

**Preferences and Needs Regarding a Preventive Intervention for Gay Men Experiencing
Depressive Symptoms to Improve Their Mental Health**

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Abstract

Background: Reducing mental health differences among sexual and gender minorities (SGMs) has received increasing attention recently, focusing on alleviating the negative consequences for the individual and improve SGMs mental health. Existing research outlines elevated rates of depression, suicidality, and other related poor mental health among young gay men compared to their heterosexual peers. In contrast to existing research on mental health, considerably less extensive research exists about eHealth interventions that aim at improving mental health of gay men.

Objective: This study focused on gaining insights into the depressive symptoms experienced by gay men aged 18 to 27 as well as their needs regarding an early, preventive eHealth intervention aimed at alleviating experienced depressive symptoms.

Methods: By following a participatory approach characterised by the active participation of all stakeholders, two focus groups were conducted, whereby the first consisted of six queer participants and the second of three gay participants, aged 19 to 24 years.

Results: The detailed insights given resulted in the identification of four themes related to the depressive symptoms that are experienced: (1) lack of connectedness with others, (2) coping through connectedness, (3) coping through reflection, and (4) burdensome environments and discrimination. Themes identified concerning the preferences and needs related to a preventive eHealth intervention involved: (1) building connections with others, digital communication, and awareness about depression, (2) self-development through self-reflection, (3) engaging in positivity and personal growth, and (4) coping through activities.

Conclusion: It could be concluded that connectedness and communication with others plays a key role to good mental health of gay men. Participants described a lack of connection, connection as a coping mechanism as well as a wish for connection and communication to be included within an eHealth intervention. This research is a first step in providing valuable insights that could be used to inform the development of an eHealth intervention aimed at improving mental health among gay men. Rather than focusing on individual approaches, future research could further investigate the impact that being connected to others has in treating depressive symptoms.

Keywords: SGMs; gay men; depressive symptoms; eHealth; intervention

Table of Contents

Introduction	5
Methods	8
Design	8
Participants	9
Procedure	9
Data analysis	13
Results	14
How are depressive symptoms conceptualised and experienced by gay men?	18
<i>Lack of Connectedness with Others</i>	18
<i>Coping Through Connectedness</i>	18
<i>Coping Through Reflection</i>	19
<i>Burdensome Environments and Discrimination</i>	19
What are the specific preferences and needs of gay men experiencing depressive symptoms regarding an early, preventive eHealth intervention aimed at alleviating depressive symptoms?	20
<i>Building Connections with Others, Digital Communication, and Awareness About Depression</i>	21
<i>Self-development through self-reflection</i>	22
<i>Engaging in Positivity and Personal Growth</i>	22
<i>Coping Through Activities</i>	23
Discussion	23
Strengths	27
Limitations and Future Recommendations	28
Conclusion	30
References	31
Appendix	35
Appendix A	35
Appendix B	40

Appendix C..... 42

Appendix D..... 44

Appendix E..... 45

Appendix F 61

Preferences and Needs Regarding a Preventive Intervention for Gay Men Experiencing Depressive Symptoms to Improve Their Mental Health

Alleviating existing mental health differences and their negative consequences for sexual and gender minorities (SGMs) recently gained more attention in research as SGMs have been found to experience poor mental health more often compared to heterosexual peers (Ferlatte et al., 2020). SGMs is used as an umbrella term to refer to individuals who do not identify as heterosexual or as cisgender, whereby the latter is defined as persons whose gender identity and sex assigned at birth align (National Institutes of Health, n.d.; Newheiser et al., 2022). Therefore, the term includes - but is not limited to - persons identifying as lesbian, gay, bisexual, asexual and queer and also includes individuals identifying as transgender or gender non-binary (National Institutes of Health, n.d.). An increased risk for various mental health problems for SGMs has been reported compared to their heterosexual peers (Ferlatte et al., 2020; Rozbroj et al., 2014; Salway et al., 2016; Sandfort et al., 2001). Mental health differences exist between gay young adults - especially among gay men - and their heterosexual peers which are related to suicidality, depression, substance abuse and other associated poor mental health (Friedman et al., 2007; Salway et al., 2016). One common mental health difference is linked to depression (Körner et al., 2008; Lee et al., 2017). Depressive symptoms among gay men are higher compared to their heterosexual peers, yet existing preventive eHealth interventions are missing or insufficiently tailored to this target group. This paper aimed to gain insights into the depressive symptoms experienced by gay men and their preferences and needs regarding an eHealth intervention targeted at decreasing these symptoms using a participatory approach.

