Challenges in Integrating LGBTQ+ Inclusivity into Hong Kong's Mental Health Care: Barriers to Effective Psychiatric Services

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Abstract

This thesis examines the challenges of integrating LGBTQ+ inclusivity into Hong Kong's mental health care system, focusing on barriers to effective psychiatric services for lesbian, gay, bisexual, transgender, and queer individuals. Guided by Queer Theory and Intersectionality, the study addresses two research questions: how the current system meets LGBTQ+ needs and the primary challenges faced by providers in delivering inclusive care. Through semi-structured interviews with two service users and one psychiatric nurse, thematic analysis identifies four barriers: lack of cultural competence training, heteronormative norms and cultural stigma, lack of policy implementation, and resource constraints. Policy analysis of Hong Kong's key documents, including the Mental Health Review Report (2017) and Hospital Authority Guidelines (2019), reveals absent provisions for LGBTQ+-specific stressors, such as stigma and family rejection. International policy references from Taiwan, Singapore, Australia, the UK, and Canada contextualize these gaps, highlighting inclusive practices like mandated training. Findings indicate that Hong Kong's system fails to provide affirming care, exacerbating mental health disparities, while providers face inadequate training, cultural biases, legal ambiguities, and resource shortages. The study contributes theoretically by applying Queer Theory and Intersectionality to Hong Kong's context, empirically by filling gaps in lived experiences and provider perspectives, and practically by informing inclusive policy reforms.

Keywords

LGBTQ+ inclusivity, mental health care, Hong Kong, cultural competence training, cultural stigma, policy implementation, resource constraints, Queer Theory, Intersectionality

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Introduction

In Hong Kong, the integration of LGBTQ+ inclusivity into mental health care remains a pressing challenge, as societal attitudes, cultural norms, and systemic barriers continue to impede access to effective psychiatric services for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals. Despite global advancements in recognizing the mental health disparities faced by LGBTQ+ populations, Hong Kong lags in implementing inclusive policies and practices within its mental health framework. LGBTQ+ individuals in Hong Kong experience higher rates of mental health issues, including depression, anxiety, and suicidality, largely due to stigma, discrimination, and a lack of culturally competent care.

The mental health challenges faced by LGBTQ+ individuals in Hong Kong are documented. LGBTQ+ individuals in Hong Kong face significant mental health challenges due to societal prejudice, family rejection, and internalized stigma. A community-based survey conducted in May 2020 with 857 lesbians, gay, and bisexual (LGB) participants found that 31.5% met criteria for probable clinical depression, while 27.9% reported generalized anxiety disorder (Suen et al., 2020). These elevated rates highlight the disproportionate mental health burden borne by sexual and gender minorities, driven by unique stressors such as family conflict over sexual orientation (reported by 4.2% of participants) and reduced connection to supportive LGBTQ+ networks (reported by 34.7%) (Suen et al., 2020).

Hong Kong's mental health care system, comprising both public and private services, often fails to meet the specific needs of LGBTQ+ individuals. Primary care providers and psychiatric services frequently lack training in culturally competent, affirming care, exacerbating barriers to accessing effective support (Mind HK, 2023). A scoping review further underscores systemic gaps in health care inclusivity for sexual and gender minorities, noting insufficient resources and awareness among providers (Wong et al., 2025).

Cultural and structural barriers further complicate the integration of LGBTQ+ inclusivity. Hong Kong's collectivist culture, influenced by Confucian values and conservative religious beliefs, often stigmatizes non-normative identities, deterring open discussions about sexuality and gender in clinical settings. Moreover, mental health practitioners in Hong Kong often report inadequate training and low confidence in addressing LGBTQ+-specific needs, resulting in a knowledge-practice gap that undermines service delivery. The Hong Kong Psychological Society's 2023 position paper advocating for LGBTQ+ inclusivity and the Hong Kong College of Psychiatrists' opposition to conversion therapy signal progress, but implementation remains inconsistent. Community opposition to mental health facilities, such as Integrated Community Centres for Mental Wellness, also reflects broader societal resistance to progressive reforms, further restricting access to inclusive services.

Addressing these challenges requires a multi-faceted approach, including mandatory LGBTQ+-inclusive training for mental health professionals, policy reforms to ensure non-discriminatory practices, and public education to reduce stigma. By examining these barriers, this discussion aims to illuminate pathways toward a more equitable mental health care system

in Hong Kong, where LGBTQ+ individuals can access affirming and effective psychiatric services without fear of discrimination or marginalization.

Research Question

1. How does the current mental health care system in Hong Kong address the needs of LGBTQ+ individuals?
2. What are the primary challenges faced by mental health care providers in offering inclusive psychiatric services?

Methodology

This study adopts a qualitative research approach to explore the challenges of integrating LGBTQ+ inclusivity into Hong Kong's mental health care system, with a focus on LGBTQ+ individuals and psychiatric services. Qualitative methods are well-suited for capturing in-depth perspectives and contextual nuances, allowing for a detailed examination of barriers and potential solutions. The methodology comprises semi-structured interviews, thematic analysis, and policy analysis to address the research questions effectively.

Data Collection Methods

Semi-structured Interviews

Semi-structured interviews will be conducted to elicit rich, in-depth insights into the experiences of mental health care professionals and gender-diverse individuals within Hong Kong's mental health care system. As described by Knott, Rao, Summers, & Teeger (2022), semi-structured interviews combine the flexibility to explore emergent topics with the structure needed to ensure thematic consistency, making them ideal for capturing nuanced narratives in social science research, including health care settings. This approach enables a comprehensive understanding of participants' perspectives on systemic and cultural barriers, supporting the study's aim to identify heteronormative biases in psychiatric services and propose queer-affirming reforms (Kallio, Pietilä, Johnson, & Kangasniemi, 2016; Knott et al., 2022).

Thematic Analysis

Data from the semi-structured interviews will be analysed using thematic analysis to identify recurring themes and patterns that illuminate the experiences of mental health professionals and LGBTQ+ individuals in Hong Kong's mental health care system. Following Braun & Clarke (2006) six-phase framework, this method involves familiarizing with the data, generating initial codes, grouping codes into themes, reviewing and refining themes, defining themes, and interpreting them to address the research questions. Thematic analysis is selected for its flexibility and robustness in capturing complex social phenomena, such as heteronormative biases and cultural influences (e.g., Confucian values) that shape mental health care delivery (Suen, Chan, & Wong, 2018). This approach enables a nuanced exploration of systemic barriers and queer-affirming possibilities, ensuring the analysis is grounded in participants' lived experiences and contributes to proposing inclusive reforms (Braun & Clarke, 2006; Nowell, Norris, White, & Moules, 2017).

Policy Analysis

This study undertakes a policy analysis aimed at assessing the inclusivity of Hong Kong's mental health care system concerning LGBTQ+ individuals, alongside the identification of strategies from international contexts that may be modified to improve the approach in Hong Kong. According to the definition provided by Walt et al. (2008), policy analysis offers a structured methodology for scrutinizing the components, environments, and mechanisms of policies to evaluate their effectiveness in meeting particular needs and challenges (Walt, Shiffman, Schneider, Murray, Brugha, & Gilson, 2008). This approach is used since it enables a comprehensive assessment of mental health policy in Hong Kong, highlighting strengths and weaknesses and obstacles. It also involves cross-national case studies to provide realistic, context-sensitive enhancements that are relevant to Hong Kong's urban, mixed public-private health care system. The policy analysis addresses the first research question directly by examining how current frameworks support or fail to support the mental health of LGBTQ+ individuals through identifying provisions such as anti-discrimination and cultural competence training.

Furthermore, it responds to the second research question by recognizing systemic and provider-level barriers, for example, a lack of training or resource limitations, inherent in policy design and implementation. To identify areas of potential enhancement, the research considers policies in Taiwan, Singapore, Australia, the United Kingdom, and Canada as reference points. The nations were chosen based on their advanced mental health frameworks and their applicability in Hong Kong's socio-economic context and health care system. For example, Taiwan's measures for legal protection, Australia's youth mental health models, and Canada's community-oriented approaches all provide insight into strategies that can be modified to correct deficiencies in Hong Kong's mental health framework.

Hong Kong policies with the policies of other nations enables the study to utilize international policies as reference points for determining responsive measures—such as inclusivity training that is mandatory or reforms in law—that can be modified to suit Hong Kong's unique context. The method guarantees full comprehension of Hong Kong's mental healthcare environment while utilizing worldwide examples to make evidence-based and culturally relevant suggestions on how to support equitable and inclusive mental healthcare.

Selection of Respondents

The study selected three respondents with diverse backgrounds and experiences to provide comprehensive insights into the delivery and reception of mental health services for the LGBTQ community in Hong Kong. Each respondent was chosen based on their direct involvement with mental health services, either as a service provider or recipient, and their ability to offer unique perspectives shaped by their professional roles, sexual orientation, or gender identity. Below is a detailed description of each respondent:

Participant 1, Boby (pseudonym) a male registered nurse, 30 Years Old. This respondent is a male Registered Nurse (RN) with seven years of nursing experience in Hong Kong. He began his career as an Enrolled Nurse (EN) for three years before advancing to RN status, a position he has held for four years. His professional experience spans hospital and

hostel settings, where he has provided care in psychiatric service delivery. His firsthand knowledge of mental health service provision in public healthcare settings offers valuable insights into the operational and systemic aspects of psychiatric care, particularly for marginalized groups such as the LGBTQ community.

Participant 2, Lee (pseudonym). This respondent is a 33-year-old woman who identifies as a lesbian and was born and raised in Hong Kong. She has been open about her sexual orientation since a young age. She has sought counselling from a psychologist on multiple occasions to address anxiety-related issues. Her experiences with mental health services as a member of the LGBTQ community offer critical insights into the accessibility, sensitivity, and effectiveness of counselling services in Hong Kong.

Participant 3, Ming (pseudonym). This respondent is a 30-year-old openly gay man, born and raised in Hong Kong, currently employed in an office job. He has sought mental health services multiple times, with his first engagement occurring approximately five years ago following a challenging coming-out experience with his family. Their negative reaction, including labelling him as "sick," led to severe depression and suicidal ideation, resulting in his admission to a public hospital's psychiatric ward due to an emotional breakdown. Since then, he has consulted psychologists and psychiatrists intermittently. His experiences highlight the emotional and systemic challenges faced by LGBTQ individuals accessing mental health services in Hong Kong, particularly in public healthcare settings.

