Navigating double marginalisation: Migrant Chinese sexual and gender minority young people's views on mental health challenges and supports

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Abstract

Sexual and/or gender minority young people who are also members of an ethnic minority can experience unique challenges. Limited research draws directly on the mental health experiences of these 'double minority' youth. This study focused on Chinese sexual/gender minority youth in New Zealand. It sought to explore features they found challenging for, or supportive of, their mental health and wellbeing. Semi-structured interviews were conducted with 11 Chinese sexual/gender minority participants aged between 19 and 29 years old and residing in Auckland, New Zealand. An inductive approach to qualitative data analysis was used. Two major domains of findings emerged. Firstly, participants described mental health challenges linked to racism, sexism, cis-heteronormativity and challenges in relation to intersecting identities. Secondly, Chinese culture and community connections, family and peer support, and role models seemed to facilitate resiliency. However, the fear of 'losing face', unwillingness to disclose distress when unwell, and mental health service providers' lack of cultural and linguistic competency were described as barriers to effective mental health support. In conclusion, Chinese and sexual/gender minority identities were integral parts of participants' sense of self, and this was associated with their mental health and wellbeing. Further research is required to explore ways to reduce barriers and promote resiliency.

Keywords: Chinese, mental health, LGBT, sexual and gender minority, youth, psychological services, counselling, New Zealand

Introduction

Sexual and gender minority[a] youth are more likely to experience mental ill-health compared with other young people in a range of English-speaking Western nations (Lucassen et al. 2017; Mayer et al. 2008; McDermott, Hughes and Rawlings 2018). Similarly, minority ethnic young people report disproportionate mental ill-health compared to their majority ethnic peers (Paradies 2006; Tobler et al. 2013). The minority stress hypothesis (Meyer 2003; Kelleher 2009) has been used to explain the increased rates of mental ill-health experienced by members of these groups. The minority stressors of cis-heteronormativity (Ansara and Hegarty 2012; Konik and Stewart 2004; Jackson 2006), in addition to homo-, bi- and trans-phobia (Ochs 1996; Shidlo 1994; Norton 1997), as well as ethnocentrism (DeAngelis 2009; LeVine and Campbell 1972) and racism (Baratz and Baratz 1970; Speight 2007), can expose these young people to deleterious discrimination and oppression (Sue 2010; Meyer 2013; Newcomb and Mustanski 2010; Velez, Moradi and DeBlaere 2015).

The minority stress hypothesis posits that the more minority stressors a person experiences, the greater the chance of a negative impact (Meyer 2003). Young people who are members of sexual/gender and ethnic minorities (termed "double minority youth" for brevity) (Wooden, Kawasaki and Mayeda 1983; Boykin 1996) are theoretically more likely to experience greater challenges, due to the increased stressors of their double marginalisation (Jaspal 2015; Strayhorn 2014). However, studies have demonstrated that some interactions of minority positions can in fact be ameliorative to young people's health and wellbeing (LeVasseur, Kelvin and Grosskopf 2013; Hayes et al. 2011). Such research suggests that the intersection of *particular* minority identities may produce positive outcomes, despite the theoretical prediction of increased minority stress. For instance, the strong family connectedness of many minority ethnic communities (Scott, Wallander and Cameron 2015; Snowshoe et al. 2017; Reid et al. 2016), may in fact be protective as it may gradually encourage the familial acceptance (Ryan et al. 2010) of double minority youth.

Recent studies in the USA and UK indicate that double minority youth can develop coping strategies for resiliency in the face of double marginalisation (Li et al. 2017; Rios and Eaton 2016; Jaspal and Williamson 2017). These strategies include skills in identity management, whereby double minority youth learn to selectively prioritise aspects of their identity that are less stigmatised and seen as appropriate to the given social context (Wang, Bih and Brennan 2009; Szymanski and Sung 2013; Jaspal and

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[a] The term sexual and gender minority refers to all gender diverse people who are not cisgender (i.e. a cisgender person is someone whose gender identity aligns with the sex they were assigned at birth) and all those people who are not heterosexual, as well as those that identify as lesbian, gay, bisexual, or transgender (LGBT) (Mayer et al. 2008).

