

**“It’s better to have support”: Understanding wellbeing and support needs of gender
and sexuality diverse migrants in Australia**



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Table of Contents

List of Figures	v
List of Tables	vi
Abstract	vii
Declaration	viii
Contribution Statement	ix
Acknowledgements	x
CHAPTER ONE: INTRODUCTION.....	1
1.1 Overview.....	1
1.2 Terminology.....	2
1.2.2 Migrants	3
1.2.3 Gender and sexuality.....	3
1.3 Theoretical background	4
1.3.1 Theories of wellbeing as they relate to GSD migrants	5
1.3.2 A socioecological approach to explore impacts to wellbeing and uptake of services.....	5
1.4 Impacts to wellbeing for GSD migrants	7
1.4.1 Pre-migration impacts for GSD people.....	7
1.4.2 Post-migration and settlement impacts for GSD migrants	7
1.5 Service provision: Barriers and facilitators.....	8
1.5.1 Barriers and facilitators in accessing support for wellbeing	9

1.6 The current study	10
CHAPTER TWO: METHOD.....	11
2.1 Participants.....	11
2.2 Procedure	14
2.3 Analysis.....	16
CHAPTER THREE: RESULTS	18
3.1 Overview.....	18
3.2 Understandings of and impacts on wellbeing	20
3.2.1 Identity intertwines with general factors to influence understandings of wellbeing.....	20
3.2.2 Migration experiences impact wellbeing: Migration as a process and identity as a migrant both influence wellbeing.....	22
3.2.3 Perceived attitudes toward gender and sexuality in Australia contribute to choosing Australia as a migration destination	24
3.2.4 External laws, beliefs and understandings toward gender and sexuality impact wellbeing.....	26
3.2.5 Social connections and relationships are important to wellbeing	28
3.3 Barriers and facilitators to accessing support	31
3.3.1 Down the “rabbit hole”: Challenges in finding support soon after arrival	31
3.3.2 Uptake of support is facilitated by inclusive services, but challenged by lack of services’ awareness	33

3.3.3 Eligibility and location of residence as determined by visa type, create barriers to support	35
3.3.4 “She’s not aware, really”: The importance of service providers’ identities in facilitating access to support.....	36
CHAPTER FOUR: DISCUSSION.....	39
4.1 Overview.....	39
4.2 Gender and sexuality diverse migrants’ <i>understandings</i> of wellbeing.....	39
4.3 <i>Impacts</i> to wellbeing for GSD migrants	40
4.4 Barriers and facilitators to support.....	44
4.5 Strengths and Limitations	47
4.6 Implications and Future Research.....	48
4.7 Conclusions.....	49
References.....	51
Appendix A: Participant Information Sheet	62
Appendix B: Participant Consent Form.....	65
Appendix C: Participant Support Information.....	66
Appendix D: Interview Schedule.....	68

List of Figures

Figure 1. *Bronfenbrenner's (1981) socioecological model as applied to gender and sexuality diverse migrants*.....6

Figure 2. *Thematic map illustrating the relationships between research aims and themes*...19

List of Tables

Table 1. *Demographic information of gender and sexuality diverse migrant participants*.....12

Abstract

Australia is considered a diverse community, home to many migrants from across the globe. Within this migrant population, are a relatively overlooked and under-researched group – people who are gender or sexuality diverse. Research has shown that people with migrant backgrounds often have poorer wellbeing than the general population. The same is often true of people who are gender and sexuality diverse. However, there remains little information concerning the wellbeing needs and the barriers and facilitators to support for this group, particularly in the Australian context. The current study aimed to fill these gaps through understanding gender and sexuality diverse migrant perceptions of wellbeing, migration-related factors which affect wellbeing, and the barriers and facilitators to accessing support in Australia. Semi-structured interviews were conducted with 15 gender and sexuality diverse migrants from Bangladesh, Brazil, Central Europe, Iran, Malaysia, Pakistan and the Philippines. Results were analysed through thematic analysis and findings were discussed using Bronfenbrenner's (1981) socioecological model (SEM). Themes highlighted how the various factors affecting wellbeing at different levels of the SEM, intertwine to impact overall wellbeing, how gender, sexuality and migration-related experiences shape wellbeing and the importance of social connections to wellbeing. Participants also discussed the barriers and facilitators to finding information for support, accessing inclusive services, accessing services eligible to them, and access to providers whose identities mirrored participants' own identities. Findings from this study will assist with the improvement of current services and guide the implementation of new services which seek to directly support this group of people.

Keywords: gender and sexuality diversity, migration, wellbeing, service provision, support

Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma in any University, and, to the best of my knowledge, this thesis contains no material previously published except where due reference is made. I give permission for the digital version of this thesis to be made available on the web, via the University of Adelaide's digital thesis repository, the Library Search and through web search engines, unless permission has been granted by the School to restrict access for a period of time.



September 2020

Contribution Statement

In conducting this study, I worked with my primary supervisor (XXX) and co-supervisor (YYY) to apply for ethics approval and to write the interview schedule. XXX and I established research questions and aims to guide the current study. I carried out a search of the literature, was responsible for participant recruitment and advertisement and was shadowed by XXX for the first two interviews conducted. XXX provided funding for participant reimbursement. In analysing the data, I worked with XXX to identify, establish and cross-check themes. Given the research methodology used within this study, it is standard practice for other researchers to cross-check analysis. I wrote all sections of the thesis such as the Introduction, Method, Results and Discussion.

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CHAPTER ONE: INTRODUCTION

1.1 Overview

Over the past decade, approximately 160,000 to 190,000 permanent migrants have annually settled in Australia under the Government's Migration Program (Department of Home Affairs, 2019; Parliament of Australia, 2017). A further one and a half to two million migrants in any given year held temporary entrant visas between 2011 to 2020 – often as either students or for temporary work entitlements (Department of Home Affairs, 2020a; Parliament of Australia, 2017). Among this diverse migrant group, many experience difficulties adjusting to the country in which they are now living – even temporarily. These difficulties include mental health challenges, pressure to adapt to a new culture, and structural barriers in accessing services such as healthcare (Day, 2016; Lee, 2019; Mejia-Canales, & Leonard, 2016).

Within this migrant population is a relatively overlooked and under-researched group – people who are gender and/or sexuality diverse (GSD), including those who are lesbian, gay, bisexual, transgender and queer (LGBTQ+). Previous research indicates migrants typically have poorer wellbeing and face a range of challenges in accessing appropriate support services (Brijnath, Antoniades, & Temple, 2020; Bustamante, Cerqueira, Leclerc, & Brietzke, 2018; Dow, 2011). The same is generally true of people who are GSD (Bowman, Nic Giolla Easpaig, & Fox, 2020; Russell, & Fish, 2016). In the latest available statistics from the 2014 General Social Survey, non-heterosexual Australian adults were reported to be twice as likely to experience mental ill health compared to heterosexual adults (Australian Bureau of Statistics, 2015; Bowman et al., 2020). Moreover, decisions to migrate may come as a result of persecution or criminalisation based on gender and sexuality in migrants' countries of origin. Upon arrival in new countries such as Australia, GSD migrants may be further marginalised as they experience “intersecting stigma” and discrimination linked to

their gender, sexuality and cultural background (Logie, Lacombe-Duncan, Lee-Foon, Ryan, & Ramsay, 2016, p. 2). However, there remains little information concerning wellbeing and access to supports for gender and sexuality diverse migrants, particularly in an Australian context (Wilson, & Shalley, 2018; Mejia-Canales, & Leonard, 2016). In light of these gaps, this thesis aimed to: (1) gain insight into perceptions and understandings concerning wellbeing for GSD migrants, (2) understand the migration related factors which affect GSD migrant wellbeing, and (3) gain insight into the barriers and facilitators experienced by GSD migrants in accessing support for wellbeing.

1.2 Terminology

Wellbeing is regularly cited as a priority within government policy but has varying definitions in both scientific and lay literature (Burns, 2015; World Health Organization, 2020). The World Health Organisation (WHO) considers wellbeing as, “a state...in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2020). When referring to wellbeing, this study will use this definition. It is important to note that wellbeing is a broad concept and encompasses aspects such as mental, social and physical health (WHO, 2018).

When the terms ‘support service’, ‘services’ or ‘support’ are used in the current study, they refer broadly to governmental and nongovernmental organisations (NGOs) which employ service providers to promote wellbeing (WHO, 2018). The term ‘service provider’ refers to psychologists, counsellors, general practitioners (GPs), social and youth workers, nurses, or workers trained in supporting GSD or migrant populations (Noto, Leonard, & Mitchell, 2014).

Overall, the terms ‘wellbeing’, ‘support services’ and ‘service provider’ were kept deliberately broad in interviews to allow participants in the current study the opportunity to orient their responses to their understandings and experiences.

1.2.2 Migrants

A migrant is defined as, “...any person who has voluntarily left the country of his [sic] permanent residence with the intent to stay in another country for purposes other than tourism” (Polushkin, 2018, p. 156). Drivers of migration to Australia include reasons of work, education or family (Department of Home Affairs, 2020a). The Australian Government offer a range of visas for those wishing to study, work or live in Australia, including studying and training visas, family and partner visas, working and skilled visas and other visas (Department of Home Affairs, 2020b).

In the current study, the population of focus were recently arrived migrants (defined as people who have arrived within the past 10 years). In particular, this study’s main interest was with culturally and linguistically diverse (CALD) migrants. CALD refers to migrants with a cultural background, ethnicity or language that broadly differs from the majority in Australia (Dune, Caputi, & Walker, 2018).

1.2.3 Gender and sexuality

The current study uses the term, ‘GSD’ when referring to, “people who do not conform to normative constructions of gender and sexuality” (Dune, Ullman, Ferfolja, Hanckel, & Garga, 2018, p. 7). This includes people who are LGBTQ+. There is no universal consensus on which acronym to use, with LGBT and LGBTQIA+ also common (Braquet, 2019). The addition symbol (+) acknowledges all non-binary gender identities, sexes and sexualities such as questioning, intersex, pansexual, two spirit and gender fluid (Bowman et al., 2020; Braquet, 2019; Moreno et al., 2019).

In Western societies and cultures, gender, and sexuality are typically considered binary – male/female and man/woman. When carrying out research with migrant populations, it is important to acknowledge in many parts of the world, multi-gendered societies are the norm and such societies or cultures may use different terms to describe sexuality and gender diversity (Braquet, 2019; Ellis, Riggs, & Peel, 2019; Moreno et al., 2019). It is equally important to recognise language as dynamic. For example, the word ‘homosexual’ was once used to describe people identifying as gay, however this is now widely considered to be a dispreferred term. The word ‘queer’ has been reclaimed within GSD activism, but, older generations may still consider the word a slur (Braquet, 2019).

Overall, it is important to note that GSD migrants are not defined by their experiences. Labels of migration status, gender identity or sexuality risk simplifying such diverse experiences. However, for brevity within this study, people identifying as GSD with migrant backgrounds will hereafter be referred to as ‘GSD migrants’.