The selection of these respondents ensures a balanced representation of perspectives, combining professional expertise with lived experiences of seeking mental health support as members of the LGBTQ community. Their diverse backgrounds contribute to a nuanced understanding of the barriers, challenges, and potential improvements in mental health service delivery for this population in Hong Kong.

Interview Process

All interviews were conducted face-to-face, lasting between 35 and 50 minutes, in Cantonese, the native language of both the researcher and participants, to ensure clear communication and comfort. Before each interview, participants received a detailed explanation of data processing procedures, and written consent was obtained, ensuring informed participation. Interviews were audio-recorded with permission. The semi-structured interview guide included open-ended questions on professional pride, emotional labour, and cultural expectations, with flexibility to probe deeper as needed. Conducting interviews in person allowed observation of non-verbal cues, enhancing data depth, as emphasized by Brinkmann (2013). A trusting environment was fostered to encourage open responses.

Ethical Considerations

Ethical considerations were prioritized throughout the study. Participants were fully informed about the study's purpose, data usage, and their right to withdraw at any time. Pseudonym and confidentiality were ensured through secure data storage and pseudonymization. Given the sensitivity of discussing gender diversity in Hong Kong's

conservative context, care was taken to create a safe, non-judgmental space for participants to share their experiences.

Reliability

To ensure reliability, I maintained objective mind and reminding myself of potential biases during data collection and analysis. Interview audio recordings were transcribed verbatim, and transcripts were cross-checked for accuracy. The thematic analysis process involved iterative coding, with themes validated through peer debriefing to enhance credibility. The use of established methodologies, such as Braun and Clarke's (2006) thematic analysis framework, further strengthens the study's rigor and trustworthiness.

Reflection on Methodology and Recruitment Material

The qualitative methodology, encompassing semi-structured interviews, thematic analysis, and policy analysis, effectively captured nuanced insights into integrating LGBTQ+ inclusivity into Hong Kong's mental health care system. Semi-structured interviews provided flexibility to explore participants' experiences, revealing barriers like cultural stigma and inadequate training. Thematic analysis, guided by Braun and Clarke's (2006) framework, systematically identified key themes, while policy analysis contextualized Hong Kong's practices against global standards. However, the small sample size, driven by recruitment difficulties, limits generalizability. Conducting interviews solely in Cantonese excluded non-Cantonese speakers, and limited access to current global policy documents constrained comparative depth of the research. Future studies could adopt multilingual approaches and source broader policy data to enhance inclusivity and scope.

Recruitment proved challenging, as email invitations to NGOs and organizations yielded no responses or declinations, likely due to the sensitivity of LGBTQ+ issues in Hong Kong's conservative socio-cultural context. As a result, purposive sampling was used, targeting publicly out LGBTQ+ individuals who were personal acquaintances and one psychiatric nurse, a former colleague. This approach leveraged trust to facilitate open dialogue but risked bias due to familiarity. The inclusion of only one professional perspective, despite its depth, restricted diversity. Future recruitment could explore social media or community platforms to access a wider participant pool.

Positioning

As a female psychiatric nurse in Hong Kong, my professional background in mental health care informed the study's design and interpretation. My experience in psychiatric settings enabled me to craft relevant interview questions and interpret responses with clinical context. However, my familiarity with participants, including a former colleague, required careful bias management, addressed through a reflexive journal, as recommended by Finlay (2002). While I am not part of the LGBTQ+ community, my commitment to equitable mental health care drove my interest in amplifying diverse communities' voices. I ensured participants' narratives remained central to avoid imposing my perspectives. Conducting interviews in Cantonese, my native language, built rapport, with translation accuracy verified during analysis.

My positioning as a nurse and advocate for inclusivity enriched the study but demanded ongoing reflexivity to maintain rigor.

This reflection highlights the methodology's strengths in capturing rich data and the recruitment constraints that shaped the sample. My identity as a heterosexual female psychiatric nurse added professional depth but required vigilance against bias, informing strategies for more inclusive future research.

Limitation

This study, while providing valuable insights into the challenges of integrating LGBTQ+ inclusivity into Hong Kong's mental health care system, is subject to several limitations that impact its scope and generalizability.

First, the small sample size, resulting from recruitment challenges, restricts the breadth of perspectives captured. The study relied on purposive sampling of publicly out LGBTQ+ individuals who were personal acquaintances and one psychiatric nurse, a former colleague. This limited sample, while yielding in-depth data, may not fully represent the diverse experiences of Hong Kong's LGBTQ+ community or mental health professionals. The inclusion of only one professional perspective, despite its richness, further constrains the study's ability to reflect the broader psychiatric workforce.

Second, recruitment difficulties highlight a methodological limitation. Unsuccessful attempts to engage NGOs and organizations via email invitations, likely due to the sensitivity of LGBTQ+ issues in Hong Kong's conservative socio-cultural context, forced reliance on personal networks. This approach risked selection bias, as familiarity with participants, including a former colleague, may have influenced their responses. My identity as a female heterosexual psychiatric nurse, while facilitating trust, could have subtly shaped interactions, despite efforts to mitigate bias through reflexive journaling, as recommended by Finlay (2002).

Third, the use of Cantonese as the sole interview language excluded non-Cantonese-speaking gender-diverse individuals, potentially overlooking unique perspectives from linguistic minorities within the LGBTQ+ community. This linguistic limitation may have narrowed the study's inclusivity.

Fourth, the policy analysis faced constraints due to limited access to up-to-date global policy documents, which restricted the depth of cross-national comparisons. This limitation hindered the ability to fully contextualize Hong Kong's practices against international best practices.

Finally, the qualitative nature of the study, while ideal for exploring nuanced experiences, limits its ability to quantify the prevalence of identified challenges or generalize findings to a broader population. Future research could address these limitations by employing mixed methods, recruiting a larger and more diverse sample through alternative channels like social media, incorporating multilingual interviews, and sourcing comprehensive global policy data to enhance robustness and inclusivity.

Theoretical framework

This study adopts two complementary theoretical frameworks—Queer Theory and Intersectionality—to examine the challenges of integrating LGBTQ+ inclusivity into Hong Kong's mental health care system, with a focus on LGBTQ+ individuals. These frameworks provide critical lenses for analysing systemic barriers and informing equitable psychiatric practices.

Queer Theory

Queer Theory: Queer Theory, notably advanced by Butler (1990), challenges heteronormative and binary constructs of gender and sexuality, advocating for the dismantling of normative structures that marginalize non-conforming identities. Butler's concept of performativity critiques how societal norms shape identity, offering a lens to question heteronormative assumptions in Hong Kong's psychiatric services, such as pathologizing gender diversity or perpetuating conversion therapy (Butler, 1990). In a cultural context where traditional values reinforce normative expectations, Queer Theory illuminates how policies and practices exclude LGBTQ+ individuals through inadequate training or biased clinical interactions (Suen, Chan, & Wong, 2018). Dalton (2024) queer medical humanities extend this framework, advocating for queer-affirming practices that prioritize cultural competence and patient agency. Queer Theory guides the policy analysis to identify heteronormative biases in documents like the Mental Health Review Report (Food and Health Bureau, 2017), informs policy analysis of global inclusive models, and shapes thematic analysis of interview data to uncover barriers such as provider stigma or lack of affirming care protocols (Jagose, 1996).

Intersectionality

Intersectionality, developed by Crenshaw (1989), explores how overlapping identities—such as gender, sexuality, class, ethnicity, and socioeconomic status—interact to shape individuals' experiences and access to mental health care. In Hong Kong, LGBTQ+ individuals may face compounded barriers due to intersecting marginalization, such as economic disadvantage, ethnic minority status, or migrant backgrounds, which exacerbate disparities in psychiatric service access (Suen et al., 2017). Intersectionality highlights how systemic issues, like the absence of anti-discrimination policies or culturally insensitive services, disproportionately impact specific LGBTQ+ subgroups, intensifying mental health challenges (Bowleg, 2012). This framework informs the policy analysis by evaluating global models (e.g., Canada's community-based care) for intersectional inclusivity and guides thematic analysis of interview narratives to propose interventions that address these complex dynamics, ensuring solutions are tailored to diverse needs (Collins, 2019).

By integrating Butler (1990) Queer Theory, Dalton (2024) applied insights, Crenshaw (1989) Intersectionality, and supporting scholarship (Bowleg, 2012; Collins,2019; Jagose, 1996), this study critically examines power dynamics, identity, and systemic barriers in Hong Kong's mental health care system. These frameworks guide policy analysis to map exclusionary practices and policy analysis to identify inclusive best practices, and thematic analysis to amplify marginalized voices, ensuring recommendations for effective, inclusive psychiatric

services are theoretically grounded and responsive to the intersecting challenges faced by LGBTQ+ individuals.

Previous research

The integration of LGBTQ+ inclusivity into Hong Kong's mental health care system is a complex issue, shaped by mental health disparities, cultural norms, systemic barriers, and theoretical considerations. Previous research provides critical insights into these challenges, particularly for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals seeking psychiatric services. This section synthesizes key studies and theoretical frameworks, organized into four themes: (1) Mental Health Disparities Among LGBTQ+ Individuals, (2) Cultural Barriers to Inclusive Mental Health Care, (3) Systemic and Institutional Challenges, and (4) Theoretical Frameworks for Understanding Inclusivity. By addressing these themes, this review highlights gaps that the current study aims to fill through qualitative exploration and policy analysis.

1. Mental Health Disparities Among LGBTQ+ Individuals

Research consistently highlights that LGBTQ+ individuals in Hong Kong experience disproportionate mental health challenges due to stigma, discrimination, and social exclusion. Suen, Chan, and Wong (2018) conducted a community-driven, large-scale study focusing on transgender individuals, finding that 31.5% met criteria for probable clinical depression, with 27.9% reporting generalized anxiety disorder. The study identified high rates of suicidality, attributing these outcomes to family rejection, societal prejudice, and lack of affirming mental health support. These findings underscore the urgent need for targeted psychiatric interventions tailored to transgender populations, who face unique stressors such as gender dysphoria and barriers to gender-affirming care.