Williamson 2017). Other resilience practices include developing assertiveness and self-advocacy when facing mistreatment and oppression, and the development of alternative social support networks (Li et al. 2017; Rios and Eaton 2016). Indeed, our recent New Zealand study (Chiang et al. 2017) found that while sexual/gender and ethnic minority status were singularly more likely to be associated with mental ill-health, double minority youth were overall *less* likely to report mental ill-health than their ethnic-majority (i.e., New Zealand European) sexual/gender minority peers.

However, the empirical research in this developing field has limitations. Minority ethnic communities and groups are usually treated as homogenous in terms of their experiences and ethnicity (Veenstra 2011; Lytle, De Luca and Blosnich 2014; Seitz 2018; Greene 1994; Bridges, Selvidge and Matthews 2003). Moreover, the majority of the published research is based in North America, which has its own unique context of racism and cis-heteronormativity (Jordan 1974; Durham 2003), that may differ from that of other English-speaking nations.

The current study seeks to extend the literature by exploring Chinese sexual/gender minority young people's experiences of mental health challenge and resiliency in New Zealand. In so doing, this study resists homogenising various ethnicities into one 'Asian' or 'East Asian' label. We feel that such homogenisation overlooks the potential influences of the many religions, cultures and languages that span the world's largest continent, as well as Asian nations' diverse histories of oppression.

Chinese immigrants form a substantial minority in many Western countries (Gungwu and Liu 2006) and represent the largest single migrant group in New Zealand (Ip 2003). A handful of qualitative studies (Chan 1995; Davidson and Huenefeld 2002; Shen, Chiu and Lim 2005) touch on the intersecting experience of Chinese sexual/gender minority youth in America. These studies note that aspects of Chinese culture (for instance, Confucianism, filial piety, Yin-Yang and 'saving face') may regulate expressions of emotionality, sexuality, and gender according to a socially prescribed norm, which often reinforces cis-heteronormativity (Chan 1995; Leung 2010). Opportunities (with their accompanying challenges) hence exist to explore whether aspects of Chinese culture can provide some protective features for double minorities.

In addition, since many Asian ethnicities share common concepts with Chinese culture (e.g., collectivism) (Reischauer 1974), we anticipate that these findings may have broader implications. As such, examining the mental health experiences of Chinese people in New Zealand may offer specific insights for deconstructing culturally specific cis-heteronormative norms. This may, in turn, provide insights into other ethnic groups that share aspects of Chinese culture.

In view of these considerations, the current study was designed to explore the views of Chinese sexual/gender minority youth regarding what has challenged and supported their mental health, including their views on how mental health services might be improved. We were particularly interested in exploring how a "double minority" status potentially enabled opportunities to resist the stigma and minority stress of cis-heteronormativity and/or ethnocentrism.

Methods

Participants

Following ethics approval from the University of Auckland's Human Participants Ethics Committee, 11 self-identified Chinese sexual/gender minority young persons aged between 19 and 29 years old and residing in Auckland, New Zealand, were interviewed (see Table 1 for demographic details). Participants were recruited via social media and internet advertisements. Participants had either migrated after their teenage years (n = 6), or had spent all or most of their life in New Zealand (n = 5).

[Please place Table 1 about here]

Data collection

The first author (SC) conducted confidential face-to-face semi-structured interviews in private locations convenient to participants. SC is a cisgender gay man who is Taiwanese and registered as a clinical psychologist in New Zealand. He is fluent in both English and Mandarin Chinese. The interview guide (summarised in Appendix) was sent to participants at least one week prior to their interview so that they could consider the questions in advance.

The interviews lasted approximately 90 minutes. Interviews were conducted in participants' language of choice; six interviews were conducted in English and five in Mandarin Chinese. All the interviews were audio-recorded and professionally transcribed by native speakers.

