and you want to be waddling in an area that you may not be so well-trained in." (Mental health practitioner) "And it's an evolving situation also, because we don't the trans sex, and the various, we [mental health practitioners] haven't dealt with that.... it's an evolving issue, right, so. And so, it's something that I think that it would be good to have some.... specialist sessions on." (Mental health practitioner) "But I don't think I was prepared. 100% However, because I have seen the need there and where I'm going, I had to prepare myself in terms of reading, ask others, network and so on. So right now, I, I think I am handling it, you know, the best I know how." (Mental health practitioner) "They [mental health practitioners] need to be sensitized and retrained as well, but from a medical perspective as well.... I mean you can't change a human being, but you can change how they do their job." (Member of LGBTQ+ community) "We [mental health practitioners] do not have a particular programme or approach our policy that says this is for LGBT. So perhaps, perhaps, you know, actually, there, there may be need for us to be more enfais with more recent methodologies or more current more current treatment approaches or prevention approaches, perhaps that would be something that we could improve...." (Mental health care provider)
Public diversity and LGBTQ+ awareness programmes	"But I think public acknowledgement of people being different, and that that's okay, is what will help or is a big issue facing me, as a member of this community, I think just awareness and less ignorance." (Member of LGBTQ+ community) "...different things that are out of the box, you know, if you will, um, so we do need, like, general diversity training, you know, in the different arenas, and, and so on would be good, even just basic, you know, basic kind of introduction and training to the to the community." (Mental health practitioner)

LIMITATIONS, CONCLUSIONS & RECOMMENDATIONS, REFERENCES + APPENDIX 1

	"…. how to take away the stigma of mental health, how to take away this stigma of being a member of the LGBTQ community, that is what this foundation can help with, it's to remove that stigma to remove that block, that God hates you and your family hates you, and you're abom abomination. And that, you know, you can't go and talk about this in public because people are gonna shun you, and they probably think you have a disease or you're dirty, or you're gonna catch it. It's so weird that in this time that people still think that way. And people who are supposed to have sense, still think this way…." (Member of LGBTQ+ community)
Standardizing inclusion of identity and orientation on intake forms	"You never assume you can't assume these days. Always ask the question. That's where I come from. You never assume at the intake in the when they're doing the demographic form you it's a good time to ask the question, What is your sexual orientation? You tell them you can't know unless they tell you and then take it from there." (Mental health practitioner)
Strengthening of university mental health systems	"I mean, this is a half-baked thought. But I think one group of people that we shouldn't forget is students, especially like in the universities, as we were talking about before, with like the self- identification process. I think a lot of students are like University age at that time, and the university mental health system is not great. So in like trying to, you know, formulate a list, I feel like we should like maybe make a special effort to figure out who in the university system is probably the best contact point for students. Because I think a lot of people don't access proper care until after they are you know, working and they can pay for this by themselves simply because the system there is not set up properly to handle it if you ask me, I mean, not, not even for regular students, let alone students in the community." (Member of LGBTQ+ community)

REFERENCES

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Human Rights Watch (2014). Not Safe at Home: Violence and Discrimination against LGBT People in Jamaica.; 2014.

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** - Kai A. D. Morgan and Associates also provides services such as workshops, training, and consultancies.*

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Location: 120 Old Hope Road, Sts. Peter and Paul Church Compound
Services Provided: Individual, Family, Group and Couples Therapy, Assessments for children up to university-aged young adults
Areas of Focus: Cognitive-Behavioural Therapy and Psychodynamic Therapy
Costs: Consultation - $7000 | Therapy - $6000 per session.
Discounts Provided: Pro bono, payment plans and discounts on a case-by-case basis.

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Areas of Focus: Depression, Anxiety, Trauma
Costs: Consultation - $7000 | Therapy - $6000 per session.
Discounts Provided: Pro bono, payment plans and discounts on a case-by-case basis.

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Areas of Focus: Cognitive-Behavioural Therapy, Acceptance and Commitment Therapy
Costs: $8,000 per session
Discounts Provided: Pro bono, payment plans and discounts on a case-by-case basis.

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Services Provided: Psychotherapy, Assessments, ADHD Coaching, Presentations, Workshops
Areas of Focus: ADHD
Costs: $8,000 per session
Discounts Provided: Pro bono, payment plans and discounts on a case-by-case basis.