1.3 Theoretical background

Studies have provided evidence for a ‘healthy immigrant effect’ (HIE), whereby migrants are reported to be physically, and to some degree, mentally healthier than the native-born population in their destination country (Brijnath et al., 2020; Kennedy, Kidd, McDonald, & Biddle, 2015; Lee, 2019). However, emerging research is inconsistent with the HIE, suggesting migrant mental health may be poorer than the general population as discussed previously (Brijnath et al., 2020; Lee, 2019). In this regard, the current study draws upon two key theoretical approaches to understand GSD migrant wellbeing: *wellbeing* (WHO, 2020) as applied to GSD migrants, and Bronfenbrenner’s (1981) *socioecological model* to understand impacts to wellbeing and the barriers and facilitators to accessing support.

1.3.1 Theories of wellbeing as they relate to GSD migrants

Dominant theories of wellbeing are often complex and multidimensional, and beliefs surrounding wellbeing are individual and culture dependent (Haq, & Zia, 2013; Taylor, 2015; WHO, 2020). Common “markers” of wellbeing include, optimal physical and mental health, achievement of life goals, supportive relationships, adequate income, or engagement in leisurely activities (Taylor, 2015, p. 77). While these aspects of wellbeing are important to most people, for GSD migrants in particular, gender and sexuality may fall within these factors to contribute to wellbeing or may be factors of their own. Within the literature, few studies have explored the extent to which gender and sexuality shaped migrants’ wellbeing, with little to no research in an Australian context. Existing research suggests that GSD migrants may find that external influences such as sexism negatively affect their wellbeing (Chiang, Fenaughty, Lucassen, & Fleming, 2019), or alternatively that GSD identity could boost wellbeing – for example by facilitating social relationships (Kahn, Alessi, Woolner, Kim, & Olivieri, 2017).

1.3.2 A socioecological approach to explore impacts to wellbeing and uptake of services

Within this thesis, Bronfenbrenner’s (1981; 2005) socioecological model (SEM) was drawn upon to conceptualise potential impacts to GSD migrant wellbeing and access to support. Within the literature, the SEM has been moderately used in relation to migrant populations, less so for GSD groups and little literature concerns GSD migrants specifically. Hence, this study draws upon Bronfenbrenner’s SEM to understand how impacts to wellbeing and uptake of support services are layered at multiple levels of the environment and are influenced by GSD migrants’ socioecological context. The SEM comprises five interconnected layers of the environment, with the person situated in the centre. These levels are the *individual*, the *microsystem* (interpersonal), *mesosystem* (interpersonal/the

connections between microsystems), *exosystem* (institutional) and *macrosystem* (societal) (Bronfenbrenner, 1981) (see Figure 1).

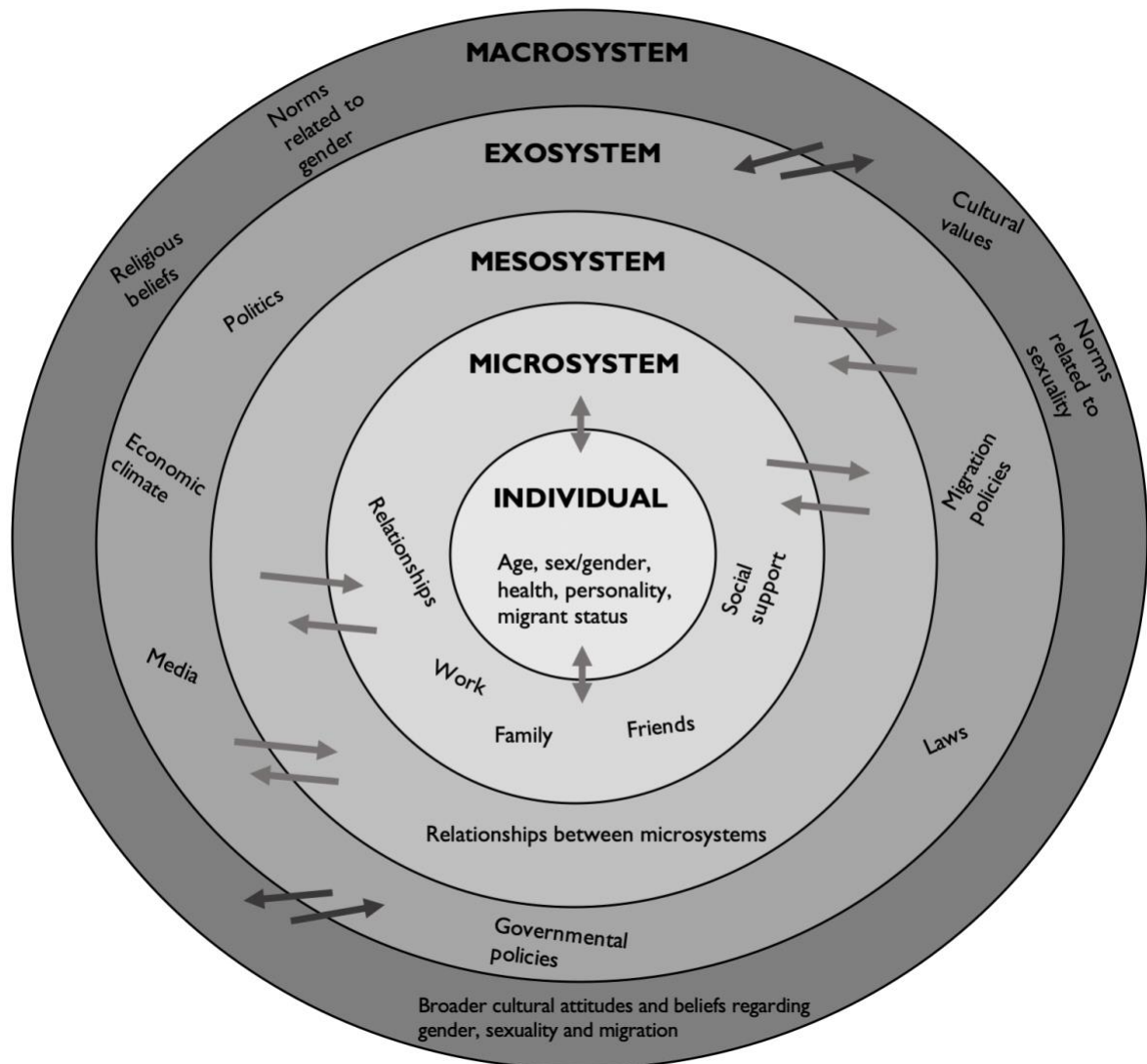


Figure 1. Bronfenbrenner's (1981) socioecological model as applied to gender and sexuality diverse migrants

At the centre, general individual level factors include, age, sex/gender and personality characteristics. Next, the microsystem consists factors such as family composition, social support and relationships (Flanders, Tarasoff, Legge, Robinson, & Gos, 2017; Yakushko, & Chronister, 2005). The mesosystem considers the quality of the relationships between the

individual's various microsystems (not including the individual themselves). For migrants, this may be the relationship between their parents and a partner (Serdarevic, & Chronister, 2005). The next layer is the exosystem which often consists of the political and economic environment. This may include migration policy, or policies related to gender and sexuality (Flanders et al., 2017; Yakushko, & Chronister, 2005). Finally, at the macrosystem are religious beliefs, cultural values and culturally defined constructs and norms related to gender identity and sexuality (Yakushko, & Chronister, 2005).

By delving into this multi-layered context in which GSD migrants are embedded, Bronfenbrenner's SEM allows for holistic approach to promoting GSD migrant wellbeing and access to support (Yakushko, & Chronister, 2005).

1.4 Impacts to wellbeing for GSD migrants

1.4.1 Pre-migration impacts for GSD people

GSD identities and relationships are criminalised in approximately 70 countries, some of which still enforce a death penalty (Alessi, Kahn, & Van Der Horn, 2017; UNHCR, 2019). Evidence shows, in countries where GSD identities are illegal or socially unaccepted, GSD people may endure traumatic situations (Kahn, Alessi, Kim, Woolner, & Olivieri, 2018). This includes blackmail, forced heterosexual marriage, conversion therapy and abuse of a physical, sexual and psychological nature (Alessi et al., 2017; Kahn et al., 2017; Shidlo, & Ahola, 2013). As a result of this cumulative trauma, many GSD individuals face detrimental impacts to their wellbeing, which can often be the impetus for migration (Kahn, 2015).

1.4.2 Post-migration and settlement impacts for GSD migrants

While many migrants leave their country due to persecution or discrimination based on sexual orientation or gender identity (Kahn et al., 2017) other reasons for migration such as work, family or education may be salient (Stella, Flynn, & Gawlewicz, 2018). Regardless of reasons for migration, many face a range of challenges after settlement, including social

isolation, challenges in having prior qualifications recognised which may then lead to further obstacles in finding appropriate employment and housing, and prejudice and racism (Bustamante et al., 2018; Day, 2016; Kirmayer et al., 2011). As foregrounded previously, these challenges may negatively affect wellbeing among newly arrived migrants (Bustamante et al., 2018; Kirmayer et al., 2011). GSD individuals also face a range of challenges which may have adverse impacts to wellbeing. For instance, some GSD youth may experience poor familial support and peer victimisation which puts them at higher risk for isolation, mental illness, homelessness, high-risk sexual behaviours and drug abuse (Boyer et al., 2017; Hafeez, Zeshan, Tahir, Jahan, & Naveed, 2017; Silberholz, Brodie, Spector, & Pattishal, 2017). As such, while migrants alone face numerous challenges during and after settlement, these challenges may be compounded when gender identity and sexuality is considered, and migrants may therefore require tailored support to improve wellbeing.

1.5 Service provision: Barriers and facilitators

The daily obstacles experienced by many GSD migrants lead to significant disparities in wellbeing outcomes. For example, one study in the United States (US) reported, lesbian, gay and bisexual immigrants experienced greater healthcare discrimination and poorer quality of care than non-immigrant lesbian, gay or bisexual patients. These findings were pronounced for people of colour (Lambda Legal, 2010; Keuroghlian, McDowell, & Stern, 2018). Another US study yielded similar findings, where foreign-born sexual minorities were found to have a greater likelihood of admittance to the emergency room and unmet mental health care due to cost, compared to heterosexual US-born and foreign-born people and US-born sexual minorities (Gonzales, Dedania, & Driscoll, 2019). As such, there appears to be a ‘double disadvantage’ effect related to being both GSD and a migrant (Lee, Kim, & Fredriksen Goldsen, 2019).

1.5.1 Barriers and facilitators in accessing support for wellbeing

Much of the research on GSD migrant experiences focus on populations in countries like Canada (Logie et al., 2016; Munro et al., 2013) and the US (Chávez, 2011; Keuroghlian et al., 2018; Silberholz et al., 2017). There is scant research concerning the lived experiences of GSD migrants in relation to service provision and wellbeing in Australia, and a paucity of services which consider the specific needs of GSD migrants in general (Chávez, 2011; Mejia-Canales, & Leonard, 2016). While some service providers are culturally and linguistically matched to a client, workers may not necessarily be equipped to provide support around gender or sexuality (Kahn et al., 2018; Keuroghlian et al., 2018). Lack of GSD affirmative and inclusive services, cultural and linguistic differences and difficulties navigating an unfamiliar healthcare system are structural barriers which prevent GSD migrants from accessing the support they need (Mejia-Canales, & Leonard, 2016). For these reasons, facilitators have been identified in research to promote access to support.