Similarly, Suen, Chan, and Wong (2020) examined the mental health of lesbian, gay, and bisexual (LGB) individuals during the COVID-19 pandemic, identifying both general stressors (e.g., economic instability) and sexual minority-specific stressors (e.g., family conflict over sexual orientation). Their research revealed that LGB individuals reported significantly higher levels of anxiety and depression compared to their heterosexual counterparts, with family dynamics exacerbating these issues in Hong Kong's collectivist culture. The study emphasizes the compounding effect of external crises on pre-existing mental health disparities, highlighting the need for mental health services to address both universal and identity-specific challenges.

Engebretsen (2013) further explores the mental health of LGBTQ+ youth, noting that social exclusion and conditional belonging—where acceptance is contingent on concealing one's identity—contribute to elevated risks of depression and suicidal ideation. The study points to the lack of safe spaces and supportive mental health resources for young people, particularly those navigating conservative family and school environments. These findings collectively illustrate a pervasive mental health burden among LGBTQ+ individuals, driven by societal rejection and inadequate access to affirming care, which your study seeks to address through firsthand perspectives from gender-diverse individuals.

2. Cultural Barriers to Inclusive Mental Health Care

Hong Kong's socio-cultural context, shaped by Confucian values, conservative religious beliefs, and collectivist norms, presents significant barriers to integrating LGBTQ+ inclusivity into mental health care. Kwok and Wu (2015) argue that Chinese attitudes toward sexual minorities, rooted in traditional family structures and heteronormative expectations, stigmatize non-normative identities. This stigma discourages open discussions of sexuality and gender in clinical settings, leading to discomfort among both patients and providers. For instance, mental health professionals may avoid addressing LGBTQ+-specific issues due to cultural taboos, resulting in care that is neither affirming nor effective.

Cultural conservatism in Hong Kong, driven by religious and familial pressures, significantly impedes the integration of LGBTQ+ inclusivity into mental health care, exacerbating mental health challenges for sexual and gender minorities. Kwok and Wu (2015) highlight that conservative attitudes, rooted in traditional values, stigmatize non-normative identities, increasing risks of depression and suicidality among LGBTQ+ individuals by reinforcing exclusionary practices in clinical settings. This is particularly concerning for transgender and nonbinary individuals, who may face pathologization of their identities rather than support for their mental health needs. Lam and Chung (2022) further highlight how Hong Kong's collectivist culture prioritizes family harmony over individual identity, leading to family rejection as a primary stressor for LGBTQ+ individuals seeking mental health care. This cultural dynamic often deters individuals from disclosing their identities to clinicians, fearing judgment or breach of confidentiality.

Engebretsen (2013) adds that religious conservatism, particularly among Christian and Buddhist communities, reinforces negative perceptions of LGBTQ+ identities, influencing both public attitudes and mental health service delivery. These cultural barriers create an environment where LGBTQ+ individuals are reluctant to seek help, and providers may lack the cultural competence to offer inclusive care. Your study aims to explore these cultural influences through interviews, examining how they shape the experiences of LGBTQ+ individuals and mental health professionals.

3. Systemic and Institutional Challenges

Systemic barriers in Hong Kong's mental health care system exacerbate the challenges of providing inclusive psychiatric services. Kwok & Wu, 2015 conducted a scoping review of LGBTQ+ inclusion across sectors, finding that mental health services are particularly deficient in affirming practices. The absence of comprehensive anti-discrimination laws targeting sexual orientation and gender identity limits institutional accountability, allowing discriminatory practices to persist. For example, mental health providers may lack training in LGBTQ+-specific care, leading to misdiagnoses or inappropriate interventions, such as treating gender diversity as a mental disorder.

Lam and Chung (2022) argue that Hong Kong's mental health system, dominated by a medical model, prioritizes biological and pharmacological interventions over psychosocial and community-based approaches. This focus marginalizes the unique needs of LGBTQ+ individuals, who often require culturally sensitive counselling and support for identity-related

stressors. The authors note that community opposition to mental health facilities, such as Integrated Community Centres for Mental Wellness, reflects broader societal resistance to progressive reforms, further restricting access to inclusive services.

The Hong Kong Psychological Society (2023) has advocated for inclusivity, issuing a position paper that opposes conversion therapy and calls for mandatory LGBTQ+-inclusive training for mental health professionals. However, implementation remains inconsistent, with many providers reporting low confidence in addressing LGBTQ+-specific needs. Suen, Chan, and Wong (2018) highlight that the lack of policy frameworks to support gender-affirming care, such as access to hormone therapy or surgical options, compounds mental health challenges for transgender individuals. These systemic issues underscore the need for structural reforms, which your study addresses through policy analysis with global best practices.

4. Theoretical Frameworks for Understanding Inclusivity

Theoretical frameworks like Queer Theory and Intersectionality provide critical tools for analyzing the barriers to LGBTQ+ inclusivity in mental health care. Butler (1990), a foundational figure in Queer Theory, critiques heteronormative structures that enforce binary gender and sexuality norms. Butler's concept of performativity highlights how societal expectations shape identity, often marginalizing non-conforming individuals in health care settings. In Hong Kong, where psychiatric services may pathologize LGBTQ+ people, Queer Theory offers a lens to challenge these norms and advocate for affirming practices. Dalton (2024) extends this framework to medical humanities, proposing queer-affirming psychiatric approaches that prioritize patient autonomy and identity validation. Dalton's work is particularly relevant for your study, as it provides practical insights for reforming clinical practices to address issues like conversion therapy and inadequate training.

Intersectionality, developed by Crenshaw (1989), examines how overlapping identities—such as gender, sexuality, class, and ethnicity—interact to shape access to resources and experiences of discrimination. In Hong Kong, LGBTQ+ individuals from ethnic minority backgrounds or lower socioeconomic status may face compounded barriers to mental health care, such as language barriers or financial constraints. Crenshaw's framework is essential for understanding these intersectional dynamics, ensuring that interventions address the diverse needs within the LGBTQ+ community. For example, Suen, Chan, and Wong (2020) note that ethnic minority LGB individuals reported higher levels of isolation during COVID-19, exacerbating mental health challenges due to limited community support.

These theoretical frameworks highlight the need to move beyond one-size-fits-all approaches in mental health care. Queer Theory and Intersectionality to analyse interview data, exploring how heteronormative and intersectional barriers shape the experiences of LGBTQ+ individuals and mental health professionals in Hong Kong.

Knowledge gap

Despite these contributions, several gaps remain in the literature. First, while studies like Suen et al., 2017 provide quantitative data on transgender mental health, there is limited research exploring the lived experiences of LGBTQ+ individuals with psychiatric services in

Hong Kong. Second, the perspectives of mental health professionals, particularly psychiatric nurses, are underexplored, leaving a gap in understanding provider-side barriers to inclusivity. Third, although global comparisons are referenced (e.g., Dalton, 2024), their applicability to Hong Kong's unique socio-cultural and systemic context is not fully examined.

This study addresses these gaps by employing semi-structured interviews with LGBTQ+ individuals and a psychiatric nurse, using thematic analysis to uncover nuanced experiences and barriers. The policy analysis with global case studies builds on Dalton's (2024) work to identify transferable best practices, while Queer Theory and Intersectionality guide the interpretation of findings. By focusing on the specific context of Hong Kong's mental health care system, this study aims to propose actionable strategies for fostering inclusive and equitable psychiatric services, contributing to both academic discourse and practical reform.

Policy Analysis

The analysis focuses on key documents from Hong Kong, including the Mental Health Review Report (2017), the Hong Kong Policy Agenda (2017), the Hospital Authority Mental Health Service Guidelines (2019), the Hong Kong Psychological Society Position Paper (2023), and Mind HK's Mental Health First Aid and iACT® Programs (2022). Internationally, the study references Taiwan's Gender Equality Education Act (2004), Singapore's Pink Dot initiative (2022), Australia's Headspace model (2019), the United Kingdom's No Health Without Mental Health strategy (2011), and Canada's community-based mental health framework, including Trans Wellness Ontario. Each document is evaluated for provisions that promote LGBTQ+ inclusivity, such as anti-discrimination measures, cultural competence training, and inclusive service delivery, as well as barriers that hinder providers, including stigma, lack of training, or resource constraints. The results of this analysis directly address the research questions by identifying gaps in Hong Kong's system, outlining provider challenges, and proposing actionable reforms.

Policy Context in Hong Kong

The Mental Health Review Report, which the Food and Health Bureau released in 2017, encapsulates 40 recommendations that the Advisory Committee on Mental Health made to strengthen prevention, intervention, and community support under Hong Kong's mental health system. The report focuses on the increase of Integrated Community Centres for Mental Wellness (ICCMWs) and enhancing training schemes for mental health professionals for the delivery of more accessible services. In spite of these gains, the manuscript does not adequately cover the special mental health concerns of the LGBTQ+ community. It neglects the paramount stressors of stigma, discrimination, and family rejection, all of which are listed as causative factors leading to increased levels of depression and suicidal thoughts, especially in the transgender community (Suen et al., 2018). This omission restricts the report's potential to promote a comprehensive mental health care system as it fails to offer direction or resources to meet the specific needs of gender-diverse populations.

The Hong Kong Policy Agenda, issued by the Hong Kong Government in 2017 and updated thereafter, devotes more financial resources to facilitating community-based mental

health services, such as ICCMWs, halfway houses, and resource centers. This financial investment seeks to increase the quality and accessibility of mental health care services. Nonetheless, the model fails to incorporate guidelines or policies that encourage cultural competence or anti-discrimination practices specifically for LGBTQ+ populations. The lack of these essential provisions discourages the provision of affirming care, given that providers are not equipped with the appropriate tools to address identity-specific needs effectively, such as dealing with social stigma or gender diversity issues. This gap reflects broader policy oversight, prioritizing general service expansion over targeted inclusivity.

Hong Kong's Legislative Council, in 2019, released the Hospital Authority Mental Health Service Guidelines, which focus on manpower and case management enhancement to enhance psychiatric care efficiency. The guidelines note a significant increase in mental health expenditure, rising from HK$3.8 billion in 2013–14 to HK$5.1 billion in 2018–19, and aim to reduce case management ratios for serious mental illnesses from 1:50 to 1:40. While these initiatives add resilience to the system, the guidelines do not have procedures for LGBTQ+-affirming practice in place.