• CENTER FOR HIV AND AIDS RESEARCH AND EDUCATION SERVICES

JUSTINE EAST-CAMPBELL (ASSOCIATE PSYCHOLOGIST)

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Contact number: 876-977-6921
Location: University Hospital of the West Indies
Services Provided: Individual Therapy for persons with HIV
Areas of Focus: Cognitive-Behavioural Therapy
Costs: Free

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Costs: Free

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Areas of Focus: Systemic Therapy, Cognitive-Behavioural Therapy, Mindfulness
Costs: First session - $9,500 | Individual session - $7,500 | Parent and Child Session - $10,000 | Family sessions (3-5 people) - $16,000
Discounts Provided: Packaged sessions available.

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Areas of Focus: Systemic Therapy, Cognitive-Behavioural Therapy, Mindfulness, Psychodynamic, Relational and Dialetical Behavioural Therapies
Costs: Introductory session - $7,500 | Individual Therapy $6,500

• TEA HOUSE THERAPY

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Services Provided: Individual therapy for adults, couples therapy,pre-marital counselling, family therapy, Grief Counselling for individuals and groups
Areas of Focus: Gottman Method of Couples and Family Therapy, Acceptance and Commitment Therapy
Costs: $8,000 per session
Discounts Provided: Pro bono, payment plans and discounts on a case-by-case basis.

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Discounts Provided: Pro bono, payment plans and discounts on a case-by-case basis.

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Costs: $10,000 per session
Discounts Provided: Pro bono, payment plans and discounts on a case-by-case basis.

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Areas of Focus: Cognitive-Behavioural Therapy, Solution-Focused Therapy, Transactional Analysis
Costs: $8,000 per session
Discounts Provided: Does discounts for referrals from education and health ministries, and for civil servants and children.

VEROL BILLETT (ASSOCIATE PSYCHOLOGIST)

Licensure Status: Licensed
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Services Provided: Individual, Family, Group and Couples Therapy
Areas of Focus: Cognitive Behavioural Therapy and Psychodynamic Therapy
Costs: $7,500 per session
Discounts Provided: Discounts, payment plans, pro bono are all done on a case by case basis.

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Services Provided: Assessment, Intervention, Individual, Group, Family and Couples Therapy
Areas of Focus: Cognitive Behavioural Therapy
Costs: Initial Consultation - $7,800 | Cost per session - $8,000
Discounts Provided: Assessments - does 50% discounts, requires 50% deposit before doing assessments. Pro-Bono work and discounts for therapy done on a case-by-case basis.

GEORGIA ROSE (ASSOCIATE PSYCHOLOGIST)

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Areas of Focus: Eclecticism
Costs: $10,000 for adults | $8,000 for children

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Services Provided: Individual therapy
Costs: $5,000 per session
Discounts Provided: Discounts and probono provided on a case-by-case basis.

DR. PEARNEL BELL (CLINICAL PSYCHOLOGIST)

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Areas of Focus: Cognitive-Behavioural Therapy, Dialectical Behavioural Therapy, Play Therapy
Costs: $10,000 for Individual Sessions | $60,000 - $100,000 for Assessments
Discounts Provided: Discounts and pro-bono work done on a case-by-case basis.

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Services Provided: Psychotherapy, Surveying psychological and cognitive abilities for improved performance, Developing psychological skills training regimes,Controlling performance anxiety and stress, Motivation
Areas of Focus: Cognitive Behavioural Therapy
Costs: $10,000 per session
Discounts Provided: Sliding fee scale, discounts and pro-bono on a case-by-case basis.

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Services Provided: Art therapy - with children, adolescents, adults, groups, families, persons with disabilities.
Area of Focus: Grief, trauma, conflict concerns, depression, anxiety, stress, behavioural concerns,
Costs: Individual sessions and assessments - $6,000 | Dyads - $7,500 | A family of 3 - $8,000 | Each additional person - 1000 | Group - $3,500 per person.
Discounts Provided: Discounts, pro-bono and payment plans on a case-by-case basis.