However, facilitators in accessing support among GSD migrants in Australia have received little attention. Of the available studies in Australia, recent research by Noto, Leonard and Mitchell (2014), followed up by Mejia-Canales and Leonard (2016) suggest funding as a potential facilitator in developing and maintaining resources for this group, some of whom may not be eligible for mainstream services given their visa type. Noto et al., (2014) also suggest a need for professional development and training for service providers, focused on providing culturally sensitive and GSD inclusive support. Other potential facilitators identified in the research include promotional posters to include rainbow stickers and images of GSD migrants for greater representation, support provided in languages other than English and support provided without one needing to divulge their identity for fears of having their gender identity or sexuality exposed without their consent (Mejia-Canales, & Leonard, 2016; Noto et al., 2014).

1.6 The current study

The current qualitative, interview-based study aimed to fill the gaps in the literature noted above by gaining an insight into GSD migrant experiences and perceptions around wellbeing and support services in Australia. This study was guided by three research questions: (1) What are the perceptions and understandings around wellbeing for GSD migrants? (2) What migration-related factors affect GSD migrant wellbeing? (3) What are the barriers and facilitators experienced by GSD migrants in accessing support for wellbeing?

CHAPTER TWO: METHOD

2.1 Participants

The study consisted of GSD migrants in Australia. Participants were eligible for participation in the study if they were 18 years and over, arrived in Australia less than ten years ago as a migrant (in order to explore the recency of impacts from migration and experiences with services), identified as GSD and were fluent in English.

Fifteen interviews were conducted with nine males, five females and one non-binary person. No participants had ever identified as transgender. Seven men self-reported their sexuality as gay, three women and one man as bisexual, one woman as lesbian, one woman as gay/lesbian, one man as gay, aromantic and asexual and one non-binary person as gay or bisexual. Participants were aged between 20 and 41 ($M = 27.73$ years, $SD = 5.70$ years) and had been living in Australia from one month to 10 years, with the exception of one participant living in Australia for 14 years ($M = 4.22$ years, $SD = 4.68$ years). With respect to the one participant who migrated 14 years ago rather than the initial inclusion criteria of 10 years, a decision was made to include this interview as he was one of only four participants who migrated as a child. Additional participant information (with pseudonyms) is provided in Table 1.

Table 1

Demographic information of gender and sexuality diverse migrant participants (N = 15)

Name (Pseudonym)	Gender	Sexuality	Visa/Status ^a	Years in Australia ^b	Country of Origin	Relationship Status
Juan	M	Gay	TGV	0.17	Brazil	Single
Fernando	M	Gay	SV	3	Brazil	Single
Bruna	F	Lesbian	SRG	0.17	Brazil	In a Relationship
Ge	M	Gay	BV	10	Brazil	Single
Michel	M	Bisexual	PR	2	Brazil	Single
Theo	M	Gay	SV	0.17	Brazil	Single
Valentina	F	Bisexual	SV	0.08	Brazil	In a Relationship
Julia	F	Bisexual	SRG	0.17	Brazil	In a Relationship
James	M	Gay	Citizen	14	Philippines	In a Relationship
Daniel	M	Gay	Citizen	10	Philippines	In a Relationship
Rahi	Non-binary	Gay or Bisexual	TGV	4	Pakistan	Single
Norah	F	Gay/Lesbian	Citizen	9	Malaysia	In a Relationship
Sina	M	Gay, Aromantic, Asexual	PR	1	Iran	Single

Anika	F	Bisexual	Citizen	8	Bangladesh	In a Relationship
Louis	M	Gay	PR	1.5	Central Europe	Single

^aVisa/Status refers to current visa or status: TGV refers to Temporary Graduate visa; SV to Student visa; SRG to Skilled–Recognised Graduate visa; BV to Bridging visa; PR to Permanent Residency.

^bYears in Australia: 0.17 is 2 months; .08 is 1 month.

As noted in Table 1, eight participants arrived from Brazil, two from the Philippines, and one participant each from Pakistan, Malaysia, Iran, Bangladesh and Central Europe. Of these participants a range of ethnicities were reported: Latin American, Latino, Mixed, Caucasian, Asian, South Asian, Bangladeshi, Chinese/Malay, Persian, Portuguese, Indigenous, Italian and Filipino. Participants also reported varying religions including Spiritism, Spiritual, Catholic, Roman Catholic, Christian and non-religious. Certain demographic information for specific participants were not reported in Table 1 to protect their privacy and identities (Saunders, Kitzinger, & Kitzinger, 2015).

2.2 Procedure

The University of Adelaide Human Research Ethics Committee approved this study (H-2020-039). Given restrictions during the COVID-19 pandemic at the time of data collection, recruitment locations were limited, and face-to-face interviews restricted. Participants were a convenience sample recruited via social media platforms, Facebook and Twitter. Initially, 15 Facebook pages were contacted and asked to share the study. Seven of the 15 pages agreed to advertise the study. In addition, researchers (XXX and YYY) disseminated information of the study within their network of academics and professionals for advertisement.

All participants were emailed the Participant Information Sheet (see Appendix A) and Consent Form (see Appendix B), containing information around the aims of the research, uses of the research findings and participant rights to withdrawal. Participants were emailed a list of support organisations in the case of any distress experienced during the study (see Appendix C) and received a \$15 shopping voucher for their contribution. All participants consented to be interviewed and audio recorded and were given a preference to be interviewed via phone or via video conferencing platforms, Zoom and Skype. Seven

interviews were conducted via Zoom, seven via phone call and one through Skype. Interview lengths ranged from 27:58 minutes to 63:17 minutes ($M = 38:34$, $SD = 0.45$).

Interview questions were semi-structured and open-ended, encouraging participants to share in-depth responses to posed questions, while discussing what was of importance to them (Braun, & Clarke, 2013). Previous literature formed the basis for interview questions which explored wellbeing among GSD migrants, experiences of migration, gender and sexuality, thoughts and experiences with support services and barriers and facilitators in accessing these services in Australia (see Appendix D for interview schedule). A pilot interview (Juan) and a second interview (Fernando) were conducted by researchers (Student and XXX) to evaluate the appropriateness of interview questions. Juan and Fernando were asked if they would recommend any changes or additions to the interview schedule. A slight change was made in asking whether migrant status or sexuality may be more salient in influencing participants' wellbeing, but the pilot interviews did not result in substantial changes to the questions. The data from the first two interviews were included in the study. Data collection ceased at 15 interviews, whereby no new themes were evident within the collected data (i.e., data saturation) (Guest, Bunce, & Johnson, 2006).

Interviews were transcribed verbatim by researcher RA to facilitate data familiarisation (Braun, & Clarke, 2006). Data were de-identified during transcription by the use of pseudonyms for participant names, removal of identifying place names and names of specific support organisations (unless the participant requested otherwise), ensuring confidentiality. To ensure rigour and trustworthiness (Tracy, 2010) participants were offered the opportunity to review their transcript and make any changes necessary. Five participants requested changes relating to identifying information, missing or additional information and misspelled text. As recommended by Tracy (2010), an audit trail was kept throughout the research process to ensure self-reflexivity and transparency, wherein notes regarding study

methodology, themes and the researcher's self-impact were recorded. The audit trail also contained reflections about the data and participant responses from previous interviews, which worked to inform future interviews.

Self-reflexivity was practiced through introspection of the researcher's motivations and perspective (Tracy, 2010). The Student researcher is from a culturally diverse background and has some knowledge around cultural and social understandings of being GSD while coming from a migrant background. However, the researcher is not GSD and has never experienced migration, so does not have lived experiences of the issues which guide the aims of this study. The de-identified interviews and developed themes were cross-checked by researcher XXX to ensure further rigour and trustworthiness (Tracy, 2010).

2.3 Analysis

Thematic analysis (TA) is a rigorous and widely used analytical method, allowing for a rich and detailed account of qualitative data – effective when investigating under-researched areas (Braun, & Clarke, 2006). In this study, TA involved the identification, analysis and reporting of patterns of meaning (themes) within the data in relation to the research aims. TA as utilised in the present study was underpinned by a realist epistemology whereby responses to interview questions were taken as reflecting the lived experiences of participants (Braun, & Clarke, 2006; 2013). Analysis took an inductive approach given the relative dearth of previous research on the topic, and the analytic focus was on latent as opposed to simply semantic meaning (Braun, & Clarke, 2006).

Data analysis followed Braun and Clarke's six-phase process for TA. Phase one involved data familiarisation through repeated reading of interview transcripts. Initial thoughts and potential themes were noted in the audit trail. In phase two, salient features of the data were systematically and manually coded to capture experiences and understandings of wellbeing, migration, gender and sexuality and support services. In phase three, codes

from the entire data set were collated and sorted under possible themes. In phases four and five, themes were reviewed, defined and named by Student and XXX to ensure the themes were reflective of the data and to enhance rigour and trustworthiness of the findings (Tracy, 2010). Extracts which best captured the data were selected in phase six, and the final report was then produced (Braun, & Clarke, 2006).

CHAPTER THREE: RESULTS

3.1 Overview

The overarching aim of this study was to understand the needs and concerns of GSD migrants in Australia regarding wellbeing and access to services. Five themes addressing the first and second research aims were generated from the data (understanding migrant perceptions of wellbeing and migration-related factors affecting wellbeing). Four themes addressing the third research aim (barriers and facilitators to accessing support) were developed to understand GSD migrant access to support. Themes interrelated, as illustrated by the thematic map (see Figure 2).