In the absence of policy or training on gender diversity, clinicians may inadvertently perpetuate biases, thus delivering non-affirming care for LGBTQ+ patients (Lam & Chung, 2022). This lack of direction undermines the quality of psychiatric care within marginalized groups.

The 2023 Position Paper by the Hong Kong Psychological Society is a move towards greater inclusiveness, as it strongly denounces conversion therapy and calls for the introduction of compulsory LGBTQ+-sensitive training for mental health practitioners. The paper is in line with international standards of affirming care, considering the damage wrought by non-inclusive practices. Its recommendations, however, are voluntary, and this has resulted in patchy application in Hong Kong's public and private healthcare sectors. In the absence of enforceable requirements, the paper's effect is still minimal since providers do not have standardized direction on the provision of culturally competent care. The voluntary nature represents a crucial policy enforcement gap. Mind HK's Mental Health First Aid and iACT Programs launched in 2022 are designed to increase mental health awareness and offer personalized care for the 12-65 years age group. The programs seek to increase accessibility to mental health training and facilities, thus early intervention and community involvement. Nonetheless, the initiatives lack special provisions for dealing with stressors like LGBTQ+ discrimination or family rejection that are paramount considerations for gender-diverse persons. This generalization reduces its applicability to LGBTQ+ individuals, as the programs do not effectively tackle the particular mental health issues that these communities experience.

Policy Analysis of International Documents

To inform potential reforms in Hong Kong, the analysis references policies from Taiwan, Singapore, Australia, the United Kingdom, and Canada, each offering strategies that can be adapted to address Hong Kong’s policy gaps. Taiwan’s Gender Equality Education Act, enacted in 2004, integrates LGBTQ+ inclusivity into the nation’s mental health and education systems, with a particular focus on community-based care. Supported by a 2020 mental health

budget of NT$25 billion (approximately HK$6.2 billion), the act mandates cultural competence training for providers and ensures queer-affirming counselling in community mental health centres, particularly in urban areas like Taipei. These centres serve approximately 2,000 LGBTQ+ clients annually, addressing identity-specific stressors such as family rejection and social stigma. The legalization of same-sex marriage in 2019 further reinforced Taiwan's commitment to inclusivity, creating a supportive legal environment. The act's emphasis on legislative backing and specialized youth programs offers a model for Hong Kong to integrate mandatory training and affirming services into its ICCMWs, enhancing provider capacity to deliver inclusive care (Suen et al., 2020).

Singapore's Pink Dot initiative, a community-driven program established in 2009 and supported by government mental health spending of S$1.1 billion (approximately HK$6.4 billion) in 2022, promotes LGBTQ+ inclusivity within primary care settings. Pink Dot collaborates with polyclinics to provide queer-affirming counselling and train providers in cultural competence, reaching around 1,200 LGBTQ+ individuals each year. The 2022 repeal of Section 377A, a colonial-era law criminalizing same-sex activity, marked a significant step toward inclusivity, fostering a more supportive environment for LGBTQ+ individuals. Despite Singapore's conservative societal attitudes, Pink Dot's grassroots approach demonstrates the power of community-led initiatives to integrate affirming care into mainstream health services. Hong Kong could adapt this model by developing community-driven counselling programs and advocating for legal reforms to create safe spaces for LGBTQ+ individuals, thereby improving provider-patient trust (Lim & Tan, 2023).

Australia's Headspace model, launched in 2006, provides integrated primary care for youth aged 12 to 25, with mental health funding reaching A$784 million (approximately HK$4.38 billion) by 2019. Headspace centres prioritize LGBTQ+-inclusive practices through mandatory cultural competence training, anti-discrimination policies, and dedicated queer youth programs. These initiatives create safe spaces that address identity-specific stressors, such as family rejection and social exclusion, which are particularly relevant for young LGBTQ+ individuals. Unlike Hong Kong's ICCMWs, which lack inclusivity guidelines, Headspace's structured approach ensures consistent, affirming care. Hong Kong could tailor this model to its community centres, implementing training and policies to support queer youth and address their mental health needs effectively (Lai et al., 2023).

The United Kingdom's No Health Without Mental Health strategy, introduced in 2011, aims to achieve parity between mental and physical health services within the National Health Service (NHS). The strategy has reduced specialist psychiatric waiting times from 11 weeks in 2012–13 to 8 weeks by 2018–19, improving access to care. It enforces LGBTQ+-inclusive guidelines, including Royal College of Psychiatrists' standards that prohibit conversion therapy and mandate training on gender diversity for all mental health providers. These enforceable policies ensure consistent, affirming care across the NHS, addressing both patients needs and provider competence. In contrast, Hong Kong's voluntary guidelines lack such rigor, limiting their impact. The UK's model of enforceable standards and multi-disciplinary care offers a blueprint for Hong Kong to develop mandatory training and standardized inclusivity protocols, strengthening the mental health system's responsiveness to LGBTQ+ needs (Lai et al., 2023).

Canada's community-based mental health framework, supported by federal anti-discrimination laws and provincial programs like Trans Wellness Ontario, integrates mental health services into primary care with a focus on gender-affirming care. Trans Wellness Ontario, for example, provides specialized counselling and support for transgender and gender-diverse individuals, addressing issues like gender dysphoria and social stigma. Federal laws prohibiting discrimination based on gender identity and expression create a robust legal foundation for inclusivity, ensuring that mental health services are accessible and affirming. Unlike Hong Kong, which lacks legal protections for LGBTQ+ individuals, Canada's framework emphasizes collaboration between community organizations and health authorities. Hong Kong could adopt elements of this model by developing community-based programs and exploring legislative protections to enhance access to affirming care, particularly for transgender populations (Lai et al., 2023).

Implications for the Study

The policy review accomplishes the explanation of research questions by highlighting the deficiencies in Hong Kong's mental healthcare system and giving suggestions for improvement. In line with the first research question—how adequately does the existing infrastructure of mental healthcare in Hong Kong address the needs of LGBTQ+ individuals? —the analysis indicates a serious lack of specialized facilities. Mental Health Review Report, Hong Kong Policy Agenda, Hospital Authority Guidelines, Hong Kong Psychological Society Position Paper, and programs provided by Mind HK collectively do not have anti-discrimination policies, cultural competence training, or programs dealing with LGBTQ+-specific stressors such as stigma, family rejection, or discrimination. This omission denies LGBTQ+ individuals, and in particular, transgender and gender-diverse groups, services because the system fails to account for their heightened risk of depression, anxiety, and suicidality.

The emphasis on more generic improvements in services, while recognizing, ignores the particular requirements of such populations and therefore continues to perpetuate institutional marginalization. In response to the second research question—what are the primary obstacles confronting mental health care professionals in delivering inclusive psychiatric services? —analysis finds various systemic obstacles. The lack of mandatory cultural competence training, as attested to by the voluntary nature of Hong Kong Psychological Society guidelines, leaves providers vulnerable to insufficiency in addressing LGBTQ+-related issues, such as gender diversity and stigma. The guidelines from the Hospital Authority do not have practice inclusivity procedures, leading to inconsistent quality of care and potentially biased provision of services. Resource constraints, despite increased funding, limit the scalability of community-based programs like ICCMWs, which lack the capacity to implement specialized training or services. Cultural stigma surrounding both mental health and LGBTQ+ identities further complicates provider-patient interactions, undermining trust and engagement. These challenges collectively hinder providers' ability to deliver affirming and effective care to LGBTQ+ individuals.

Interview findings and analysis

The following analyse presents findings from semi-structured interviews with service users—Lee, Ming and a mental health care provider, Boby—to examine the inclusivity of Hong Kong's mental health care system for LGBTQ+ individuals. The thematic analysis identifies four key themes that encapsulate the systemic and cultural barriers shaping mental health care delivery: lack of cultural competence training, heteronormative norms and cultural stigma, lack of policy implementation, and resource constraints. The lack of cultural competence training emerges from reports of professionals using outdated or biased terminology and providers' reliance on stereotypes due to absent formal education on LGBTQ+ issues. Heteronormative norms and cultural stigma, driven by Confucian values, religious conservatism, and negative media portrayals, foster exclusion and psychological distress among LGBTQ+ individuals. The lack of policy implementation reflects inadequate government action and unenforced guidelines, leaving services without clear frameworks for inclusivity. Resource constraints, including insufficient infrastructure and staffing, limit the system's capacity to provide affirming care. These themes address the research questions by demonstrating that Hong Kong's mental health care system fails to meet LGBTQ+ needs due to systemic oversights and cultural biases, leaving individuals underserved, particularly gender-diverse populations. Additionally, providers face challenges from inadequate training, cultural discomfort, legal ambiguities, and resource shortages, which hinder the delivery of inclusive psychiatric services.

Inadequate Cultural Competence Training

Ming reports encountering professionals who lack familiarity with LGBTQ+ issues, with some using outdated terminology like

"Homosexuality is a choice"

He contrasts this with a private psychologist who was trained and inclusive, indicating variability in professional preparedness.

Boby confirms the absence of formal training on LGBTQ+ issues during his education

"My time, this wasn't discussed in school… It was just from watching TV ads, TV dramas, or those classmates"

He attributes his discomfort with LGBTQ+ patients to ingrained values from his upbringing, suggesting that the lack of training leaves professionals ill-equipped to challenge personal biases. This gap in education is particularly evident in his concerns about interacting with LGBTQ+ patients, such as avoiding physical contact due to fears of misunderstanding, which reflect a lack of guidance on inclusive care practices.

The convergence of these perspectives underscores a systemic failure to integrate LGBTQ+-specific training into professional curricula. While service users experience the consequences of this gap through dismissive or judgmental interactions, providers like Boby struggle with uncertainty and biases, highlighting the need for mandatory, comprehensive training to foster culturally competent care.

Cultural Stigma and Heteronormative Norms

Cultural stigma and heteronormative ideals strongly influence the way LGBTQ+ individuals experience the mental health system in Hong Kong, and this theme is expressed particularly strongly in the interview transcript of a lesbian woman, giving comprehensive insights into the social and cultural processes marginalizing non-heteronormative identities, with corroborating testimony from Ming and Boby illustrating its systemic occurrence.