According to the Diagnostic and Statistical Manual (DSM), depression is categorised into major depressive episode and major depressive disorder depending on the time that the symptoms are present (Davey, 2014). Individuals experiencing depression, display symptoms involving a depressed mood, as well as a lack of interest, concentration, and energy (Lee et al., 2017). In addition, it can be accompanied by sleep disturbances, significant impairment in social and academic domains and feelings of worthlessness (Davey, 2014).

Compared to heterosexual men, the likelihood to experience major depression is three times higher in gay men (Körner et al., 2008; Plöderl et al., 2009; Rozbroj et al., 2014). For example, as stated by Ross and colleagues (2018), the lifetime prevalence of major depression was almost double as high for gay and lesbian individuals as for heterosexual individuals. This increased risk has also been found in other research among the Dutch population (Sandfort et al., 2001). Some individuals also experience suicidal thoughts and/or attempts whereby suicidality rates are higher among SGMs (Ferlatte et al., 2020).

Elevated rates of depression among gay men can be explained based on the minority stress model (Meyer, 2003). As gay men belong to a SGM group, they experience stress associated with their marginalisation and stigmatisation such as being discriminated against based on their sexual orientation (Wittgens et al., 2022). Furthermore, experiences of homophobia as well as negative reactions or rejection from one's environment can lead to the development of depressive symptoms (Lucassen et al., 2013; Plöderl et al., 2009).

As further stated by Rozbroj and colleagues (2014), gay men suffering from depressive symptoms experience an increased burden within and outside the mental health care system linked to marginalisation and discrimination. Because of fear of discrimination, many gay men avoid or postpone searching for professional support (Rozbroj et al., 2014). In addition, the already difficult situation of long waiting times before receiving psychotherapy represents the limited availability of traditional treatment options for depression. This is illustrated by a statistic showing the high number of individuals suffering from depression placed on waiting lists in the Netherlands (Nederlandse Publieke Omroep, 2018). An early, preventive eHealth interventions could tackle these issues and contribute to prevent and decrease depressive symptoms among gay men.

eHealth interventions defined by Van Gemert-Pijnen and colleagues (2018) as “an eHealth technology specifically focused on intervening in an existing context by changing behaviour and/or cognitions” (p. 7), have shown their effectiveness in treating depression (Rozbroj et al., 2014). These interventions can provide a way to receive treatment confidentially and anonymously (Meiksin et al., 2021). Although eHealth interventions have a considerable potential to respond to the specific needs of gay men, most of them are developed to meet the needs of the general population and, thus, fail to address the challenges that gay men face (Meiksin et al., 2021; Rozbroj et al., 2014). This highlighted lack of attention paid to the specific needs and preferences of gay men could be resolved by following a participatory design approach. The essential aspect of this design approach is to involve all stakeholders and let them actively participate throughout the developmental process (Vandekerckhove et al., 2020). Furthermore, it emphasises that the needs and perspectives of all stakeholders will be considered as well as their feedback incorporated that is given during the developmental process. This is beneficial as it leads to an increased uptake and efficiency of the intervention (Sanders, 2002; Vandekerckhove et al., 2020).

In general, there is a significant lack of eHealth interventions attempting to prevent and improve depressive symptoms of gay men. Meiksin and colleagues (2021) conducted a systematic review of eHealth interventions focusing on mental health, drug abuse and sexual

risk among men who have sex with men (MSM). They concluded that intervention characteristics such as individual tailoring, the inclusion of sexuality-affirming terminology and content are important determinants that heightened the acceptability of the interventions among minority groups. While evaluating some interventions, it has been found that users appreciated attempts to be inclusive for sexual minority groups, but that they would like even further tailored interventions based on sexual and gender identities. Based on these findings, Meiksin and colleagues (2021) recommend using a participatory design approach during the developmental phase of an eHealth intervention. Related to the present study, it stresses the importance to gather detailed insights about the preferences and needs related to an eHealth intervention targeted at gay men who experience depressive symptoms.