Data analysis

Interview data were analysed using a general inductive approach (Campbell et al. 2013; Thomas 2006). Three coders (SC, JF, and TF) were involved in the analysis, which included the following steps: 1) reading through the transcripts to consider the

meaning; 2) identifying the potential units of meaning; 3) clustering similar units of meaning together; and 4) reviewing them to identify potential themes. JF and TF independently reviewed a selection of transcripts and units of meanings to confirm themes. Verbatim quotes (or their English language translations if in Mandarin Chinese) that best represent themes were identified. The consolidated criteria for reporting qualitative research (COREQ) (Tong, Sainsbury and Craig 2007) was used to guide the reporting of the findings.

Findings

Two major domains of findings emerged regarding how Chinese sexual/gender minority young people navigate their mental health experiences. Table 2 clarifies the relative pervasiveness of the themes across the interviews. As described by participants, these themes influenced their mental health and wellbeing. The order in which the themes are discussed below is determined by their pervasiveness in the domain.

[Please place Table 2 about here]

Reported mental health challenges

Challenges potentially related to being either a migrant Chinese youth or a sexual/gender minority young person, or a young woman

Encountering racism of various kinds was common amongst all the participants. Examples of racism included three participants' accounts of hostile racist remarks and/or micro-aggressions from complete strangers. Susan, for instance, shared her experience of being shouted at when walking down the street: 'A White man was riding a bike towards us, and shouting out loud at us "Fucking Chinese," We were very angry at the time.' Particularly among female participants, a common issue was that of racist and sexist stereotyping (which including an element of objectification). Through the use of sexualised slang, for example, the use of terms such as 'Chinese doll' or 'dragon lady', participants described some White men as having 'yellow fever'.

Racialised sexual stereotyping was upsetting for participants, as this objectification was not only demeaning but also demonstrated a prejudice that reduced the breadth and value of their Chinese culture to a narrow trope. Dada explained: 'Because like you're not a person, you're just a vessel for a culture that they think they know but they don't.' Nearly half of the participants described an

internalisation of racism. There was a sense of shame for not being White enough, because of the racist view that limits 'Kiwi [i.e. a New Zealander]' to exclusively being and acting 'White, like Pākehā [i.e. a European New Zealander]'. Mary stated:

> In terms of New Zealand society, there is a shame at not being fully White…. Yeah, or I don't want people to come to my house because my mum doesn't speak very good English or something and I don't want them to judge her for that or be judged because sometimes my English is bad as well.

In contrast, internalised racism might also be evident where some participants felt that they were superior because they appeared 'Whiter' than their peers. Nash, for example, stated: 'We prefer people to have fairer skin, right? So that's why, even for native Thai, they think that Sino-Thai [Chinese-Thai] are more attractive because most Chinese-Thai have fairer skin.'

In addition, various themes of homo/bi/trans-phobia (including cis-heteronormativity) were discussed. Such mistreatment often began at school. For instance, Jack recounted verbal abuse at school that mostly targeted gay males: 'Just everyone [school mates] calling each other, faggot!' Most participants who had come out to parents also experienced challenges in their families. Some parents argued with the participants about their sexual/gender minority status in the hope that they would stop being 'naïve' and eventually 'return to being normal'. As Laney commented below, his mother tried to 'correct' his being transgender by forcing him to adopt female attire. There was a deep-rooted belief among parents that being a sexual/gender minority was a choice, which could simply be unmade: 'Although my mother is a doctor with some understanding about this [i.e. transgender people], she would still intentionally buy me skirts, but I did not want to wear them.' Other participants described a degree of invisibility (i.e., 'never-talk-about-it [LGBTQ identity]') and shame about their 'hidden' sexual/gender minority status at home.

A related sub-theme was that some participants themselves could (unconsciously or not) subscribe to cis-heteronormativity. Camille, for example, explained why she and her same-sex partner decided to break off their relationship: 'My partner has decided that she will want a heterosexual marriage and family for sure…she feels that it will be better for her children to grow up in a family with both a father and mother.'