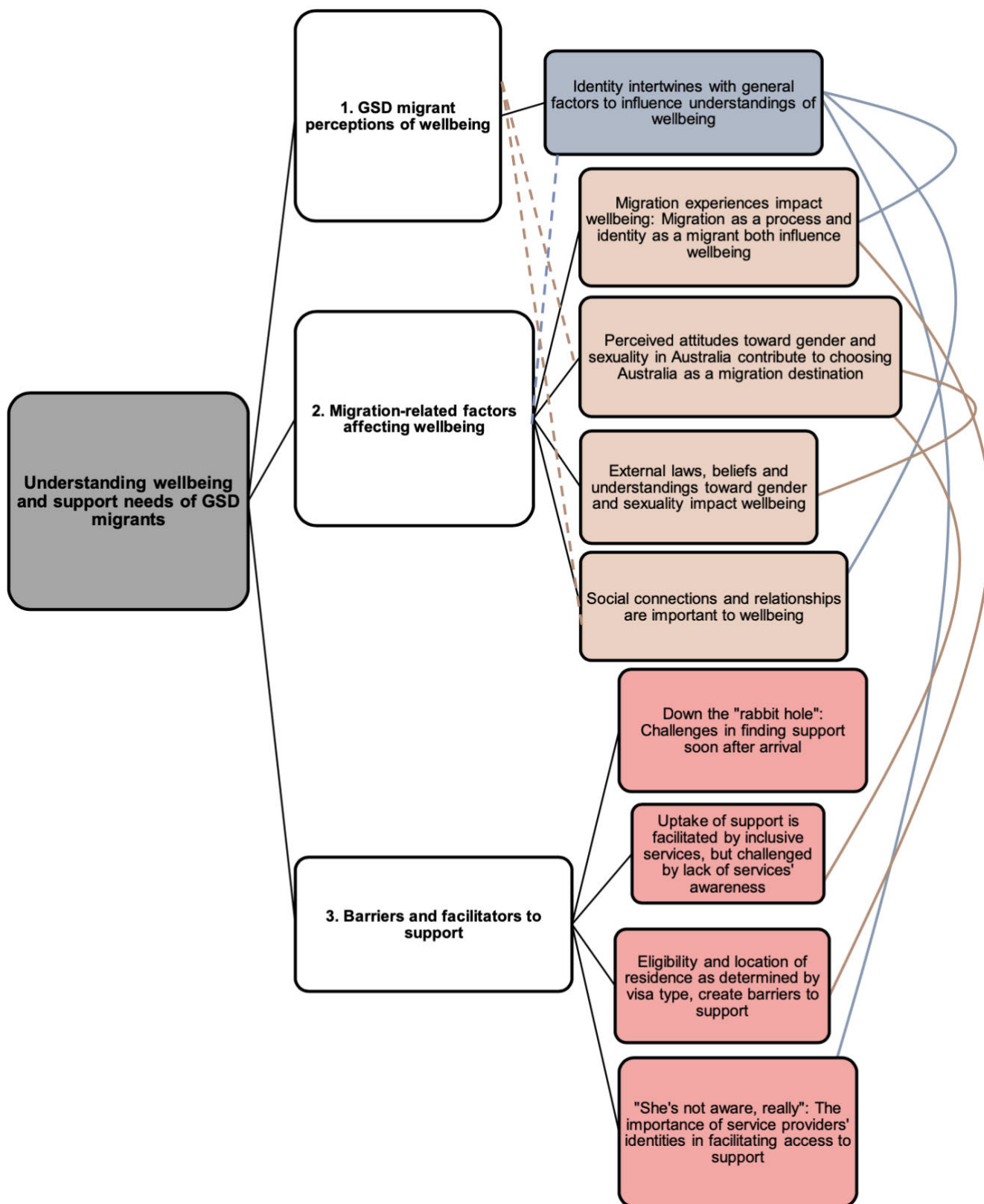


Figure 2. Thematic map illustrating the relationships between research aims and themes

3.2 Understandings of and impacts on wellbeing

Through TA, five themes were developed to understand perceptions of wellbeing for GSD migrants and to explore the migration-related factors which affect wellbeing: ‘Identity intertwines with general factors to influence understandings of wellbeing’, ‘Migration experiences impact wellbeing: Migration as a process and identity as a migrant both influence wellbeing’, ‘Perceived attitudes toward gender and sexuality in Australia contribute to choosing Australia as a migration destination’, ‘External laws, beliefs and understandings toward gender and sexuality impact wellbeing’ and ‘Social connections and relationships are important to wellbeing’. These are reported below.

3.2.1 Identity intertwines with general factors to influence understandings of wellbeing

During interviews, participants were asked to share what wellbeing meant to them. Participants responded by highlighting the intertwined nature of aspects of their identity as GSD migrants, along with other factors such as physical and mental health. Notably, aspects of sexuality were central to participants’ identities and wellbeing. For Norah, post-migration, the stress of education, maintaining optimal physical health and sexuality were, “probably the biggest three in my wellbeing space” (Norah, Malaysia, female, gay/lesbian, lines 173-174).

For gay men in particular, sexual health was considered to contribute to wellbeing among other factors:

For me wellbeing is not just physically healthy, but just mentally healthy as well. But also sexually healthy as well. I think in Australia like being gay, they encourage you to, to have fun, sexually, you know by being sexually healthy in some way. Like in Australia, we have a lot of health services such as [name of organisation], which is, they have support services for LGBTQ people, especially for people who are

actively having sex, you know (Daniel, Philippines, male, gay, lines 145-150).

Here, Daniel also points to aspects of migration – his perception of Australia’s attitude towards sex and the available health services – as something which influenced his understandings of wellbeing, an issue covered in the theme, ‘Perceived attitudes toward gender and sexuality in Australia contribute to choosing Australia as a migration destination’.

In this way, participants understood factors at the individual level of the SEM as central to wellbeing. This was particularly the case for being comfortable with identity – as Anika described, “I think wellbeing means like, you being able to do your own thing without external pressure too much...” (Bangladesh, female, bisexual, lines 103-104). Bruna echoed similar sentiments:

For me [wellbeing] it’s like, being who you are with who you want to be... I think if uh, if you are okay with who you are and you accept it and you live your life in spite of what other people think, you can achieve it [positive mental health] (Bruna, Brazil, female, lesbian, lines 95-101).

Juan also perceived wellbeing in a similar way, further highlighting the intertwining nature of “practical aspects” (e.g., financial wellbeing) and “how you feel” (e.g., being comfortable with your place in society):

So wellbeing, we can divide that into practical aspects of life. Having a good, comfortable, economically safe life. Uh, being well received in the community. Having a stable network of people around you – friends and acquaintances who will be there for you. And so one aspect, practical life, other aspect, um, how you feel, the place you are in the world, your place in the society you are, and wellbeing means (.)

knowing that you belong to it, you belong to where you are (Juan, Brazil, male, gay, lines 125-130).

This theme highlights how gender identity and sexuality may be intertwined with general factors of wellbeing like mental, physical or financial wellbeing. It also suggests that participants' sense of comfort with their situations, identity and sexuality are perceived as important for positive wellbeing. If GSD migrants experienced any "external pressure" to conform to certain ideals, or to live, act and be a certain way, wellbeing may be compromised.

3.2.2 Migration experiences impact wellbeing: Migration as a process and identity as a migrant both influence wellbeing

Participants indicated that the migration process affected their wellbeing through complex visa application processes and settlement challenges such as securing suitable employment and achieving financial security. For example, increasingly complex immigration processes directly affected Ge, and negatively affected his wellbeing:

Uh (.) I think at the moment, this situation of being in a bridging visa... I think it can be a little bit of anxious, make me a little bit insecure and yeah. That affects a little bit my wellbeing... (Ge, Brazil, male, gay, lines 234-236).

Other policy complexities, including non-recognition of prior educational and occupational qualifications also affected wellbeing. In particular, lack of qualification recognition was seen as making it challenging to achieve job satisfaction and to secure a job in participants' field of specialisation. As Michel said:

You can have the best degree, you can have like, you can have a PhD.
But if you have a student visa in Australia, you are going to suffer to get a good job...My first job, as a typical international student, was with

hospitality, and I was emotionally suffering. My ego was hurt. Because I was like, uh I, I cannot believe, I had a really good position in Brazil, professionally I was growing, I was making good money and why, why am I doing this to myself? (Michel, Brazil, male, bisexual, lines 58-65).

Contrary to Michel's experience, Louis' migration experience had a different impact on his wellbeing. While participants such as Michel migrated to Australia and subsequently applied for work, Louis described being in a, "position of privilege" (line 51) having his visa organised by his place of work:

I have say a relatively high level of qualifications and the fact that I work for [name of company], it was all pretty smooth. I saw the job, I applied, they accepted, they kind of, made the visa happen. I was actually surprised by how quickly the visa was granted, because that's even if you, I think most notably the US, even for people with my qualifications it's quite cumbersome, like to get the work visa coming from outside North America, so for me it's been, it's been anything like a pleasant surprise (Louis, Central Europe, male, gay, lines 39-45).

Whilst the process of migration and settlement often negatively affected wellbeing for some participants, they also indicated that such challenges were generally short lived, often improving wellbeing after a period of time. For example, while initially struggling, Michel indicated: "...but after six months, I got the job offer from this company and then slowly everything was getting better" (lines 73-74).

In addition to exo-level policy or system level impacts (such as visas or qualification recognition), other participants indicated that their wellbeing was linked to *being* a migrant (i.e., microsystem factors). For example, Daniel's experience below illustrates how

challenges to wellbeing regarding race, gender and sexuality-based bullying at school within the microsystem level, intersect:

...I would say my health and wellbeing has been improved, since I came to Australia a few years ago, you know, I mentioned when I was 16 when I came here my health and wellbeing was down. I was constantly being bullied at school [in Australia] because of my sexuality, my gender and my race...fast forward until now, I would say that it has been improved. First, I've been living independently, I move out of home, uh two years ago, and I could feel that there's a sense of connection, sense of belonging in the community I have in my city (Daniel, Philippines, male, gay, lines 188-200).

As noted in the previous section, a sense of comfort with identity was considered a key factor of wellbeing, intertwining with other factors like financial or mental health. In line with this, this theme demonstrates how both exosystem and microsystem factors related to migration affect wellbeing for GSD migrants.

3.2.3 Perceived attitudes toward gender and sexuality in Australia contribute to choosing Australia as a migration destination

Given that aspects of migration are both central to wellbeing and have a key impact upon wellbeing, it is important to understand what drives migration for GSD migrants. For some participants, decisions to migrate were influenced by perceptions of attitudes towards gender and sexuality in Australia. For example, participants perceived GSD people to have greater freedom to express gender and sexuality in Australia, compared to migrants' home countries:

In Australia, we have a liberal thinking. So it doesn't matter what your gender is, as long as you know, your attitudes and values align with the

um Australian ethics and values, there's no problem at all (Daniel, Philippines, male, gay, lines 318-320).

In addition to Australian attitudes, participants noted they chose to migrate to Australia due to perceived legal standing and recognised rights of GSD people, as well as religious ideologies and perceptions of Australia as a secular country:

And I personally I feel, scared and threatened by uh, how religious Brazil is and that played a very big role to my migration process. Because here in Australia I know that that is not going to be a problem. That, if you have elections right now, you will not pick a party that choose the Bible as, uh a basis for new laws. But in Brazil that can happen... I fear that Brazil might lose this race and go back and in Australia, I'm 100% optimistic about the future. Sexuality is never going to be a major political question that put lives of people like me in danger (Juan, Brazil, male, gay, lines 95-104).

However, there were caveats in choosing Australia as a migration destination related to experiences of racism and homophobia:

Uh but regarding job hunting it is very difficult in here you know, especially to find a job in your own field like, as an immigrant the kind of internal racism, that people have here and I mean it is a local experience, which unfortunately nobody talks about it, it is true, it is kind of racism. Um and it will be more difficult when you identify as LGBTI, my background is in [name of field] and that's a very homophobic industry as well, so like coming here and want to like live your true self in [name of field], while again it's a homophobic industry

and you don't have the local experiences, it's it's very challenging

(Sina, Iran, male, gay, aromantic, asexual, lines 50-57).

Overall, participants indicated that macrosystem factors (e.g., perceived open attitudes toward diverse gender identities and sexualities) and exosystem factors (e.g., no laws against being GSD in Australia) affected their decisions to migrate and their choice of destination. Importantly, these factors tended to relate specifically to their understandings of wellbeing, including recognition of various aspects of their identity. However, while attitudes toward gender and sexuality may be perceived as open in Australia, Sina's experience shows how perceived homophobia and racism at the exo- and macrosystems intersect and have adverse impacts to wellbeing.