For example, Rainbow SPARX, a computerised e-therapy programme based on cognitive behavioural therapy, is a successful intervention that uses a participatory design approach to treat depressive symptoms of SGM youth (Lucassen et al., 2015). Therefore, to heighten the effectiveness and adoption among gay men, interventions should be developed using a participatory approach. Taking the beneficial aspect of a higher intervention efficiency and uptake further, it can contribute as a means of decreasing the strain on the mental health care system by complementing traditional treatment options available for treating depression (Meiksin et al., 2021).

Moreover, considering specific eHealth intervention features, such as language used, framing of the intervention and its content, can lead to increased effectiveness (Meiksin et al., 2021). This includes paying attention to sexuality-related wording and preventing assumptions of the heterosexuality of users by avoiding, for instance, pictures of heterosexual couples or asking questions only relevant to heterosexual individuals (Rozbroj et al., 2014). Gay men are more inclined to use an eHealth intervention when perceiving a sense of understanding and acceptance rather than being referred to as part of a minority in a negative way (Meiksin et al., 2021).

Hence, this research aimed to fill the aforementioned gap by determining the preferences and needs in regard to a preventive eHealth intervention tailored to decreasing depressive symptoms of gay men aged 18 to 27 years. To address this and improve gay men's mental health, it was important to know how gay men conceptualise depressive symptoms and how these symptoms are experienced by them. This can be done qualitatively using focus groups to gain more detailed insight into their preferences and needs while adopting a participatory approach. Therefore, this paper aimed to answer the following research questions: "How are depressive symptoms conceptualised and experienced by gay men?" and "What are the specific

preferences and needs of gay men experiencing depressive symptoms regarding an early, preventive eHealth intervention aimed at alleviating depressive symptoms?”.

Methods

Design

A generative participatory design (PD), “characterised by the involvement of all stakeholders in creative activities” (Vandekerckhove et al., 2020, p. 1), was used throughout the whole research process. Focusing on the active participation of all stakeholders, the potential end-users in this research, resulted in access to their tacit and latent knowledge. The former refers to knowledge that might be challenging for individuals to share, but which will help the researcher to be able to empathise with them. The latter, also termed latent needs, refers to subconscious knowledge of what individuals dream of and needs that they might only be able to name in the future (Sanders, 2002; Vandekerckhove et al., 2020). Access to latent needs of users is helpful for the development of an intervention because it encourages a more in-depth understanding of underlying needs of which users are not aware of or cannot express. Addressing and thoroughly understanding these underlying causes of an issue, in this case depressive symptoms, could inform a potential eHealth intervention by meeting the actual demands of the target group. The Ethics Committee of the University of Twente (230457) approved the study before the start of the recruitment and data collection process.

As a researcher, I identify myself as part of a SGM which might have influenced the research in different ways. As a psychology student in my third year, I am interested in improving mental health among SGMs and especially interested in decreasing poor mental health of gay men experiencing depressive symptoms. Due to the sensitivity of topics discussed during the focus groups, and because I was in personal contact with one participant before, participants might have been reluctant to share deep emotions and some experiences. It could have also positively influenced the research to the extent that everyone felt comfortable to openly communicate about personal feelings, thoughts, and experiences. Throughout the research process, I made myself aware of own biases by talking to another researcher about potential biases I might have. Moreover, I thought about how these can influence the research in order to remain objective and impartial during data collection, analysis, and interpretation. However, unintentional biases and pre-existing assumptions still might have affected the research, for example, the interpretation of what participants said during the focus groups.

Participants

For this research, seven participants between the ages 18 to 27 living in the Netherlands were recruited by following convenience sampling. The recruitment took place by texting potential participants of the researchers' own social circle and asking whether they or their queer friends would be interested in taking part in this study. Criteria for exclusion of the study included an age limit, thus, participants under the age of 18 and above the age of 27 were excluded. The existence of significant mental and/or medical conditions, such as diagnosed mental disorders, resulted in exclusion too as this was beyond the scope of this research and the researchers involved were not sufficiently trained to provide adequate support. Inclusion criteria involved that participants had to identify as a SGM for the first focus group and as male/masculine and gay for the second, have basic English skills and be available in person to attend the focus groups. Focus group 1 (focused on general well-being) included six participants identifying as queer between the ages of 19 to 24 years, with a mean age of 22 years. The second focus group (focused on eHealth preferences and needs of gay men) consisted of three participants identifying as gay aged 21 to 24, with a mean age of 23 years. Different nationalities were represented, including German, Dutch and Indian. All participants gave written informed consent (see Appendix A).