Intersectional challenges

Chinese and sexual/gender minority identities were described as integral parts of participants' sense of self, as Nash illustrates: 'I identify myself as chocolate milk, I

mean, you cannot just bring out chocolate and change my identity because these [i.e. the chocolate flavouring and milk] are smoothly blended.' Here, participants reported navigating intersectional challenges. Three sub-themes emerged from the analyses, including 'double or triple rejection' from Chinese as well as New Zealand culture and communities:

Rejected by both cultures as a woman. Female-identified participants highlighted their struggles with sexism that was reinforced by both Chinese and New Zealand cultures. This experience of 'double sexism' was associated with the 'male-dominant' nature of the two cultures, which customarily view women in sexist terms. Mary, for instance, gave a glimpse of these cultural views: 'I guess mostly both of them [Chinese and NZ cultures] want me to identify as a woman and stick to the social codes or wear dresses, wear skirts, flirt with boys, not be loud or anything and have long hair.'

Rejected by both cultures as a Chinese Kiwi. Five participants struggled to conform to both Chinese and NZ cultural expectations; their peers expected them to act 'like a Kiwi', but their family expected them to be Chinese. Hence, the participants described a tension about being like a "banana ['Chinese' on the outside 'Pākehā' on the inside]", meaning 'not Kiwi enough but also you're not quite Chinese enough.' Jael summarised the challenges this issue can present when attempting to create a positive sense of belonging: 'I don't identify as Chinese or New Zealand… like I'm falling between the cracks.'

Rejected by both cultures as a sexual/gender minority person. Several participants came to the realisation that 'I can't be Chinese in the queer community because I don't fit the queer archetype.' As well as experiencing the disapproval of their Chinese families in relation to their sexual/gender identity, participants could also face criticism about their looks or behaviours from the local, predominantly New Zealand European, sexual/gender minority culture. Nash detailed how both his Chinese family and White gay men had rejected him, ironically for the same reason – a body that was perceived to be too slender and feminine. In Chinese culture, big, solidly built bodies are associated with leadership and power; this body type is also seen as an ideal in Western gay male culture.

> [My grandmother] always says that I'm too thin, because in her perception men should be bigger, have bigger bodies, have larger bodies to show that he's strong enough to be the leader of the family or something like that... Being male….Many gay guys say that I'm too thin, I'm too small, why don't I go to [a]

fitness [centre] to do build some muscles? My voice is too high. My face is too feminine or something like that.

Potential impact on mental health

More than half of the participants reported psychological distress in relation to experiencing mental health challenges. One participant reported a suicide attempt; others suffered from self-blaming, shame, confusion, loneliness, isolation, anxiety and depression. Experiencing multiple challenges and forms of oppression seemed to exacerbate mental health challenges. Mary's example illustrates how these challenges can amass cumulatively, and in this instance resulted in her first depressive episode.

It was around the time I was [in] love with that girl. I didn't know how to deal with that and I stopped talking with my dad [who was sexist towards Asian women] and I was really confused and feeling guilty and feeling alone. And, yeah, my mood just crashed and I was just really, really depressed.

Reported mental health supports and barriers

Supporting factors

A shared view emerged among all participants regarding the importance of connecting with Chinese culture and local Chinese communities. Such connection can be practical, for example some participants found support from a local Chinese community important when first arriving in New Zealand. Susan stated: "I initially lived in a Chinese neighbourhood, and they gave me a lot of support." Participants also stated that connecting with Chinese culture could make them feel good about themselves, as Adda commented: 'Chinese culture makes me really proud. I very much identify with my Chinese heritage.' Participants nominated specific cultural features, such as a strong family orientation ('blood ties' or kinship), an emphasis on a strong work ethic and an education, as protective factors for their wellbeing. Jack, for example, detailed how Chinese parents are committed to their children's success and encourage them not to give up: '…I think for Chinese parents, I think that they believe that their children are quite capable and everything is possible with a lot of hard work…And I think there's a strong value on education, for what it is.'