3.2.4 External laws, beliefs and understandings toward gender and sexuality impact wellbeing

In addition to migration experiences and following from the previous theme concerning choice of destination, aspects regarding gender and sexuality were shown to impact wellbeing for GSD migrants both pre- and post-settlement. These aspects included religious and cultural beliefs surrounding gender and sexuality in countries of origin and Australia, laws such as criminalisation based on gender or sexuality and family understandings and acceptance around gender and sexuality. Participants spoke about the limitations they faced in freely expressing their gender and sexuality in their country of origin, posing unique challenges to wellbeing. Given certain religious beliefs surrounding gender and sexuality, participants indicated that how GSD migrants express themselves were restricted:

So religion is a big thing there [in Brazil] and I don't know, I never felt like I could live like be myself there completely. I was afraid of walking, holding hands and you know everywhere I went I felt like

people were judging me and I knew that living abroad was a little bit different than that, so definitely I wanted to live in a place where I could be myself without uh being worried all the time (Bruna, Brazil, female, lesbian, lines 86-91).

Similarly, Rahi discussed how factors such as religious values, and processes such as criminalisation based on gender or sexuality in Pakistan, were key aspects affecting their wellbeing:

I guess for me a giant part that impacted my mental health negatively was the idea that, if I don't sort of settle my residency stuff here, if I don't get permanent residency or whatever, I would have to go back and it's homosexuality is still criminalised in Pakistan and I'm also an ex-Muslim, that's a big part that plays on my mental health quite negatively (Rahi, Pakistan, non-binary, gay or bisexual, lines 101-105).

While macrosystemic level factors like religious beliefs towards gender and sexuality impacted GSD migrant wellbeing in unique ways, factors at the microsystem were also discussed by participants. Lack of family understanding toward gender and sexuality negatively impacted wellbeing for Daniel:

Because for my Dad it's a big embarrassment if his friends, if his family find out that I am gay and actually my Father doesn't like it. So that's why until now I had a bit of disconnection with my Father because I felt that he doesn't accept me as who I am. You know he doesn't embrace my identity, you know (Daniel, Philippines, male, gay, lines 111-114).

For some participants however, aspects of gender and sexuality did not necessarily negatively affect wellbeing:

I mean this is something that I can't have picked like rather consciously and obviously nothing forced me to leave [Central Europe] and basically kind of moving around I found it more enriching than anything else and I guess sort of the same applies for being gay because I never really wished...to not be gay and that's also because I mean I never really had sort of real issues with that of course...I'm happy with how it is with both migrating and being gay yeah it's enriching (Louis, Central Europe, male, gay, lines 185-196).

Along with the previous theme ('Perceived attitudes toward gender and sexuality in Australia...'), this theme highlights how certain concerns surrounding gender and sexuality pre-migration (e.g., being unable to hold hands in public given macrosystemic beliefs around gender and sexuality) and concerns post-migration (e.g., having to travel back to a country with exosystem policies criminalising GSD identities and relationships), impact wellbeing. These concerns and challenges in participants' countries of origin may motivate them to migrate for improved wellbeing and, as discussed in the previous theme, may be influenced by macrosystem-level differences in perceived attitudes toward gender and sexuality in their country of origin versus Australia.

3.2.5 Social connections and relationships are important to wellbeing

A key theme identified in the data related to the importance of social connections for wellbeing. While some participants may have moved to Australia for new opportunities and a different lifestyle, severing relationships in participants' countries of origin to form new relationships in Australia had impacts to wellbeing. For instance, leaving behind loved ones in participants' countries of origin proved difficult, as discussed by Bruna from Brazil: "Uh well for me [migration] was a little bit difficult because of my family, um I'm really close

with them...” (lines 44-45). In spite of this, migrating overseas provided a sense of freedom and Bruna’s wellbeing was boosted:

Yes as soon as I moved to [name of country], you know I, I didn’t have my family around, I didn’t have my, anything to care about so, I just I had this time to be myself and (.) uh it was really good I started feeling better after that (Bruna, Brazil, female, lesbian, lines 292-297).

Rahi discussed the importance of social connections in providing support financially in Australia. However, given cultural understandings around gender and sexuality within their own community, it was harder for Rahi to receive the support they needed:

...a lot of the things like legal, health, going to migration agents and things like that, is really costly. Um and I know that if I was more in touch with my own Pakistani community, I could have more access to that financial help. But it’s just that because of my other circumstances, I just choose to not be as in touch with them. But yeah that is something that I would miss out on (Rahi, Pakistan, non-binary, gay or bisexual, lines 326-330).

This demonstrates the interconnected nature of varying aspects of wellbeing discussed in the theme, ‘Identity intertwines with general factors to influence understandings of wellbeing’. Rahi’s circumstance included factors such as finances, social relationships and gender identity and sexuality, intertwining to impact wellbeing.

Further on in the interview, Rahi emphasised the importance of social connections to wellbeing. They spoke of the importance of celebrating religious and cultural holidays with their community and how missing out on this can impact wellbeing:

I wish there was some more supports that kind of are inclusive of perhaps people who can’t celebrate their religious holidays and things,

because they don't have families here or things like that. So, because I have like relatives and all, and I have connections here as well, but again I choose to keep a bit of a distance because I feel like I can't share all of my life with them. But because of that I miss out on like so many public holidays, and it's really, really tough for me, um it's just really, really difficult because they come like every year <laugh>, that's why (Rahi, Pakistan, non-binary, gay or bisexual, lines 336-342).

For James, social support proved important when seeking support regarding sexuality and coming out in Australia. When asked whether James had accessed support in relation to sexuality, James noted the importance of surrounding himself with people who knew and understood him more at the microsystem level:

...I accessed support from the people that I knew...at that point when I was comfortable with my with coming out [in Australia], I had been to so many schools by then that I kind of knew a lot of people my age and younger and older who were gay and that I wasn't really afraid to kind of talk about my sexuality...Yeah so I mainly got support from my friends I would say, they they were a big support (James, Philippines, male, gay, lines 217-227).

Further on, James emphasised the importance of friendships and social connections as a form of support over more mainstream wellbeing services:

It's (.) I think why support is effective in all shapes and sizes is that it comes across as quite personal and tailored to you. Like when I access support, I access it from my friends because it's personal to me. When you access support in my head, when you access support from a big corporation like [name of organisation] or any of those other helplines,

it doesn't feel personal... doesn't feel very personal because you're dialling a number that's accessible to anyone online, that it just doesn't feel very, private (James, Philippines, male, gay, lines 257-265).

James' account demonstrates how important and personal social connections are to wellbeing within the microsystem, above and beyond formal supports, particularly for sexuality related experiences. Supportive interpersonal relationships between participants, their family and their friends, highlight the significance of microsystem-level connections in promoting wellbeing for this group.

3.3 Barriers and facilitators to accessing support

Participants discussed a range of barriers and facilitators to accessing support. These barriers and facilitators are well represented within the literature and include financial issues, waiting lists for service access and cultural and linguistic barriers. This section, however, includes novel barriers and facilitators for those at the GSD migrant intersection. Four themes were identified in relation to accessing support: 'Down the "rabbit hole": Challenges in finding support soon after arrival', 'Uptake of support is facilitated by inclusive services, but challenges by lack of services' awareness', 'Eligibility and location of residence as determined by visa type, create barriers to support' and "'She's not aware really'": The importance of service providers' identities in facilitating support'.

3.3.1 Down the "rabbit hole": Challenges in finding support soon after arrival

A major barrier in accessing support for wellbeing was not knowing where to find such services in the first instance. When participants were asked whether they received the support they needed upon arrival, Rahi described difficulty in navigating a complex and unfamiliar healthcare system:

...it was sort of like a rabbit hole basically, um it took me about yeah it took me about at least a year or two years. Because I knew about the

mainstream supports like Lifeline or QLife...but there are a lot of organisations that you only get linked to if you know another organisation and then they link you to someone and someone and someone... So these organisations are, they aren't very easy to find at least for me, so it took me a while to get them (Rahi, Pakistan, non-binary, gay or bisexual, lines 156-164).

Similarly, for Valentina, accessing support was also perceived as difficult: "I have like an idea that it would be hard" (Valentina, Brazil, female, bisexual, line 192).

In addressing these barriers, Julia discussed the importance of the internet in finding information and spreading awareness of available support services:

...but what makes it easy is if it's easy to find online, because nowadays especially me, I do everything online and I would look for it [support] online first, so if it's easy to find that's good (Julia, Brazil, female, bisexual, lines 274-276).

Participants also mentioned the importance of a "case manager" (Rahi, lines 314-315) and tailored guidance as a facilitator upon arrival:

Um with migration there are some agents but again the problem is they they charge a lot, so that's why we haven't look looked for one yet, but we are planning to, in this case we need help because it's a lot of information and we don't know exactly where to get this information so it's better to have support (Julia, Brazil, female, bisexual, lines 281-284).

Overall, participants indicated that difficulty finding information for support upon arrival (an exosystem-related issue) is a major barrier for GSD migrants who may need immediate support upon arrival. The importance of the internet and guidance from agents and

case managers were reported to facilitate access to services and aid in managing new information in an unfamiliar environment.

3.3.2 Uptake of support is facilitated by inclusive services, but challenged by lack of services' awareness

Perceived attitudes toward GSD people were considered by participants to be more open in Australia than their home countries, linking with theme, 'Perceived attitudes toward gender and sexuality in Australia contribute to choosing Australia as a migration destination'. Within the current theme, services for wellbeing, gender and sexuality were considered more visible and less scarce than in migrants' countries of origin. This was seen as a facilitator in accessing support:

In addition to that [legalised same-sex marriage] there's a lot of support services. I'm currently part of an LGBT community in my city and also in [name of place]. You know, I participate in the Mardi Gras event which is the biggest pride celebration. So there's nothing I could ask for. If I see Philippines from Australia, I'd rather be living in Australia, be proud of being gay (Daniel, Philippines, male, gay, lines 135-141).

In relation to sexuality, Louis described the approach to gay sexual health in Australia to be one of the best he experienced:

...the approach to gay sexual health like in this city is far above any other place that I've lived and I mean this includes countries that are in the highest state of development like [Central Europe], but in this city it's just amazing how forward they are and basically, I see everyday walking testing service of [name of organisation] and they just kind of facilitate it in any way making sort of like low entry barrier beyond of

course the usual good practice of basically trying to take out the shame in any way possible (Louis, Central Europe, male, gay, lines 308-314).

While GSD pride is celebrated through events like Mardi Gras and emerging support services for this group are increasingly promoted, participants indicated that there still remain structural barriers in accessing support. Norah discussed the importance of discreet groups as a facilitator for GSD migrants who want to socialise and meet similar people:

They do have you know LGBT resources at [name of place], where you can meet other people but they're also like, why? Not the same, they're you know, 'out and proud', it's not even 'out and proud', it's just 'loud and proud'...you just don't do that as an Asian...and so I had never participated in those kind of activities and I don't intend to as well, and it's kind of like well, if you don't participate, you don't meet anyone, but that's not me, that's not the kind of people that I want to meet, so (Norah, Malaysia, female, gay/lesbian, lines 350-357).