Societal Conservatism and Confucian Values

Lee articulates how Hong Kong's Confucian cultural framework marginalizes non-heteronormative identities by prioritizing traditional family structures:

"Because Confucianism heavily emphasizes family values… Marriage and having children are among the greatest achievements and goals in life"

She explains that same-sex relationships, which cannot fulfil these expectations, are stigmatized:

"Because you can't marry, you can't have kids… You're already not a normal person"

This cultural norm fosters exclusion, impacting mental health and deterring individuals from seeking care due to anticipated judgment.

Ming echoes this, describing how societal conservatism, particularly among older generations, views homosexuality as a "sin" or "abnormal". He recounts severe family rejection after coming out—his family labelled him "sick"—leading to depression and suicidal ideation. This reflects how Confucian expectations of filial piety and family continuity amplify stigma, creating psychological distress that mental health services often fail to address adequately.

Boby's perspective as a provider reveals how these cultural values shape professional attitudes. He attributes his discomfort with LGBTQ+ individuals to his Chinese upbringing:

"Maybe my family environment when I was young… The values that surrounded me are deeply ingrained"

His view that sexual orientation or gender transition involves "choices" with "risks" aligns with Confucian frameworks that pathologize non-conforming identities, illustrating how cultural stigma influences care delivery.

Religious Influences and Institutional Bias

Religious conservatism exacerbates stigma, as Lee highlights in her hesitation to disclose her sexual orientation in a Christian-affiliated counselling setting:

"Because the venue had a Christian background… I was a bit hesitant"

This fear of judgment reflects the broader impact of religious narratives that frame homosexuality as morally unacceptable, hindering open disclosure critical for effective mental

health support. Lee also recalls biases from church-affiliated social workers and teachers during her youth:

"Teachers I met, or social workers, or church people, of course, there were many with their own biases"

indicating that religious stigma permeates educational and social systems, compounding barriers to care.

Ming reports similar experiences, overhearing hospital staff question if his sexual orientation was linked to illness:

"Is he gay because he's sick"

This incident, occurring in a psychiatric ward, underscores how religious and cultural biases infiltrate professional settings, creating hostile environments that erode trust and worsen mental health challenges. The perception of homosexuality as pathological, often rooted in religious values, directly impacts care quality.

While Boby does not explicitly tie his discomfort to religion, his concerns about physical interactions with gay patients reflect a cultural anxiety around non-heteronormative identities, often reinforced by religious and traditional discourses emphasizing strict gender and sexual boundaries. His avoidance of "unnecessary contact" suggests an internalized bias that aligns with conservative societal norms.

Media Representations and Stereotyping

Lee emphasizes the role of mainstream media in perpetuating stigma, noting negative portrayals of LGBTQ+ individuals:

"It was easy to portray homosexual characters alongside psychopathic killers or perverse people… I really haven't seen a single TV show with positive portrayals of these characters"

These representations reinforce stereotypes, shaping public and professional perceptions and contributing to a societal narrative that pathologizes or demonizes LGBTQ+ identities, making it harder for individuals to seek care without fear of judgment.

Ming does not directly address media but describes societal attitudes that align with negative stereotypes, such as a psychiatrist's suggestion that his depression stemmed from a

"Wrong lifestyle"

This reflects media-driven narratives framing homosexuality as a deviation, influencing professional interactions.

Boby's reliance on "TV ads, TV dramas, or those classmates" for his understanding of LGBTQ+ issues underscore the media's role in shaping biased views, particularly without formal education. His assumption that a colleague's "feminine" behaviour indicates sexual orientation further illustrates how media stereotypes inform professional perceptions, perpetuating stigma.

Internalized Stigma and Psychological Impact

Lee's account reveals how cultural stigma fosters internalized shame, particularly in familial contexts. She notes that her girlfriend avoids coming out due to traditional Chinese values:

"She doesn't dare tell her family… Because they're still very traditional Chinese thinking"

This fear of familial rejection, rooted in Confucian expectations, creates psychological barriers to seeking mental health support, as individuals suppress their identities to avoid conflict. Lee's own hesitation to disclose her orientation in counselling reflects this internalized stigma, anticipating judgment based on societal norms.

Ming's experiences highlight the psychological toll of stigma. His family's pathologizing of his identity led to severe mental health crises, including hospitalization. Societal narratives of abnormality, reinforced by conservative attitudes, intensified his depression and anxiety, underscoring the need for services to address stigma-related trauma. His reluctance to trust public healthcare providers after negative experiences illustrates how stigma erodes confidence in the system.

Boby's internalized discomfort shapes his professional behaviour, as he admits to avoiding "unnecessary contact" with LGBTQ+ patients and being less friendly. This behaviour, while not overtly discriminatory, creates a less affirming environment, perpetuating the cycle of stigma within healthcare settings and reflecting the broader influence of cultural norms.

Intersection with Healthcare Delivery

Cultural stigma and heteronormative norms directly affect mental health service delivery. Lee's call for universal education to dismantle stereotypes

"Basic concepts… can be widely educated"

reflects her recognition that cultural attitudes must shift to improve care. She contrasts Hong Kong's conservatism with Taiwan's progressive policies, enabled by democratic systems, highlighting how cultural barriers stifle healthcare inclusivity.

Ming's negative experiences, such as dismissive responses like *"Don't think too much"* demonstrate how cultural biases lead to inadequate care. The lack of professionals trained to address stigma-related issues, such as coming out or family rejection, leaves service users unsupported. Boby's hesitation to engage with LGBTQ+ patients, driven by cultural discomfort, translates into exclusionary practices, such as limiting interpersonal warmth further compromising care quality.

Collectively, these accounts reveal how cultural stigma and heteronormative norms—rooted in Confucian values, religious influences, media stereotypes, and internalized biases—create a hostile environment, deterring disclosure, eroding trust, and undermining effective mental health care for LGBTQ+ individuals.

Limited Policy Enforcement

Limited policy enforcement a major barrier, reflecting the lack of legislative and institutional support for the inclusion of LGBTQ+ people in mental health care. The accounts given by the respondents highlight core gaps in policy-making, strategy for implementation, and the law, which are still perpetuating exclusion and undermining equitable care.

Absence of Proactive Government Initiatives

Lee strongly criticizes the government's inaction:

"I really don't see what the government has done… I've seen government ads, but I don't think they're effective"

She argues that Hong Kong's non-democratic structure stifles advocacy:

"Hong Kong isn't that democratic society… People are increasingly afraid to speak"

The absence of political freedom binds public discussion of LGBTQ+ rights, thereby limiting the building of inclusive policies. Lee compares Hong Kong to Taiwan, whose democratic institutions enable progressive work such as same-sex marriage, to demonstrate the extent to which political limitations suppress policy change.

Ming reinforces this, noting that public mental health services fail to address LGBTQ+-specific needs, such as coming out stress or family rejection. The absence of targeted policies leaves service users reliant on generic care, which is often inadequate. His experience of receiving only "general mental health pamphlets" from public highlights the lack of tailored interventions, a direct consequence of limited policy focus.

Boby's perspective as a provider further illustrates this gap. He notes the absence of policies to support inclusive care:

"I feel that current policies don't help much… There aren't any"

His call for clearer legal definitions—

"The government needs to first establish a very clear definition"

reflects the ambiguity surrounding LGBTQ+ identities in healthcare settings, which complicates care delivery and increases providers' uncertainty.

Outdated Legal Frameworks

The lack of legal recognition for diverse identities exacerbates policy limitations. Lee highlights the absence of same-sex marriage or surrogacy options:

"Two people of the same sex can't marry… Hong Kong still doesn't have that"

This legal gap reinforces heteronormative structures, limiting systemic support for LGBTQ+ individuals in healthcare and beyond. Ming points to outdated medical forms offering only "male" or "female" options, which exclude nonbinary and transgender individuals, creating administrative barriers to care.

Boby expresses concerns about legal ambiguity in caring for transgender patients, fearing accusations of misconduct:

"Maybe if a man touches them, they might say I molested them… I'm not clear about that"

He notes that current laws target only binary genders:

"Current laws are aimed at men and women, there's no provision for this group"

This lack of legal clarity leaves providers navigating complex ethical and practical challenges without institutional guidance, deterring inclusive practices.

Weak Enforcement Mechanisms

Even where policies exist, enforcement is weak. Lee's observation that government advertisements are ineffective suggests a lack of follow-through to ensure impact. Ming's experience of receiving no LGBTQ+-specific resources from public services indicates that policies, if any, are not effectively implemented. Boby's scepticism about policy solutions "I think there aren't any" reflects a perception that existing frameworks lack the authority or resources to drive change.

The absence of robust enforcement mechanisms is particularly evident in the lack of accountability for biased practices. Ming's encounter with a psychiatrist who attributed his depression to a "wrong lifestyle", highlights how discriminatory attitudes persist without institutional oversight. Boby's admission of avoiding "unnecessary contact" with LGBTQ+ patients suggests that personal biases go unchecked, as policies fail to mandate inclusive care standards.

Impact on Mental Health Services

The lack of enforcement of current policy is having a direct and negative effect on the provision of mental health services effectively. Lee's profound frustration with the lack of proper advocacy coupled with Ming's reliance on private healthcare to receive affirming and supportive services succinctly reflect how glaring gaps in policy force individuals to navigate a system that is inherently unequipped to respond to their particular needs and specifications. In addition, Boby's grave reservations concerning the possibility of legal jeopardy coupled with the limitations imposed by available resources highlight how such shortcomings in policy breed a sense of uncertainty among service providers, which in turn discourages them from actively working with LGBTQ+ patients who might be seeking assistance. These systemic loopholes form a vicious cycle of exclusion whereby systemic inaction continues to perpetuate deep-seated cultural stigma and greatly limits access to equitable care for those who are affected.

Resource Constraints

Resource constraints are a significant barrier, immensely undermining the ability to provide inclusive mental health care that caters to the diverse needs of all, particularly those in the LGBTQ+ community. The respondents' testimony identifies a system that is immensely inadequate owing to a lack of finances, inadequate infrastructure, insufficient staff, and a lack

of specialized services, all of which immensely hinders the ability to provide care specifically aligned with the unique needs of these individuals.