Participants endorsed the importance of family support, which provided them with not only financial assistance, but also emotional warmth and a sense of security. A loving family was described as 'home' and a place of refuge. As Randy put it, 'Having the support of my family is really important. Because it doesn't really matter how upset I am dealing with the outside world, I am happy as long as I can come home to

my supportive family.' Meanwhile, nine participants reported that peer support could be helpful. Having someone of a similar age or background listen and share their experiences made theses participants feel that they were not alone. Here, Dada shared her excitement when first finding out about a local support group: 'I found [a local Asian sexual/gender minority social club], and that was really, really cool because there were so many people who were just like me!' Several participants were inspired by 'witnessing' a Chinese sexual/gender minority person who had become 'mature and successful' in life. They saw this as an important message that they could still be successful despite being a double minority person. Adda said: 'When you have got some role model to look up to, those worries [about the future] are gone.'

Most participants employed some strategies or a particular mind-set to deal with minority stress. Some would 'take the first step' in preparing themselves for possible discrimination (or other challenges) in advance, so that they could handle it in a respectful way. Others, such as Jael, processed their concerns by reading, creating artwork, using social media, and writing about their challenging experiences: 'Sometimes making these sorts of like annoying experiences into like actual writing and something I can craft and like spend time on is actually powerful.' Only two participants had sought professional support. Therapists' level of professional experience was the only factor that both participants identified as having a possible impact on the quality of therapy. As Dada put it: 'She'd [therapist] seen other people like me [i.e. other Chinese sexual/gender minority young people] before. And she like told me what my options were.'

Barriers to accessing support

Most participants reported a cultural belief that mental ill-health is the result of a poor work ethic. They can sometimes get accused of being lazy or 'weak' for having depression. As Dada commented: '…It's like super hush hush, like taboo…. it's like if you're mentally not well, you should work hard and fix it.'

'Pride' in reluctance to admit to having a mental health problem was also discussed by many. Seeking counselling was thought to impact pride as it was thought to reflect poorly on one's 'face' or personal image. As Jack explained: 'I felt like it was frowned upon to seek help for counselling…Like just kind of something that you only do if you're kind of weak.' A strong focus on 'saving face,' could become a barrier to accessing professional help. Randy used a classic Chinese idiom to illustrate a deep-rooted cultural mentality that can prevent young people in distressing situations from accessing mental health services: 'Family shames must not be spread abroad.'

Most participants could identify gaps in mental health service provision for Chinese sexual/gender minority youth. As Abby stated, some Chinese students (and

families) may have problems communicating with mental health professionals in New Zealand due to language barriers and cultural differences: 'This [English] is never my first language, you know, because I have really a difficulty expressing myself and some type cultural background thing.'

Three participants commented on the elements of therapy they thought were unhelpful, including unethical conduct (e.g. offering career advice when psychiatric referral was asked), and a lack of empathy. Importantly, being dismissive of a participant's cultural heritage and/or sexual/gender minority status was highlighted as breaking therapeutic trust: 'The counsellor was kind of dismissive of it [Asian student clients' desire to pursue academic success]. Like, "Oh, it's a cultural thing," that sort of attitude.' Jael

Discussion

This study examined the mental health experiences of New Zealand Chinese sexual/gender minority youth with a focus on factors that supported or challenged their mental health and wellbeing. Two major domains of findings emerged. Firstly, participants reported mental health challenges due to social oppression and the unique challenges related to their intersecting identities. Among participants, women faced additional challenges owing to the pervasive nature of sexism. Secondly, connecting to one's ethnic culture and community seemed to be beneficial, along with family and peer support, role models, and personal resilience. Some barriers to accessing services, including the fear of losing face and an attempt to preserve personal pride, were identified.

As detailed previously, the presence of strong cultural and family ties (Snowshoe et al. 2017; Reid et al. 2016), as well as personal resilience (LeVasseur, Kelvin and Grosskopf 2013) developed over many years, could help to explain why Chinese sexual/gender minority youth in New Zealand may be more equipped to manage psycho-social challenges than their New Zealand European counterparts (Chiang et al. 2017). Similar findings emerged from studies on Taiwanese and Hispanic sexual minority men in the USA (Rios and Eaton 2016; Wang, Bih and Brennan 2009), indicating that these men may develop an alternative path to obtain parental support and create additional supporting social networks while being marginalised.