Limited awareness surrounding GSD people's needs and concerns calls into question openness toward gender and sexuality in Australia:

Um even over here there are a lot of resources that I had a lot of grief with, because I felt that they weren't very understanding. Like I remember I had a GP at [name of clinic] and I had to explain to her what LGBT stood for (Rahi, Pakistan, non-binary, gay or bisexual, lines 214-217).

Participant accounts highlighted that the barriers to support are often structural at the exosystem level (e.g., non-discreet and non-inclusive supports), while facilitators are often interpersonal at the microsystem-level (e.g., receiving support or surrounding themselves with people who are similar). This demonstrates the importance of increased awareness,

greater understanding toward GSD issues and discreet supports as key facilitators to support for GSD migrants.

3.3.3 Eligibility and location of residence as determined by visa type, create barriers to support

Given specific migration policies, those who migrate for work, or arrive with specific work or sponsorship visas may not have a choice in where they reside. This intersects with the second theme (‘Migration experiences impact wellbeing...’) – certain policies within the exosystem result in specific challenges like gaining suitable employment, which in turn influences wellbeing. Some GSD migrants may be required to live in regional areas of Australia where support services for migration, sexuality and wellbeing are limited:

For example, where I used to live when I first when I was a high school student in, down in [name of place], they didn’t have much services offered for LGBTQ people. Not much mentoring services or counselling services offered. So that’s something lacking. Because you know I need to travel one hour to see a psychologist to see a mental health provider which it sucks, which it’s not convenient (Daniel, Philippines, male, gay, lines 588-592).

In addition, some GSD migrants may not be eligible for certain forms of support given policies regarding eligibility for Medicare (Australia’s public healthcare insurance scheme) based on visa status:

You know particularly the amount of money that you need to pay, you know we cannot afford it when we were just starting, living in Australia, we cannot afford it really. So all I need to do was to endure the pain and hardships. But not until when we got into permanent residency and eventually a citizenship, because at the time we can feel the relief, the

relief of paying money to the support (Daniel, Philippines, male, gay, lines 451-456).

Similarly, while Rahi had found helpful and effective support, this was not feasible for them in the long run, given the cost for newcomers, linking with issues of eligibility:

...I mean they [support organisation] were very supportive but it's just with [name of organisation] there's a limit on the number of free sessions and things like that, so I didn't click as well with them just because it wasn't feasible for me in the long run. Um yeah but otherwise they were very helpful, they the [name of organisation] is for mental and physical health so they're quite helpful (Rahi, Pakistan, non-binary, gay or bisexual, lines 264-268).

The main barriers identified within this theme were at the exosystem-level. Policies at this level included restrictive eligibility criteria for Medicare, limiting participants access to free or low-cost supports. Having lived rurally, Daniel discussed the lack of regional support for GSD migrants, pointing to the need for exosystem-level change in establishing services in both metropolitan and regional locations to facilitate access to support. Further, Juan suggested developing affordable services for this population: "...if there was like an NGO offering one of these low-cost services for newcomers um, that that would be great" (lines 369-370).

3.3.4 "She's not aware, really": The importance of service providers' identities in facilitating access to support

When discussing the barriers and facilitators in accessing suitable support, participants mentioned the importance of receiving a provider who either identified as gender or sexuality diverse, came from the same or a different migrant background, spoke the same language, or, encompassed all aspects. This points to the preference for support and providers

who can understand and address the intertwining aspects of wellbeing with gender identity and sexuality, as discussed in the first theme.

When asked about barriers in accessing support, participants mentioned language differences, and expressed a preference for providers who spoke their primary language:

I think in the case of migrants, language is of course always a barrier even though I can express myself all in English and would be able to communicate, it's always different when you can do it in your mother tongue. But that's of course very difficult because Australia has migrants from all over the world so that would be challenging (Theo, Brazil, male, gay, lines 201-205).

Fernando also suggested support provided in the client's primary language as a facilitator, especially for those who are not fluent in English:

...maybe an easy channel to communicate, to talk to. I feel like I don't have any issues to talk, to speak in English. Um but maybe some other people would. Or people that are still studying English they are not able to express their feelings in full in English, so maybe in another language if possible and stuff like that (Fernando, Brazil, male, gay, lines 387-391).

Participants also discussed lack of awareness and understanding surrounding GSD people's challenges as a barrier. In addressing this, Daniel expressed how effective and helpful support is when the provider identifies as gender or sexuality diverse:

...because the mentors, the people who are supporting you they are also LGBTQ members, they can relate to you, they can understand your problem, they can understand what you are going through as a LGBTQ member. Because in my opinion it's really hard for someone to support

me if they are not LGBTQ member as well, you know what I mean?

(Daniel, Philippines, male, gay, lines 490-495).

Similarly, if the provider is from a migrant background:

...my psychologist came from [country in Asia], I think it plays a big big role. Because my GP who is Australian, she, she doesn't even understand Filipino, she doesn't know about Philippines much. When I talk to her my problems, my issues relating to my nationality, she's not aware, really. That's why my GP refers me to an Asian psychologist (.) to better suit my needs (Daniel, Philippines, male, gay, lines 676-680).

For Anika however, having a service provider of the same background was not necessarily considered a facilitator. The provider could potentially make assumptions and generalisations about their client's situation if they are from the same background:

Yeah but if like that person is a doctor, I don't really care if they have the exact same background as me, because that way their own experience might cloud their judgement, if that makes sense? So I'm not really too fussed about my doctor or my psychiatrist being the same exact background as me (Anika, Bangladesh, female, bisexual, lines 327-330).

Importantly, participants discussed how connections within the microsystem-level between themselves and a provider of a particular background, gender or sexuality, may either be a barrier or facilitator to accessing support. This suggests the need for providers to take the time to understand their client's preferred mode of support. As Anika importantly conveyed, for some GSD migrants it may not always be necessary for providers to have the same background, sexuality or gender. Organisations and providers must be cognizant of such individual and microsystem-level factors when providing inclusive support.

CHAPTER FOUR: DISCUSSION

4.1 Overview

The results of this study bring to light important considerations for services and important contributions to the literature concerning understandings of wellbeing for GSD migrants. Participants' perceptions of wellbeing related to notions of comfort with their identity and their current circumstances. Identity was perceived as intertwining with other salient wellbeing factors such as mental and physical health. For most participants, migration-related factors and gender and sexuality related experiences, intersected to impact wellbeing.

In accessing support to address these intertwining impacts, GSD migrants faced unique barriers such as not knowing where to find support, non-inclusive services and limited access to support for temporary visa holders. Participants discussed important facilitators which included having a case manager upon arrival, inclusive and aware providers and providers whose identity mirrored their GSD migrant client. These themes are discussed in this chapter, with Bronfenbrenner's (1981) SEM used to conceptualise the overall results, linking the findings to implications for practice.

4.2 Gender and sexuality diverse migrants' *understandings* of wellbeing

When participants were asked what wellbeing meant to them broadly, they oriented their responses to notions of identity, specifically sexuality. In particular, for bisexual and lesbian women and gay men, aspects of social wellbeing were interwoven with identity, (e.g., not needing to withhold information from friends or family regarding identity) leading to a sense of comfort with participants' situations and identities, similar to findings among GSD migrants in Scotland (Stella et al., 2018).

Further highlighting the relevance of identity, gay men in particular perceived sexual health as an aspect of sexuality to be important to wellbeing alongside other individual level

factors (e.g., physical and mental health). Overall, there is limited literature on GSD migrant *perceptions* of wellbeing, with a greater focus on the *impacts* or *factors* affecting wellbeing for sexuality diverse migrants (e.g., Morales, Corbin-Gutierrez, & Wang, 2013; Lewis, 2014). The literature on impacts to wellbeing support the findings of this current study, that sexuality and sexual health are important aspects of wellbeing – particularly for gay men – and may intertwine with aspects of wellbeing such as physical health.

Understandings of wellbeing discussed by GSD migrants in the current study overlap with understandings of wellbeing of migrants in London – Nigerian and Indian migrants discussed the importance of “belonging” to their wellbeing, and highlighted the intertwining nature of physical, social and cultural wellbeing (Ortega-Alcázar, & Dyck, 2012, p. 116). These findings also overlap with understandings of wellbeing for GSD people who are not migrants. For instance, older GSD Australians perceived physical health as intertwining with social wellbeing (e.g., participation in exercise groups may help to keep fit whilst preventing social isolation) (Hughes, 2016; McCann, & Brown, 2019).

These findings highlight how individual-level factors (e.g., feelings of comfort with identity and situation), are interwoven with microsystem-level factors (e.g., positive interpersonal connections and social wellbeing) to impact overall wellbeing. These factors may be *perceived* as impacts to wellbeing but were also reported by participants as *actual impacts* to wellbeing.

4.3 Impacts to wellbeing for GSD migrants

Migration clearly affected wellbeing for participants, as they reported challenges caused by immigration policies, difficulties in having their prior educational or occupational qualifications recognised by employers and race-based discrimination relating to migrant identity. Employment challenges were salient among gay, bisexual and gay, aromantic and asexual men who migrated more recently as adults. Contrary, women in the current study did

not discuss employment challenges, and instead reported that they were studying or were satisfied with their occupation. However, this is likely to be specific of the sample within the current study, rather than something that may be representative of broader issues.

Participants who held temporary or bridging visas, reported feelings of uncertainty and anxiousness. However, for participants with permanent residency, such experiences were not reported. This suggests, having temporary migrant status has adverse impacts to wellbeing given the uncertain nature of knowing whether one can stay in Australia after visa expiration dates. These issues concur with findings from the US with GSD migrants (Chávez, 2011) and findings from Australia with asylum seekers and refugees (Kisely, Stevens, Hart, & Douglas, 2002; Omeri, Lennings, & Raymond, 2006). Similar findings were reported in the theme, 'External laws, beliefs and understandings toward gender and sexuality impact wellbeing'. Given exosystem-level policies in Australia, if participants' claims for permanent residency were not approved, they would need to return to their country of origin where for some, being GSD is criminalised – an additional exosystem-level law affecting wellbeing.

Participants shared how employment challenges and non-recognition of prior qualifications were additional factors having impacts to wellbeing. These difficulties were identified in previous research with GSD forced migrants in North America (Alessi, 2016) and within African (Abdelkerim, & Grace, 2012; Colic-Peisker, & Tilbury, 2007), ex-Yugoslav and Middle Eastern migrant communities in Australia (Colic-Peisker, & Tilbury, 2007). Colic-Peisker and Tilbury (2007) argue, transitioning from a higher-level position to a lower status position not only impacts work life, but affects all areas of a person's life. This suggests exosystem immigration policies regarding employment, and recognition of prior qualifications, can have negative, all-encompassing impacts to wellbeing at differing levels of the SEM.

Despite these migration challenges, some participants reported improvements to wellbeing. Improvements came after gaining permanent residency, having greater employment options and having greater access to support services – factors also echoed in previous literature with migrant and refugee populations (Rousseau, & Frounfelker, 2018; Virupaksha, Kumar, & Nirmala, 2014).

While most participants migrated for reasons of work or education rather than for reasons relating to gender and sexuality, pre-migration perceptions that life would be better for GSD people in Australia were reported by participants. Migrants perceived the attitudes within the macrosystem and laws toward GSD people at the exosystem in Australia, as more open than in their countries of origin. This was found to influence participants' decisions to live permanently in Australia and not return to their countries of origin, mirroring results of international studies with GSD migrants (Munro et al., 2013; Stella et al., 2018).