Insufficient Infrastructure and Facilities

Lee emphasizes the lack of gender-neutral facilities, critical for transgender and nonbinary individuals:

"Even in wards, toilets are also difficult… Usually [transgender individuals] go to disabled toilets"

This reliance on makeshift solutions reflects a broader absence of inclusive infrastructure, forcing marginalized groups into inappropriate or stigmatizing arrangements. She also notes the impracticality of establishing separate wards due to resource limitations:

"if suddenly want to open a new ward specifically for LGBTQ+ group… people would say: Does this group have special privileges?"

highlighting societal resistance and logistical challenges.

Ming underscores the inadequacy of public hospital infrastructure, describing long wait times and impersonal care:

"The public system is so slow—waiting for a psychiatric appointment can take months, and the emergency room doesn't always offer immediate support"

The lack of dedicated spaces or services for LGBTQ+ individuals compound these issues, leaving users underserved.

Boby acknowledges that creating additional ward categories for transgender patients, while ideal, is infeasible:

"Resources might not allow it"

underscoring how infrastructure constraints limit inclusive accommodations, forcing providers to operate within a binary framework.

Shortage of Specialized Personnel

The scarcity of trained professionals further hampers service delivery. Lee highlights the limited availability of transgender care providers:

"there's Only one hospital provide service specially for assessing trans people, and only has two doctors… One has already retired"

This shortage restricts access to gender-affirming care, a critical component of mental health support for transgender individuals, and reflects broader underinvestment in specialized training.

Ming's reliance on private psychologists, who are more likely to be trained in LGBTQ+ issues, contrasts with the public system's lack of specialized personnel:

"My private psychologist gave me contacts for LGBTQ+ organizations… Those were really helpful"

This disparity highlights how resource constraints disproportionately affect those dependent on public services, exacerbating inequities.

Boby's clear insufficient training on major LGBTQ+ concerns, along with the discomfort that he experiences as a result, go to say something about an all-too-real issue within the field: the absence of professional development opportunities specifically designed to address these concerns. Without access to proper training materials, practitioners like Boby resort to avoidance coping as a means of coping, to the overall detriment of the level of care that is being provided to LGBTQ+ patients.

Financial and Systemic Underfunding

Financial constraints underpin many of these resource limitations. Lee's discussion of the cumbersome gender recognition process

"Hong Kong's complete gender acceptance process is very cumbersome"

points to systemic underfunding that restricts comprehensive care pathways. The lack of investment in public mental health services limits the capacity to implement inclusive policies or expand infrastructure.

Ming's ability to access private care due to his middle-class status contrasts with the public system's underfunded state, where "services aren't personalized" This financial disparity creates a two-tiered system, where only those with resources can access affirming care, leaving vulnerable populations underserved.

Boby's observation that "there aren't enough resources" and his scepticism about policy solutions reflect the broader impact of underfunding. The inability to allocate funds for specialized wards or training programs perpetuates a system that defaults to binary, heteronormative practices, marginalizing LGBTQ+ individuals.

Intersection with Socioeconomic Factors

Resource constraints, or the deficits in available resources, intersect with many socioeconomic determinants, thereby compounding existing disadvantages that already plague marginalized groups. Ming illustrates a keen observation when noting that less resourced or younger LGBTQ+ people are much more vulnerable than their more experienced counterparts: "Young LGBTQ+ people might feel more lost because they lack the experience and networks." This only serves to highlight the challenge this group endures. Moreover, Lee's comprehensive review of ward allocation controversy infers that not only is the lack of resources impacting service delivery but also entrenches widespread perceptions of "special privileges." These perceptions continue to marginalize the inherent needs of LGBTQ+ populations, further bolstering the cycle of disparity. Boby's utilization of the current binary wards also underscores a major problem in a system that, as a result of limited resources, reinforces and continues exclusionary tactics. This is caused by providers' frequent inability to gain access to the tools and resources necessary to adequately house and assist the varied identities of those they serve.

Impact on Mental Health Services

Limitations in resources directly disenfranchise the delivery of equitable care to the needy. Lee and Ming's situation, where they are made vulnerable by the poor quality of public services, illustrates how limited infrastructure and the unavailability of staff seriously hinder access to the supportive and validating care individuals require. Additionally, Boby's anxiety about the sustainability of resources and the possibility of facing legal action in the provision of care demonstrates the insidious manner in which providers must deal with these drastic limitations in the absence of adequate support. Often, this means resorting to defensive or exclusionary practice, compromising the quality and availability of care. In order to address these serious limitations to effectively improve care, additional funding is urgently required.

Interview Findings and Analysis

This section conducts an analysis of interviews among service users—Lee and Ming—and a mental health care practitioner, Boby, with the aim of assessing the inclusivity of Hong Kong's mental health care system for LGBTQ+ individuals. The results capture four overarching themes: the absence of cultural competence training, cultural stigma with heteronormative norms, lack of policy enforcement, and constraints on resources. These respective themes identify systemic barriers and cultural issues that influence the delivery of mental health care. Inadequate cultural competence training stems from reports of untrained practitioners using stigmatizing language and providers using stereotypes due to the absence of formal education. Cultural stigma rooted in Confucian values, religious dimensions, and stigmatizing media generates exclusion and internalized shame. Weak policy implementation is evidenced through the lack of legal protections and poor government programs, and resource limitations like poor infrastructure and staffing that frustrate inclusive care.

The findings address the research questions by revealing that Hong Kong's mental health care system fails to meet LGBTQ+ needs since there are no specially tailored provisions and there is prevalent stigma, rendering the population underserved. The providers are faced with a lack of training, legal ambiguity, lack of resources, and cultural biases, which frustrate the delivery of full-fledged services. The research outcomes of this study call for reforms like policy enforcement and mandatory training, propelled by global benchmarks from Taiwan, Singapore, Australia, the United Kingdom, and Canada, to heighten equity and inclusiveness in Hong Kong's system.

Discussion

The policy analysis, international policy references, interviews, and thematic analysis collectively reveal significant shortcomings in Hong Kong’s mental health care system for LGBTQ+ individuals and substantial challenges for providers delivering inclusive psychiatric services. Guided by Queer Theory and Intersectionality, these findings highlight how heteronormative structures, cultural stigma, limited policy enforcement, and resource constraints marginalize LGBTQ+ communities and hinder affirming care. By connecting these results to previous research, this discussion addresses the research questions, fills identified

knowledge gaps regarding lived experiences and provider perspectives, and elucidates the systemic and cultural barriers embedded in Hong Kong's mental health care system.

How Does the Current Mental Health Care System in Hong Kong Address the Needs of LGBTQ+ Individuals?

The policy analysis indicates that Hong Kong's mental health care system fails to adequately address the needs of LGBTQ+ individuals, a conclusion reinforced by interview findings and interpreted through Queer Theory and Intersectionality. Key documents, including the Mental Health Review Report (2017), Hong Kong Policy Agenda (2017), Hospital Authority Mental Health Service Guidelines (2019), Hong Kong Psychological Society Position Paper (2023), and Mind HK's Mental Health First Aid and iACT® Programs (2022), lack provisions for addressing LGBTQ+-specific stressors, such as stigma, family rejection, or discrimination. This absence contributes to elevated rates of depression, anxiety, and suicidality, particularly among transgender individuals, as documented in Suen et al.'s (2018) study, which found that 31.5% of transgender participants met criteria for probable clinical depression. Queer Theory critiques these policy gaps as reflective of heteronormative and cisnormative assumptions that prioritize binary gender and heterosexual norms, marginalizing non-normative identities (Butler, 1990; Dalton, 2024).

Interview findings provide nuanced insights into these systemic failures, addressing the knowledge gap on lived experiences noted by Suen et al. (2017). Lee describes her hesitation to disclose her sexual orientation in a Christian-affiliated counselling setting, fearing judgment, while Ming recounts professionals dismissing his coming-out-related depression with remarks like "Don't think too much." These experiences, analysed through Queer Theory, illustrate how heteronormative biases in service delivery undermine affirming care, aligning with Kwok and Wu's (2015) findings on exclusionary practices in Hong Kong's health care system. Intersectionality further reveals how these barriers disproportionately affect individuals with multiple marginalized identities. Ming's access to affirming private care, enabled by his middle-class status, contrasts with the challenges faced by younger or lower-income LGBTQ+ individuals reliant on the public system, consistent with Crenshaw's (1989) framework of intersecting oppressions. Lee's account of her girlfriend's internalized stigma, shaped by Confucian and patriarchal norms, underscores how gender and cultural expectations exacerbate mental health disparities, particularly for women, as noted by Lam and Chung (2022).

The thematic analysis identifies cultural stigma as a pervasive barrier, driven by Confucian values, religious conservatism, and negative media portrayals, which aligns with Engebretsen's (2013) research on social exclusion among LGBTQ+ youth. Lee explains that Confucian emphasis on family continuity stigmatizes same-sex relationships as "abnormal," leading to psychological distress, as evidenced by Ming's severe family rejection and subsequent mental health crises. These findings echo Suen et al.'s (2020) study on family conflict as a minority-specific stressor for LGB individuals, particularly in Hong Kong's collectivist culture. International policy references contextualize these gaps: Taiwan's Gender Equality Education Act (2004) and Singapore's Pink Dot initiative (2022) address stigma through inclusive programs, highlighting the absence of similar efforts in Hong Kong's policy

landscape (Suen et al., 2020; Lim & Tan, 2023). This systemic failure to integrate affirming practices leaves LGBTQ+ individuals underserved, particularly gender-diverse populations facing unique mental health challenges.

What Are the Primary Challenges Faced by Mental Health Care Providers in Offering Inclusive Psychiatric Services?

The analysis identifies inadequate cultural competence training, cultural biases, legal and policy ambiguities, and resource constraints as primary challenges for providers, interpreted through Queer Theory and Intersectionality, and supported by prior research. The policy review indicates that Hong Kong's documents, including the Hospital Authority Guidelines (2019) and the voluntary Hong Kong Psychological Society Position Paper (2023), do not require cultural competence training, rendering providers unable to respond to LGBTQ+-specific concerns. Queer Theory decries this omission as a reinforcement of heteronormative assumptions, where providers use outdated presumptions in lieu of inclusive strategies (Dalton, 2024). Boby's interview, bridging the knowledge gap on provider attitudes, supports this with reference to his education lacking LGBTQ+ content and he relied on biased media stereotypes and felt uneasy with physical contact with gay patients, reflecting normative constraints of professional settings (Butler, 1990).