In line with the literature, while adopting the language/s and behaviours of a host culture is generally thought to improve wellbeing, our study shows that retaining a bond with one's own ethnic culture appeared to assist participants in fostering a strong sense of self (Yoon et al. 2013). Mental health organisations, educators and other service providers who work with ethnically diverse youth may have an important

opportunity to invest in diversity programmes that can support young people to explore and utilise their own cultural resources for resilience. Also, as role models can become "a source of pride, inspiration, and comfort" (Gomillion and Giuliano 2011, 330) for Chinese sexual/gender minority youth, mental health managers and policy makers could consider ways to train more culturally diverse and sexual/gender minority professionals in the field.

An over-emphasis on cultural features such as saving face was identified as a potential barrier to accessing mental health support by participants in this study. A possible explanation for this may be mental health stigma associated with a limited understanding of mental health, cultural perceptions of certain symptoms, and language barriers in the Chinese community (Lam et al. 2010; Li et al. 1999). Mental health professionals and those working in the education sector may need to engage in community outreach, psycho-education, or television/social media programmes to help demystify the mental health stigma in migrant communities.

Two pertinent options appear to exist to support mental health service provision for these young people. Some scholars (Zhang et al. 2002), for example, have developed culturally attuned therapies that infuse Western psychotherapeutic or counselling models with Chinese philosophies. These may address participants' dissatisfaction with the cultural competence of practitioners. Furthermore, as many participants reported accessing the internet, free online self-help tools (e.g., Rainbow SPARX for sexual/gender minority youth) (Merry et al. 2012; Lucassen et al. 2015), may be helpful and mitigate the potential barriers of shame and fears about confidentiality that are discussed by participants.

Limitations

There are limitations to the current study, such that the sample mainly comprised university students from a single city in New Zealand. Participant responses may not be representative of Chinese sexual/gender minority youth in other English-speaking regions within New Zealand or elsewhere, or of those without access to a tertiary education. In this way there may be unforeseeable class benefits for these participants given their access to tertiary education, and rural-urban differences that are unexplored. Furthermore, the sample did not include self-identified bisexual men and transgender women. Alternative issues and themes are likely to emerge for subgroups within the wider sexual/gender minority communities, which are often under-represented (Lucassen, Fleming and Merry 2017). Further research with a sample inclusive of more bisexual and gender diverse youth is required to address this limitation.

Conclusion

Study findings offer insight into the mental health experiences of a group of Chinese sexual/gender minority young people living in New Zealand. The reported challenges and impact on mental health due to mistreatment and oppression may signal the need for action. Cultural connection and the unique values of Chinese culture can provide fruitful opportunities to support sexual/gender minority youth and their families to foster wellbeing. Future research can work towards developing programmes and interventions that will strengthen the connections of both cultural and sexual/gender minority identities. Finally, further investigations are needed to reduce the barriers for sexual/gender minority youth to access mental health services.

Acknowledgement

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Table 1. Characteristics of participants

Pseudonym[2]	Age	Sex assigned at birth	Country of birth	Ethnicity	Gender Identity	Sexuality/ relationship status	Occupation
'Abby'(E)[3]	20	F	China/ Moved to NZ at 17	Chinese	Cisgender F	Lesbian/ Recent break-up from a same-sex relationship	University student
'Adda' (C)	22	F	China/ Moved to NZ at 17	Chinese	Cisgender F	Lesbian/ Currently in a same- sex relationship	University student
'Camille' (C)	26	F	China/ Moved to NZ at 23	Chinese	Cisgender F	Undecided/ Currently in a same-sex relationship	In paid employment
'Dada' (E)	21	F	China/ Moved to NZ at 3	Chinese	Cisgender F	Bisexual/ Currently in a same-sex relationship	University student
'Jack' (E)	24	M	China/ Moved to NZ at 3	Chinese	Cisgender M	Gay/ Currently in a same-sex relationship	In paid employment/ University student
'Jael' (E)	22	F	China/ Moved to NZ at 2	Chinese	Gender non-binary	Asexual ('Allergic to boys')/ Single	University student
'Laney' (C)	19	F	China/ Moved to NZ at 15	Chinese	Transgender M	Heterosexual man/ Single	University student

[2] Each participant's pseudonym was created to ensure confidentiality. Participants reported their sexual/gender minority status in their own words.