However, despite perceived openness toward gender and sexuality in Australia, settlement experiences within participants' microsystems (e.g., the workplace) involving homophobia and racism, challenged wellbeing – consistent with GSD migrant populations in Canada (Lee et al., 2020; Munro et al., 2013; Yee, Marshall, & Vo, 2014). Established and emerging exosystem policies related to GSD migrants should consider targeting issues such as discrimination within GSD migrants' micro- and mesosystems. These experiences are often resultant from current exclusionary exosystem-level policies and damaging macro-level beliefs.

Participants shared how religious beliefs regarding gender and sexuality (macrosystemic level), and external laws such as criminalisation (exosystemic level), fed into personal understandings of sexuality and gender diversity in both their country of origin and in Australia. This in turn affected interpersonal relationships (micro- and mesosystemic levels). Although these interpersonal connections were considered sites of discrimination,

similar to GSD migrants in previous research (Lee et al., 2020), social relationships were also integral to wellbeing. Chiang and colleagues (2019) found, strong connections with family and cultural community were protective factors for wellbeing among Chinese GSD migrants in New Zealand. Connections such as these provided migrants with both emotional and financial support (Chiang et al., 2019), as similarly discussed by participants in the current study.

Social connections also proved important for wellbeing when seeking support in relation to sexuality. One participant, James, sought support from those he had known for a long time living in Australia and described such connections to be very supportive. However, migrants who have arrived recently may not yet have established close interpersonal networks and may not have these supports considered important for wellbeing. Research exploring the mental health needs of 308 LGBTQ asylum seekers in the US and Canada found the most common forms of support came from significant others (41.2%) and from LGBTQ friendships formed via the internet (35.4%) (Fox, Griffin, & Pachankis, 2020). These findings illustrate the importance of social relationships to GSD migrant wellbeing at the microsystem-level. Such networks may provide more than just practical support, but emotional support and comfort too (Chiang et al., 2019), addressing the intertwining aspects of wellbeing.

Experiences of migration were, for those whom migrated as children, different compared to those who migrated as adults. For three participants who migrated as children, impacts to wellbeing mainly stemmed from experiences with migrant identity. These impacts related to challenges with ‘fitting in’ and feeling accepted among Australian-born children within the microsystem (Candy, & Butterworth, 1998; Sonderegger, & Barrett, 2004). For the participants who migrated as adults more recently, few were in part, motivated to relocate for reasons of gender and sexuality. Upon arrival they reported migrant identity, gender and

sexuality were intersecting factors impacting wellbeing, similar to studies exploring GSD refugee and migrant populations (Buscher, 2011; Chiang et al., 2019). These differences highlight the diversity in experiences for GSD migrants based on length of time in Australia and age of migration, providing important considerations for service provision.

4.4 Barriers and facilitators to support

To address the final research aim, four themes were identified from the data as key barriers and facilitators. Participants discussed barriers and facilitators in knowing where to access support in the first instance and spoke of access to services that: are available rurally, are inclusive, are low-cost and employ providers who are also GSD, from a migrant background or who speak the same language as their client.

For some participants, it took years to navigate the complex Australian healthcare system before they were able to find a service to address their needs – similarly identified as a barrier by GSD migrants in previous Australian research (Mejia-Canales, & Leonard, 2016). Healthcare system complexities and difficulty accessing immediate, timely support could be detrimental to the wellbeing of those whom may need urgent assistance.

In facilitating access to support, participants within the present study recommended a case manager to assist in navigating the healthcare system. Participants also discussed the internet as a platform to gather information around potential supports. Technology was importantly identified as a facilitator among GSD people in Australia in seeking information for services to meet their needs (Byron et al., 2016; Robards, Kang, Usherwood, & Sancic, 2018; Robinson, Bansel, Denson, Ovenden, & Davies, 2014). This highlights a need for greater microsystem-level support provided for migrants upon arrival.

Once participants had access to services, they described uptake of support to be facilitated by open and inclusive services. Supports varied and included LGBTQ+ spaces within the local community, pride events like Mardi Gras, sexual health clinics and GPs.

Given the perceived visibility and low-entry barriers of services in Australia, participants were more inclined to utilise these supports to promote aspects of wellbeing such as mental and sexual health. Similar supports were identified by LGBTQ youth in North America (Eisenberg et al., 2018). Eisenberg and colleagues (2018) suggest, interacting with others within these spaces and communities can help to facilitate positive interpersonal connections. This may have positive impacts to GSD migrant wellbeing within the microsystem.

Participants also discussed the barriers they experienced with non-inclusive and non-discreet supports. GSD services and support groups were unaware that migrants from particular backgrounds may personally prefer supports which are less public and more discreet. Given cultural understandings and preferences surrounding gender and sexuality, some migrants may not wish to disclose certain aspects of their identity (Kahn, 2015). Training and education of service providers related to cultural competency and being inclusive, may promote awareness around the experiences and preferences of GSD migrants for tailored support within the microsystem.

It is evident that access to support is made difficult upon arrival given challenges in navigating a complex healthcare system and difficulties finding inclusive services. For some, additional barriers remain. Participants discussed how eligibility for Medicare and location of residence as determined by visa type, created barriers to support. In particular, those who migrate for work may arrive with visas which require them to live regionally (Department of Home Affairs, 2020b). For example, Daniel described an absence of regional services for mental health, gender and sexuality and migrant support. Daniel's main suggestions in facilitating access to support regionally, were not needing to travel long distances to a main city for support and having multilingual, culturally competent and GSD inclusive supports within rural communities.

Participants also reported being unable to access supports through Medicare given the high costs for newcomers. Certain Medicare policies limit temporary migrants' access to essential services, meaning they must pay full fees to receive these supports (Services Australia, 2019; Services Australia, 2020). GSD migrants who may need immediate support but are unable to access services given the restrictive eligibility criteria and large financial burden, may then experience greater stress (Lee et al., 2020; Munro et al., 2013). Participants spoke of the importance of low-cost supports, potentially provided by NGO's to facilitate access to support. To increase longevity and affordability of services within GSD migrants' microsystems, consideration of the challenges and factors which affect access and eligibility to mainstream supports, must be enshrined in exosystem-level policies. This may include re-evaluating eligibility criteria for newcomers' access to essential services and developing lasting supports for rural GSD migrants.

Finally, participants spoke of the importance of having a service provider who mirrored their identity. Providers who either: were gender or sexuality diverse, came from a migrant background or spoke the client's primary language, were seen to facilitate access to and uptake of support. If aspects of the provider's identity did not mirror that of the client, they were perceived by some participants to not be fully aware of the challenges to wellbeing that come with being GSD and CALD. This "mismatch" between client and provider have also been reported as barriers to support in research with GSD migrants in the US (Keuroghlian et al., 2018, p. 196). In bettering services for this group, employing GSD staff and CALD providers may facilitate access to support (Keuroghlian et al., 2018). However, not all GSD migrants have preferences for a provider of a similar identity. Organisations must be cognizant of these individual-level factors and consider client needs on a case-by-case basis for better tailoring of services within GSD migrants' microsystems.

4.5 Strengths and Limitations

Much of the sparse research in this area focus on GSD people migrating to Canada (Logie et al., 2016; Munro et al., 2013) and the US (Chávez, 2011; Keuroghlian et al., 2018; Silberholz et al., 2017). As such, this study makes an important contribution to the little research which currently exists on the topic in Australia. In particular, the qualitative, interview-based nature of the study encouraged active participation of those directly impacted, whereby GSD migrants' voices were heard concerning their perceptions around wellbeing and service provision.

This study was further strengthened by Clarke, Ellis, Peel, and Riggs (2010) defining characteristics of 'LGBTQ psychology'. As such, this study sought to prioritise LGBTQ matters as topics of significance in psychological research, encourage inclusiveness in research with a focus on a non-genderist and non-heterosexist framework and, present numerous, diverse perspectives and experiences within the lives of LGBTQ+ people (Clarke et al., 2010; Moreno et al., 2019).

In addition, utilising Bronfenbrenner's (1981) SEM allowed for exploration of the impacts to GSD migrant wellbeing above and beyond the individual and their immediate environment. Including the broader context motivated exploration of how GSD migrants are enmeshed within various layers of the SEM, highlighting the diversity of impacts to wellbeing which may not have been captured through sole focus on individual determinants.

Though the study called for people of both refugee and migrant backgrounds, willingness to participate was expressed solely by migrants. This may be due to challenges in recruiting refugees as a highly vulnerable population (e.g., Gabriel, Kaczorowski, & Berry, 2017). Similarly, researchers were unable to explore the experiences of specific gender diverse groups such as transgender people, which may also be due to specific challenges surrounding recruitment of gender diverse groups in academic research (e.g., Owen-Smith et

al., 2016). Barriers to participation may also be explained by the impacts of the COVID-19 pandemic, including situations of isolation and the need for extra support during this time. Hence, a limitation of this study was being unable to explore the perceptions of highly vulnerable groups requiring immediate or greater support.

While the researchers acknowledge great diversity between cultural backgrounds, gender identity and sexuality, there is little research in this area overall. This preliminary study aimed to explore the experiences of migration of people from any CALD background, and how migration related to their experiences of being GSD. As such, a limitation of the study was that the sample size restricted conclusions that could be drawn on the basis of culture, ethnicity, religion or country of origin. In addition, no comparisons were made between the experiences of those from particular genders and sexualities, so conclusions were not drawn between the needs specific to each gender or sexuality for tailored care.

4.6 Implications and Future Research

A small body of previous research and advocacy in Australia reported on the wellbeing and support needs for GSD migrants, asylum seekers and refugees (Mejia-Canales, & Leonard, 2016; Noto et al., 2014). Results from the current study mirror the recommendations for policy and practice identified in this previous research. In particular, key recommendations include recruiting case managers to assist GSD migrants in navigating their new environment, gathering information about, and advertising, the various migrant, multicultural and GSD support services currently available and ensuring providers are trained to be culturally competent and inclusive (Mejia-Canales, & Leonard, 2016; Noto et al., 2014). In addition, services should consider providing holistic support (Morales et al., 2013; Paat, 2013) which is cognizant of the ways in which aspects of identity (migrant background, gender and sexuality) intertwine with other factors (e.g., financial wellbeing, physical health) to impact overall wellbeing.

In terms of future research, it was clear that participants' identities (migrant background, gender and sexuality) were overlapping and were not independent from one another. As a result, some participants faced unique modes of disadvantage on the basis of their sexuality, race and gender. In line with current advocacy (Dixson, Dixson, & Rubashkyn, 2019), future research should consider using intersectionality (Crenshaw, 1989) as a theoretical framework for a deeper understanding of individual, structural and cultural challenges, and their impact on those at the intersections of these identities (Clark, 2013; Warner, 2008). Future research should also explore the perceptions of GSD people with refugee backgrounds given potential complex migration experiences and structural barriers in accessing timely and appropriate support (Gabriel et al., 2017). By understanding the perceptions of both GSD refugees and migrants, future research could explore the breadth and diversity of experiences faced by both groups and allow for triangulation of findings (Tracy, 2010). Future studies should consider triangulating the perspectives of service providers and GSD refugee or migrant groups, allowing for exploration of converging opinions or discrepancies between groups. This would increase credibility of the conclusions drawn and allow for greater tailoring of services (Tracy, 2010).