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Location: Liguanea Pro Medical Centre, 129 Old Hope Road
Services Provided: Care of women in menopause, well woman visit (general annual check up), pap smears, contraception advice, STI treatment, pregnancy care, delivery services, treatment of fibroids.
Costs: $6,000 for a visit. accepts debit card, credit card and health card

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Areas of Focus: Diabetes, Hypertension
Costs: Persons without insurance - $2,500 per visit (cash only) | $3,500 with insurance
-----
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Email Address: drbetton@outlook.com
Location: Works Tuesdays from 12-6pm and Thursdays 4-6pm Mannings Hill Medical, 34 Mannings Hill Road
Services Provided: Blood Pressure Checks, Blood Glucose Screening, Rapid HIV Testing, Physical Examinations, Pap Smears
Areas of Focus: Diabetes, Hypertension
Costs: $4,000 per visit and takes all forms of payment

Contact number: 876-339-4071
Social Media: healthplusassociates | drmalabetton (**IG**)
Email Address: drbetton@outlook.com
Location: Works Wednesdays, Fridays, and Saturdays 3-6pm, Thursdays 7am-4pm at Health Plus Associates, Boulevard Supercentre, Pembrooke Hall
Services Provided: Blood Pressure Checks, Blood Glucose Screening, Rapid HIV Testing, Physical Examinations, Pap Smears
Areas of Focus: Diabetes, Hypertension
Costs: $4,000 per visit and takes all forms of payment

DR. STEPHANIE WILLIAMS**(PSYCHIATRIST)

Licensure Status: Licensed
Contact number: 876-906-4546 or 876-929-8512 or 876-929-3486
Email Address: sjwpsych@gmail.com
Location: Winchester Surgical and Medical Institute - 3A Winchester Road
Services Provided: Assessment, Diagnosis, Pharmacological Treatments and Medication Review, Basic Psychotherapy
Areas of Focus: Mood Disorders, Psychotic Disorders, Anxiety Disorders, ADHD
Costs: First visit - $8,000 | Follow up visits - $6,000 per visit | Takes all forms of payment and health insurance. Does discounts on a case-by-case basis.

DR. NYAMEKYE RICHARDS (PSYCHIATRIST)

Licensure Status: Licensed
Contact number: 876-970-0017
Social Media: psychiatrynyame (**IG**)
Email Address: nyamekye.richards@uwimona.edu.jm
Location: University Health Service at the University of the West Indies, Mona Campus
Services Provided: Evaluation and Treatment of Diseases of the Mind. Pharmacological Treatment and Mental Health Coaching. Strictly sees UWI Mona Campus students and staff.
Areas of Focus: College psychiatry, Reproductive Health Matters in Psychiatry, Holistic Psychiatry
Costs: UWI Mona Campus Staff and Students pay with their health insurance.

DR. RACHEL CHUNG (PSYCHIATRIST)

Licensure Status: Licensed
Contact number: 876-926-1444
Social Media: dr.rachelchung (**IG**)
Email Address: drrachelochung@gmail.com
Location: Oxford Medical Centre, 22H Old Hope Rd, Kingston 5
Services Provided: Pharmacotherapy and Psychotherapy with adolescents and adults
Areas of Focus: All psychiatric disorders
Costs: New patients - $9,000 for the session | Follow ups - $7,000 per session | Takes all forms of payment and health insurance.

PSYCHIATRISTS AND OTHER MEDICAL DOCTORS

DR. RACHEL CHUNG (PSYCHIATRIST)

Licensure Status: Licensed
Contact number: 876-946-3797
Social Media: dr.rachelchung (**IG**)
Email Address: drrachelochung@gmail.com
Location: Diamed Health, Unit #7, 7-9 Ardenne Road
Services Provided: Pharmacotherapy and Psychotherapy with adolescents and adults
Areas of Focus: All psychiatric disorders
Costs: New patients - $9,000 for the session | Follow ups - $7,000 per session | Takes all forms of payment and health insurance.

DR. SAMANTHA C. JOHNSON

Contact number: 876-456-9689 (**WhatsApp, for appointments**)
Social Media: thelaymansdr (**IG**) **|** The Layman's Doctor (**Facebook**) **|** thelaymansdr (**Twitter**)
Email Address: hello@thelaymansdoctor.com
Location: Mobile serving: Kingston, Spanish Town and Portmore. Other areas may be available upon request
Costs: General cost: $10, 000 **|** Wellness Check - $12,000

DR. CHRIS MAHFOOD

Contact number: 876-880-0396
Email Address: dr.chris.mahfood@gmail.com
Location: Suite #3, 1 Ardenne Road, Kingston

*** - Dr. Stephanie Williams also works at Princess Margaret Hospital in Lyssons, St. Thomas, on Tuesdays.*

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