[3] E means that the interview was primarily conducted in English, and C in Chinese.

'Mary' (E)	19	F	NZ born	Chinese/ NZ European	Cisgender F	Questioning ('Experimenting')/ Single	University student
'Nash' (E)	29	M	Thai/ Moved to NZ at 26 (was in Canada)	Chinese/ Thai	Cisgender M	No label (declined to comment)/ Single	University student
'Randy' (C)	29	M	China/ Moved to NZ at 3	Chinese	Cisgender M	Gay/ Currently in a same-sex relationship	In paid employment
'Susan' (C)	26	F	China/ Moved to NZ at 24 (was in UK)	Chinese	Cisgender F	Bisexual/ Currently in a same-sex relationship	University student

Table 2. Summary of the findings

Domain	Themes (the pervasiveness of each theme)
Mental Health Challenges	**Challenges potentially related to being migrant Chinese youth (100%, N=11)**
	1. Various forms of reported racist incidents (91%, N=10)
	2. Unintentionally subscribing to (or the internalisation of) racism, leading to shame (45%, N=5)
	3. Misguided Chinese cultural features can also become challenging (55%, N=6)
	Challenges potentially related to being Sexual/gender minority youth (100%, N=11)
	1. Various forms of reported homo- bi- trans- phobic incidents (100%, N=11)
	2. Unintentionally subscribing to (or the internationalisation of) cis-heteronormativity, leading to shame (36%, N=4)
	Challenges potentially related to being a young woman (73%, N=8)
	1. Various forms of reported sexist incidents (46%, N=5)
	2. Restricted gender role and expression (e.g. dress code) (28%, N=3)
	Intersectional challenges (100%, N=11)
	1. Reported being rejected as a 'proper' Kiwi Chinese *women* (55%, N=6).
	2. Reported generally not fitting in both Kiwi and Chinese cultures (46%, N=5)
	3. Reported being rejected by both Chinese community and predominately White LGBT community (46%, N=5)
	The reported impact of the mental health challenges on youth mental health (55%, N=6)
	1. Reported social isolation, loneliness, sadness, and emotional discomfort (28%, N=3)
	2. Serious depression and anxiety disorders that required psychological and psychiatric treatment (18%, N=2)
	3. Unbearable emotional distress leading to attempted suicide (9%, N=1)

Supporting and resiliency factors	1. Helpful Chinese cultural features, including strong cultural and familial ties, the unconditional love of parents, and good work ethics (100%, N=11).
	2. Support from peers, inspiration of role models, personalised coping strategies, as well as professional help (82%, N=9).
Barriers to mental health support	1. Misguided Chinese cultural features, associated with mental health stigma, shame, the fear of gossips and the needs to 'save face,' leading to the denial of distress and the reluctance of seeking support (64%, N=7).
	2. The lack of cultural/linguistic and SG diversity competency of New Zealand mental health services (64%, N=7)

Appendix

Interview guidelines

Introducing yourself:

- Personal identity and background.
- What does being Chinese, a sexual/gender minority, and a Chinese sexual/gender minority youth mean for you? How are these identities linked to your mental health and wellbeing (explore more details based on the responses of participants)?

Identity-associated experiences regarding your mental health and wellbeing

- Please tell me any significant experiences/ challenges you have had in the areas of personal, family, peer, school, work, and community, which (you think) Mary contribute to your mental health and wellbeing?
- In these experiences, what got you down (perceived risk) and what lifted you up (protective factors)?

Any other aspects of your identity you feel important to talk about, even though they are not the focus of this project?

Regarding counselling & therapy

- Have you sought any form of counselling or therapy? If so, was it helpful? Please explore the aspects of therapy you found helpful and aspects of it you felt not so good?
- If you have never sought help from a counsellor/ therapist even when distressed, please explore the possible reasons why?