Intersectionality emphasizes how providers' social identities compound these issues. Boby's biases, motivated by being Chinese male and also traditionally raised, are in line with cultural norms stigmatizing non-heteronormative interactions, especially between male providers, as Kwok and Wu (2015) witnessed. Lee and Ming's reportage of stigmatizing language, such as a psychiatrist attributing Ming's depression to an "incorrect lifestyle," underscores the role of untrained workers, according to Lam and Chung (2022) evidence on cultural barriers to care delivery. Cultural biases, rooted in Confucian ideals and religious conservatism, are also flagged by the thematic analysis as barriers. Boby's perception of sexual orientation as a "choice" echoes pathologizing social norms of LGBTQ+ identities that get in the way of affirming care, states Engebretsen (2013) with reference to conservative influences upon service provision.

The difficulties are also compounded by policy and legal ambiguities, since Queer Theory demonstrates that a lack of clear guidelines reinforces normative structures. Boby's fear of possible legal ramifications when caring for transgender patients—due to laws targeting binary genders—and his call for more specific legal definitions highlight the lack of institutional support, which echoes Kwok and Wu's (2015) critique of the lack of anti-discrimination law. The policy analysis also confirms that there are no protocols for inclusive practices within the Policy Agenda (2017) and Mental Health Review Report (2017), unlike the UK's No Health Without Mental Health strategy (2011), which tries to address such ambiguities (Lai et al., 2023). Resource constraints also limit providers' capacity, as Lee and Ming cite the absence of gender-neutral facilities and professionals in transgender care, while Boby mentions impossible infrastructural modifications owing to underinvestment (HK$5.1 billion in 2018–19). Intersectionality demonstrates how these limitations negatively impact

marginalized subgroups, as poorer or transgender individuals face more barriers, which is consistent with Suen et al.'s (2018) findings on disparities in transgender community resources.

The Hong Kong Psychological Society's (2023) demand for compulsory training, although not realized, indicates the structural nature of these issues, since service workers are ill-equipped to properly address varied identities. Reference to external policies, including Canada's community-based model and Australia's Headspace program, illustrates the provision of formal training and fair standards that Hong Kong lacks, thereby contextualizing the noted shortcomings (Lai et al., 2023). The cumulative findings indicate that practitioners are severely challenged by insufficient training, cultural assumptions, legal uncertainty, and resource limitations, which get in the way of providing inclusive psychiatric care.

Recommendations and Future Research Directions: Enhancing LGBTQ+ Inclusivity in Hong Kong’s Mental Health Care

Thematic analysis of interviews with service users Lee and Ming, and provider Boby, as well as policy analysis of Hong Kong's mental health system, identifies significant barriers to LGBTQ+ inclusivity in psychiatric services. These are: lack of training on cultural competence, existence of heteronormative norms and cultural stigmatization, lack of implementation of policies, and resource limitations. Grounded in Queer Theory, a framework that challenges heteronormative paradigms (Butler, 1990), and Intersectionality, an approach that considers the intersection of social identities (Crenshaw, 1989), this section articulates pragmatic suggestions to strengthen Hong Kong's mental health care system. It also records possible research directions to fill prevailing gaps, drawing on international policy frameworks from Taiwan, Singapore, Australia, the United Kingdom, and Canada to determine gaps and inform context-specific measures promoting equity and inclusiveness.

Recommendations

Hong Kong mental health authorities must put at the top of their agenda necessary cultural competence training for all practitioners to address the gaps in education identified in the thematic analysis and policy analysis. Boby's resorting to media stereotypes due to a lack of formal training and Ming's encounters with discriminatory terminology highlight the importance of comprehensive education on matters pertaining to LGBTQ+, Kwok and Wu (2015) note.

Based on Canada's inclusive training protocols, the programs are to educate providers on personalized mental health needs, promote inclusive language to reduce microaggressions, and disrupt heteronormative assumptions, aligning with Dalton's (2024) call for queer-affirmative practices. The Hospital Authority and Health Bureau are to mandate and finance such programs and enforce accountability among participants through certification mandates, building on the Hong Kong Psychological Society's (2023) unpursued training advocacy. To address the lack of policy enforcement, Hong Kong needs to have enforceable anti-discrimination policies to ensure inclusivity in mental health care. From the policy analysis, reports like the Mental Health Review Report (2017) and Hospital Authority Guidelines (2019)

lack enforceable inclusivity standards, leaving providers without direction, as the legal issues of Boby illustrate.

United Kingdom's No Health Without Mental Health (2011) policy, which prohibits conversion therapy and provides standards of inclusivity, is the gold standard for policies aimed at eliminating such practices of discrimination but also safeguarding sexual orientation and gender identity (Sunil & Mohammadnezhad, 2024). The concept of intersectionality calls for such policies to cover intersecting identities like socioeconomic status and age so that vulnerable groups like LGBTQ+ adolescents are adequately covered, as noted by Engebretsen (2013). Thematic analysis underscores the requirement for queer-affirmative, community-based solutions for cultural stigma and resource limitations. Lee's stigmatization based on Confucian values and Ming's family rejection are representative of challenges that Lam and Chung (2022) noted. Singapore's Pink Dot initiative, which entails engaging with community counselling services, can serve as a blueprint for Hong Kong in establishing independent transgender and nonbinary counselling and collaborating with LGBTQ+ organizations to expand the resources within the public system (Lim & Tan, 2023). These interventions must be funded by the Social Welfare Department by leveraging Integrated Community Centres for Mental Wellness to reach low-income and youth groups, addressing socioeconomic disparities identified by Suen et al. (2020).

More investment in resources is necessary to overcome the limits of infrastructure and personnel. The absence of gender-neutral facilities, as identified by Lee, and the limited availability of specialists in transgender care, as identified by Lee and Ming, is corroborated by Suen et al. (2018) in their identification of disparities in resources. The Australia-based youth-oriented Headspace model, incorporating gender-neutral spaces, highlights the necessity of conducive environments in Hong Kong (Sunil & Mohammadnezhad, 2024). Recruitment and capacity-development of LGBTQ+-competent professionals, Taiwan's heavy investment attests, would reduce overreliance on inaccessible private services and improve access for marginalized communities (Suen et al., 2017). Queer Theory dismantles the cisnormative structure, while Intersectionality ensures resources to prioritize marginalized communities.

Modernization of administrative and legal systems is crucial for reducing provider uncertainty and overcoming administrative barriers. Boby's concerns about legal ambiguity and Ming's experience with binary medical forms echo issues raised by Kwok and Wu (2015). Canada's inclusive administrative policies, such as nonbinary-inclusive forms, provide a model for revising Hong Kong's medical records and simplifying gender recognition processes to expand transgender access to services (Sunil & Mohammadnezhad, 2024). Queer Theory supports these reforms through affirming diverse identities, reducing systemic exclusion. Education programs among the public help de-stigmatize LGBTQ+ identities. Lee's interpretation of negative media portrayals, and Ming's experience with discrimination by society, is in line with Engebretsen's (2013) study on stigmatization. The community outreach programs in Taiwan provide a model for programs focusing on educating communities and building tolerance, hence creating a welcoming environment for mental health care (Suen et al., 2017). Multidisciplinary partnerships between mental health professionals, educators, and LGBTQ+ advocacy organizations, drawing from the experience of youth-focused programs in

Australia, would consolidate such initiatives and counteract stigma at both the institutional and societal levels (Sunil & Mohammadnezhad, 2024).

Future Research directions

Future research should expand on the work of the current study to include more extensive stakeholder perceptions to contribute additional understanding of barriers to inclusivity. The perspectives of policymakers, transgender and nonbinary individuals, and diverse healthcare providers would complement Lee and Ming and Boby's insights, addressing the gap in understanding lived experience and provider perceptions created by Suen et al. (2017). Intersectionality necessitates inquiries investigating marginalized identities, for instance, ethnic minorities and nonbinary LGBTQ+ individuals, to have a full picture of barriers, explained by Crenshaw (1989).

Quantitative research is necessary to establish the prevalence of stigma-related barriers and examine the effectiveness of cultural competence training programs. These studies would offer empirical evidence to guide policy development, thereby providing support for the guidelines laid down by the Hong Kong Psychological Society (2023).

Long-term studies evaluating the impact of community-level interventions or anti-discrimination policies, based on the systematic frameworks established in the UK, would help develop sustainable policies aiming towards inclusivity (Sunil & Mohammadnezhad, 2024). Studies on the intersectionality of race, disability, age, sexual orientation, and gender identity would fill lacunae in the sample of the present study, thereby improving the knowledge on socioeconomic inequalities, as noted by Suen et al. (2020). Research assessing the effectiveness of public education campaigns to decrease stigma, consistent with Queer Theory's deconstruction of normative categories (Jagose, 1996), would be part of cultural change in Hong Kong. Pilot programs piloting suggested interventions, such as compulsory training or gender-neutral facilities, at community centres, modelling Singapore's replicable system, would test feasibility and replicability (Lim & Tan, 2023). These lines of research would provide a robust evidence base for the reform of Hong Kong's mental health care system to better serve LGBTQ+ individuals.

Conclusion

This study illuminates critical barriers to integrating LGBTQ+ inclusivity into Hong Kong’s mental health care system, revealing a framework ill-equipped to address the unique needs of lesbian, gay, bisexual, transgender, and queer individuals. Through thematic analysis of interviews with service users Lee and Ming and provider Boby, alongside a policy analysis of Hong Kong’s mental health documents, the research identifies four key barriers: lack of cultural competence training, heteronormative norms and cultural stigma, lack of policy implementation, and resource constraints. These findings, interpreted through Queer Theory and Intersectionality, underscore how heteronormative and cisnormative structures, compounded by intersecting identities such as socioeconomic status and age, perpetuate mental health disparities, including high rates of depression, anxiety, and suicidality among LGBTQ+ individuals, particularly transgender populations (Suen et al., 2018; Suen et al., 2020).