Additional research should explore differences in impacts to wellbeing and access to support based on either culture, ethnicity, religion or country of origin. Findings may equip providers with a greater understanding into the diverse needs of GSD people from particular backgrounds. It may also be useful to explore differences in experiences based on gender and sexuality to establish support needs specific to each gender and/or sexuality for tailored care.

4.7 Conclusions

Findings from the current study contribute to the gaps in exploring understandings of, and the factors that impact upon, wellbeing, and the barriers and facilitators to support for GSD migrants in Australia. Importantly, this study centred the perspectives of those directly

impacted, encouraging detailed accounts of the concerns most relevant to this group.

Utilising the SEM provided a holistic view of the individual's support needs and circumstances, allowing for greater insight into the specific system levels at which change is required to facilitate access to support and promote wellbeing.

Particularly, findings highlighted the importance of services which consider and address the various intertwining aspects that impact GSD migrant wellbeing. Further research is recommended to explore the differences between needs among specific genders, sexualities, cultures and migrant sub-populations for deeper insights into the resources required for tailored support. This study provides a foundation for future research to explore how services may be implemented, with consideration of the wellbeing needs and the barriers and facilitators to support raised by GSD migrants in the current study.

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Appendix A: Participant Information Sheet

**PARTICIPANT INFORMATION SHEET**

PROJECT TITLE: Promoting positive psychological wellbeing in gender and sexuality diverse people with refugee and migrant backgrounds

HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: H-2020-039

PRINCIPAL INVESTIGATOR: XXX

STUDENT RESEARCHER: [REDACTED]

STUDENT'S DEGREE: Honours Psychology

Dear Participant,

You are invited to participate in the research project described below.

What is the project about?

This project aims to consider the experiences of LGBTQ+ people with refugee or migrant backgrounds, including wellbeing and barriers and facilitators to accessing suitable support services. Gaining an insight into such experiences will assist in providing better provision of services and effective promotion of positive psychological wellbeing.

The project involves an interview which will take up to 1 hour, where we will ask you about your perceptions of your wellbeing, any support needs you have or would like, the support you have access to, and the barriers and facilitators to accessing that support.

Who is undertaking the project?

This project is being conducted by XXX and YYY at The University of Adelaide, together with Psychology Honours student.

Who is being invited to participate?

You are being invited to participate if you:

- Came to Australia as a refugee or migrant
- Identify as lesbian, gay, bisexual, transgender, queer + (LGBTQ+)

- Are over 18
- Arrived in Australia less than 10 years ago.
- Can read and write in English

What will I be asked to do?

You will be asked to answer some questions about your wellbeing and access to support, as well as your experience with service providers in Australia and how this relates to your mental health.

This will take up to 1 hour. Interviews will be audio-recorded and conducted via telephone, or an online video conferencing platform like Zoom or Skype. You do not have to answer all questions if you don't want to.

Are there any risks associated with participating in this project?

We recognize that some of the questions asked may relate to negative migration or support experiences. Further, whilst the utmost care will be taken to protect participant privacy and confidentiality, absolute confidentiality cannot be assured. In order to help you if you do feel distress, we will give you a list of the contact details of organisations that can provide some support.

What are the benefits of the research project?

You will receive a \$15 shopping voucher for participating in an interview. While there are no other direct benefits, we hope that the research findings will increase understandings of community concerns and service experiences for LGBTQ+ refugees and migrants in Australia.

Can I withdraw from the project?

Participation in this project is completely voluntary. If you agree to participate, you can withdraw from the study at any time up until data analysis for Student's honours thesis is finalised.

What will happen to my information?

You will not be able to be identified in any publications. Only the researchers will have access to the data. Data will be stored for 7 years on a password protected computer and then deleted. If you are interested in the results of the project we can give you a report summarising the main findings. The findings will be included in journal papers and reports and we can also send you these if you would like to read them.

What if I have a complaint or any concerns?

The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number H-2020-039). If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the Principal Investigator. Contact the Human Research Ethics Committee's Secretariat on phone +61 8 8313 6028 or by email to hrec@adelaide.edu.au if you wish to speak with an independent person regarding concerns or a complaint, the University's policy on research involving human participants, or your rights as a participant. Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

If I have questions or want to participate, what do I do?

If you are interested in participating, please contact Student or XXX.

Yours sincerely,

Student

Appendix B: Participant Consent Form

Human Research Ethics Committee (HREC)**CONSENT FORM**

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	Promoting positive psychological wellbeing in gender and sexuality diverse people with refugee and migrant backgrounds
Ethics Approval	H-2020-039

2. I have had the project, so far as it affects me, and the potential risks and burdens fully explained to my satisfaction by the research worker. I have had the opportunity to ask any questions I may have about the project and my participation. My consent is given freely.
3. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.
4. Although I understand the purpose of the research project, it has also been explained that my involvement may not be of any benefit to me.
5. I agree to participate in the activities outlined in the participant information sheet.
6. I agree to be:
Audio recorded Yes No
7. I understand that I am free to withdraw from the project at any time up until data analysis for Student's honours thesis is finalised and that this will not affect my study at the University, now or in the future.
8. I have been informed that the information gained in the project may be published in a thesis.
9. I have been informed that in the published materials I will not be identified and my personal results will not be divulged.
10. I understand my information will only be disclosed according to the consent provided, except where disclosure is required by law.
11. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

Appendix C: Participant Support Information

Support organisations that may be able to assist you if you experience any distress during the “**Promoting positive psychological wellbeing in gender and sexuality diverse people with refugee and migrant backgrounds**” project

1. QLife

QLife is a counselling service providing anonymous and free LGBTQI support
Phone: 1800 184 527 (available 6pm to 10pm) or online webchat (available 3pm to midnight)
Website: <https://qlife.org.au/>

2. Beyond Blue

Beyond Blue is a support service for immediate mental health support online or over the phone
Phone: 1300 22 4636 (24/7) or online webchat: (available 3pm to midnight)
Website: <https://www.beyondblue.org.au/get-support/get-immediate-support>

3. Lifeline

Lifeline is a telephone support service, so you can talk with someone on the telephone if you are feeling distressed or upset (24/7). Alternatively, the online chat is available 7pm to midnight (AEST) 7 days a week.
Phone: 13 11 14
Website: <https://www.lifeline.org.au/>

If you feel more comfortable speaking in another language, please call the Translating and Interpreting Service on 13 14 50 and ask them to call Beyond Blue or Lifeline for you on 13 11 14.

4. State Crisis Numbers

These services can help in a mental health emergency. Visit the website for a list of helpline numbers for all states and territories.
Website: <https://www.safetyandquality.gov.au/our-work/mental-health/emergency-mental-health-contact-details>

5. Survivors of Torture and Trauma Assistance and Rehabilitation Services

These refugee specific services can help with mental health needs in person (visit website for contact hours)
SA - website: <https://www.sttars.org.au/>, phone: 8206 8900
NSW – website: <https://www.startts.org.au/>, phone (02) 9646 6700
VIC – website: <https://foundationhouse.org.au/>, phone: (03) 9389 8900
QLD – website: <https://qpastt.org.au/>, phone: 07 3391 6677

WA – website: <https://asetts.org.au/>, phone: +61 8 9277 2700

TAS – website: <http://mrctas.org.au/phoenix-centre/>, phone: [03 6221 0999](tel:0362210999)

NT – website: <http://www.melaleuca.org.au/trauma-counselling/>, phone: +61 (08) 8985 3311

ACT – website: <http://www.companionhouse.org.au/>, phone: (02) 6251 4550

Appendix D: Interview Schedule

Interview Schedule**Demographic information gathered from participants**

- Country of origin
- Age
- Visa type (if known)
- Relationship status
- Gender identity (male, female or non-binary)
- Have you ever identified as transgender? (Yes/No)
- Sexuality (lesbian, gay, bisexual, queer +)
- Length of time in Australia
- Are you religious? If so, which religion/s?
- Cultural ethnicity

QUESTIONS**Overall wellbeing:****1. Could you tell me a bit about yourself and your migrant status?***Prompts:*

- Why did you come to Australia?
- How was your experience of the process of migration?
- How did you find the re-settlement process in Australia?

2. Could you tell me a bit about your gender and/or sexuality?*Prompts:*

- How did you come to an understanding of your sexuality/gender?
- Would you say your gender and/or sexuality played a part in seeking refuge/migrating to Australia? If so, how?

3. What does wellbeing mean for you?*Prompts:*

- What are your understandings around positive mental health?

4. How would you describe your wellbeing?**5. What factors in general affect your wellbeing either positively or negatively?****6. Could you comment on whether you think either migrant status or sexuality affects your wellbeing or if one may have more of an impact on your wellbeing over the other?**

Satisfaction with service providers in Australia:

7. Had you accessed wellbeing services before coming to Australia?

IF YES – Prompts:

- How helpful and useful did you find these services?

IF NO – Prompts:

- What were the reasons for not accessing support?
- How did you feel about the services in your home country?
- Were these services free? (If not, were they affordable?)

8. When you first arrived in Australia did you need or receive support in relation to being a new migrant?

IF YES:

- What was that support?
- Were you able to find and receive the support you were looking for?

IF NO:

- If you needed this support, would you know how to find it?

9. In your time in Australia, have you accessed support in relation to gender/sexuality, if so, what was that support?

IF YES:

- What was that support?
- Were you able to find and receive the support you were looking for?

IF NO:

- If you needed this support, would you know how to find it?

10. Have you needed to access support for wellbeing or mental health in Australia?

IF YES:

- What was that support?
- Were you able to find and receive the support you were looking for?

IF NO:

- If you needed this support, would you know how to find it?

11. For the above supports:

IF YES - Prompts:

- How effective do you believe this support is/was?
- In your home country, is it common for people to access mental health support?

- Do you think the support here is different compared to other countries?
- How does this compare to your use of services in your home country (if participant had accessed support in home country)?

12. Are you currently receiving support specific from:

- LGBTQ+ only organisations?
- Migrant/refugee only organisations?
- From organisations tailored for both LGBTQ+ people and migrants/refugees?

IF YES to any of the above:

- Which organisations and what are they called?

IF NO to currently receiving support - for what reasons have you not accessed wellbeing support?

Prompts:

- If you did need help would you know how to access it?
- Do your friends or people you know in your community know how to get this support?
- How do you feel about accessing support?
- In your home country, is it common for people to access mental health support?
- Do you think the support here is different compared to other countries?

Barriers and facilitators to support:

13. What are some of the barriers you have experienced in accessing support?

Prompts:

- Do/did the services apply to you and your needs?

14. What would help you in accessing support? (What are the facilitators?)

15. Ideally, what supports would you like to have?

Prompts:

- In relation to migration
- In relation to gender and sexuality
- And in relation to wellbeing

Recommendations:

16. What do you recommend to current mental health organisations in providing better support for you and other gender and sexuality diverse migrants/refugees?