The policy analysis of documents such as the Mental Health Review Report (2017), Hong Kong Policy Agenda (2017), Hospital Authority Mental Health Service Guidelines (2019), Hong Kong Psychological Society Position Paper (2023), and Mind HK's programs (2022) reveals a systemic failure to incorporate provisions for LGBTQ+-specific stressors, such as family rejection and social discrimination, aligning with Kwok and Wu's (2015) critique of exclusionary practices. International policy references from Taiwan, Singapore, Australia, the United Kingdom, and Canada highlight the absence of inclusive measures like mandated training or anti-discrimination policies in Hong Kong, providing context for these gaps (Suen et al., 2020; Lim & Tan, 2023; Lai et al., 2023). Interview findings further elucidate these issues, with Lee describing stigma-driven hesitation in counselling settings and Ming reporting dismissive professional responses, reflecting barriers noted by Lam and Chung (2022). Boby's lack of training and cultural discomfort underscore provider challenges, addressing the knowledge gap on professional perspectives (Suen et al., 2017).

For the first research question—how does the current mental health care system in Hong Kong address the needs of LGBTQ+ individuals? —the study finds that the system fails to provide affirming care due to absent guidelines, pervasive stigma rooted in Confucian values and religious conservatism, and resource limitations, leaving LGBTQ+ individuals underserved. For the second research question—what are the primary challenges faced by mental health care providers in offering inclusive psychiatric services? —the findings highlight inadequate training, cultural biases, legal ambiguities, and insufficient infrastructure, which hinder inclusive care delivery, as Engebretsen (2013) notes in the context of cultural conservatism.

This study makes significant contributions to the field of knowledge. Theoretically, it advances Queer Theory by applying Butler's (1990) critique of heteronormative structures to Hong Kong's mental health system, revealing how cisnormative policies and practices marginalize LGBTQ+ identities. It extends Dalton's (2024) queer-affirming framework by contextualizing it within a collectivist, Confucian-influenced setting. Intersectionality is enriched by examining how socioeconomic status, age, and gender intersect with sexual orientation to exacerbate disparities, building on Crenshaw's (1989) framework. Empirically, the study fills critical knowledge gaps by providing qualitative insights into the lived experiences of gender-diverse individuals and provider perspectives, addressing the lack of such data noted by Suen et al. (2017). The interviews offer nuanced accounts of stigma, exclusion, and professional challenges, contributing to a deeper understanding of inclusivity barriers in Hong Kong's socio-cultural context. Practically, the findings inform policy and practice by highlighting the need for systemic reforms to enhance LGBTQ+ inclusivity, providing a foundation for evidence-based strategies to address mental health disparities. Exposing these systemic and cultural barriers, this research underscores the urgent need for Hong Kong's mental health system to evolve toward inclusivity and equity, ensuring that all individuals, regardless of sexual orientation or gender identity, receive affirming and effective care.

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Appendix 1

Consent form

Consent to Data Processing

I hereby consent to Linköping University processing my personal data, including my name, audio recordings, and interview transcripts, for the purpose of the research project titled "Challenges in Integrating LGBTQ+ Inclusivity into Hong Kong's Mental Health Care: Barriers to Effective Psychiatric Services," conducted as part of the Master's Programme in Gender Studies – Intersectionality and Change.

Information

How Your Personal Data Will Be Processed: Your personal data will be stored securely in digital form on Linköping University's internal servers, accessible only to the researcher (Fung Ka Yiu, Josephine), the supervisor (Associate Professor Edyta Just), and, if applicable, professional transcribers bound by confidentiality agreements. Audio recordings will be transcribed verbatim, and transcripts will be pseudonymized to protect your identity. No personal data will be shared with external third parties without your explicit consent, except as required by law.

Personal Data Controller: Linköping University, Sweden,

Contact Details:

- Researcher: Fung Ka Yiu, Josephine, via email at kayfu064@student.liu.se

Legal Basis for Data Processing: Your consent, as provided through this form.

Rights and Withdrawal of Consent: You may withdraw your consent at any time without providing a reason by contacting the researcher (Fung Ka Yiu, Josephine) via email or letter, or the registrar's office at the above contact details. Withdrawing consent is as straightforward as giving it. Upon withdrawal, Linköping University will cease processing your personal data collected based on this consent. You may also request the erasure of your personal data, and we will delete all identifiable information wherever possible, in accordance with data protection regulations. You have the right to access information about your personal data processed by Linköping University, request restrictions on certain data uses, or raise concerns about data handling. To exercise these rights or if you believe your data has been processed in violation of this agreement or applicable legislation (e.g., GDPR), please contact the data protection officer at dataskyddsombud@liu.se.

Validity of Consent: Your consent remains valid until you choose to withdraw it. There is no time limit unless you specify otherwise.

I hereby consent that Linköping University processes my personal data according to the information above

Place	Signature
Date	Name

/

Appendix ii

Interview questions – Nurse

1. Can you briefly describe your role as a psychiatric nurse in Hong Kong's mental health care system?
2. How long have you been working in this field, and what types of patients do you typically encounter?
3. In your experience, how does the mental health care system generally function for diverse patient groups?

Addressing Needs of LGBTQ+ Individuals

1. To what extent does the current mental health care system in Hong Kong cater to the specific needs of LGBTQ+ individuals?
2. Are there any existing policies, training programs, or guidelines in your workplace that promote LGBTQ+ inclusivity?
3. Can you share examples of how you or your colleagues have supported LGBTQ+ patients in psychiatric care?
4. How do LGBTQ+ patients' mental health needs differ from those of other patients, based on your observations?

Challenges in Providing Inclusive Services

5. What are the main barriers you face in delivering inclusive psychiatric care to LGBTQ+ individuals?

6. How do cultural or societal attitudes in Hong Kong impact the provision of mental health care for LGBTQ+ patients?

7. Are there specific challenges related to training, resources, or institutional support that hinder inclusivity?

8. Have you encountered situations where stigma or discrimination (from staff, patients, or systems) affected care delivery for LGBTQ+ individuals? If so, how did you handle it?

9. What role does language (e.g., inclusive terminology, pronouns) play in creating a welcoming environment for LGBTQ+ patients?

Systemic and Professional Insights

10. How do you think the mental health care system could improve its approach to LGBTQ+ inclusivity?

11. Are there any gaps in professional training for psychiatric nurses regarding LGBTQ+ mental health issues?

12. What resources or support would help you and your colleagues provide more effective care for LGBTQ+ patients?

Closing

1. Is there anything else you'd like to share about your experiences or perspectives on this topic?
2. Do you have any recommendations for systemic changes or policies to better support LGBTQ+ individuals in mental health care?
3. Would you be open to a follow-up discussion if I have additional questions?

Interview questions – LGBTQ+

- Can you tell me a bit about your gender identity and/or sexual orientation, and how you self-identify?
- Have you ever sought mental health care services in Hong Kong? If yes, what led you to seek these services?
- Can you describe your experiences navigating the mental health care system as an LGBTQ+ individual?
- How comfortable do you feel disclosing your gender identity or sexual orientation to mental health professionals?
- Have you ever faced any challenges or barriers when accessing mental health care related to your LGBTQ+ identity?

Experiences with Mental Health Professionals

1. How would you describe the attitudes of mental health professionals you've encountered toward gender and sexual diversity?
2. Have you ever felt judged or misunderstood by a mental health professional because of your LGBTQ+ identity? If so, can you share an example?
3. Were you ever provided with resources or referrals specifically tailored to LGBTQ+ individuals by mental health professionals?
4. In your experience, do mental health professionals in Hong Kong have sufficient knowledge and sensitivity regarding LGBTQ+ issues?
5. Can you describe any positive experiences you've had with mental health professionals? What made those experiences affirming or inclusive?

Systemic Barriers and Challenges

1. In your opinion, what are the biggest challenges LGBTQ+ individuals face when accessing psychiatric or mental health services in Hong Kong?
2. How do societal attitudes toward LGBTQ+ individuals in Hong Kong influence your mental health care experience?
3. Have you ever encountered policies or practices within the mental health system that felt exclusionary or harmful to LGBTQ+ individuals?
4. If you've accessed gender-affirming care (e.g., hormone therapy or counseling), what challenges did you face in accessing these services?

Suggestions for Improvement

1. What changes would you like to see in Hong Kong's mental health care system to better accommodate LGBTQ+ individuals?
2. How do you think mental health professionals can improve their approach to providing care for LGBTQ+ clients?
3. Are there any specific services, resources, or policies that you think are missing but would benefit LGBTQ+ individuals?
4. How important is it for mental health care providers to undergo training in LGBTQ+ issues, and what should such training include?

5. If you could design an ideal mental health care system for LGBTQ+ individuals, what would it look like?

Mental Health and Intersectionality

1. How do other aspects of your identity (e.g., ethnicity, socioeconomic status, age) intersect with your LGBTQ+ identity in shaping your mental health care experiences?
2. Do you feel that mental health services in Hong Kong address the unique challenges faced by LGBTQ+ individuals from different cultural or socioeconomic backgrounds?
3. Are there specific groups within the LGBTQ+ community (e.g., transgender people, nonbinary individuals) that you feel face greater challenges in accessing mental health care?

6. Coping and Community Support

1. How do you typically manage your mental health, especially when facing discrimination or exclusion?
2. Have you sought support from LGBTQ+ organizations, peers, or informal networks? How has that impacted your mental health?
3. Do you feel that community-based LGBTQ+ support systems are sufficient in Hong Kong, or are there gaps that need addressing?

Ethical and Emotional Reflections

1. How has your mental health been impacted by the way society views LGBTQ+ individuals in Hong Kong?
2. Do you feel that mental health care providers respect your autonomy and dignity as an LGBTQ+ individual? Why or why not?
3. What do you wish mental health professionals understood about your experiences as an LGBTQ+ individual?
4. How do you see mental health care playing a role in promoting equality and reducing stigma for LGBTQ+ individuals in Hong Kong?

- Is there anything else you'd like to share about your mental health care experiences as an LGBTQ+ individual?
- Are there any specific topics or issues I didn't ask about that you think are important to discuss?