Procedure

After receiving the informed consent with brief information about the aim and procedure of the current research, two different focus groups took place. The first focus group was designed to inform how depressive symptoms are conceptualised while the second focus group provided insights into specific needs and preferences of gay men in regard to a preventive eHealth intervention that aims at alleviating their depressive symptoms.

The first focus group meeting took place in collaboration with two other researchers and involved participants who identify as gay, lesbian, bisexual, non-binary, or transgender. The second focus group involved only gay men. Both focus group meetings were conducted in a room at the University of Twente and took 1.5 hours each. To be able to analyse collected data, both focus groups were audio recorded with the consent of all individuals involved. The first focus group was moderated by three researchers, while the second focus group was conducted only by the author of this thesis.

Participants' demographic data including age and nationality were collected at the beginning of each focus group meeting. Next, the researcher(s) briefly referred to the SEG Inclusion principles that were followed by the focus groups to ensure an open, respectful, welcoming, and accepting environment where all individuals involved felt safe and comfortable

to share their opinions and experiences (SEG Inclusion, 2022). These included aspects such as giving voice to everyone, pointing out a shared responsibility where all involved are equal as well as confidential dealing with everything shared. Additionally, instead of judgement and advice, participants were asked to listen respectfully and acknowledge what is shared by other participants. Then, each participant of the focus group was invited to introduce themselves mentioning their name and pronouns, so everyone could shortly get to know the others in order to create an environment where the participants felt comfortable sharing sensitive topics.

For the first focus group meeting (see Appendix B for the script), all participants were asked beforehand to bring an item, for example, a photo or an object, that makes them feel well or that they associate with them feeling well. After talking about the items, the researchers provided statements (e.g., “As an LGBTQIA+ person, I experience more depressive symptoms than cisgender heterosexual people.” and “Being LGBTQIA+ goes hand in hand with depressive symptoms.”) and fostered a group discussion by asking the participants whether they agree or disagree and why (see Figure 1). “LGBTQIA+ person” was used to refer to individuals who identify as a SGM. The statements were formulated together with two other researchers based on concepts that each one was focusing on, therefore, only a few applied to the focus of the present research. In the end, participants were asked to state their opinion and ideas regarding the use of participatory design approaches during the developmental process of an eHealth intervention aimed at improving the mental health of SGMs.

Figure 1

Focus Group 1



Note. Group discussion about participants' opinions on and views about different statements.

The second focus group (see Appendix C for the script) focused on the preferences and needs of gay men who experience depressive symptoms. As this focus group included different participants than the first, each person was asked to introduce themselves with their names and pronouns to get more familiar with each other and facilitate an environment where everyone felt comfortable. As mind mapping is a useful generative method that facilitates the creation of own ideas while providing detailed insights into experiences, participants were provided with a mind map with 'depressive symptoms' written in the middle (Stappers & Sanders, 2003). Participants were given 10 minutes to write down any aspect that came to mind when thinking about depressive symptoms they experience(d) and any related aspects in order to understand the experienced symptoms.

Furthermore, participants were asked if they already use any eHealth interventions in general related to improving their mental health, whereby later on it was based on interventions aimed at decreasing depressive symptoms. The term eHealth intervention was introduced as an intervention that is aimed at improving one's mental health, not specifically only depressive symptoms. As all participants were familiar with the term, no further information was provided. As inspiration, SPARX and its adaption Rainbow SPARX was shortly introduced as an example of an existing e-therapy programme specifically developed to target depression in sexual

minority youth (Lucassen et al., 2015). The follow-up question was whether there are features of the already used eHealth interventions they find helpful and what features are missing for them.

Afterwards, the focus was on the specific preferences and needs of participants including questions about the purpose for which they would use an intervention, and what features should be involved or provided to decrease their depressive symptoms, subsequently providing a way to make them feel better. Material was given that displayed for instance, positive psychology techniques such as relaxation training, gratitude diaries and guided ways to learn to set goals (Job & Williams, 2020). Additionally, white, and coloured paper, abstract forms, pens, glue, and scissors were provided. Each participant was given a piece of paper (A3) and asked to write down their ideas by thinking of their own creations as well as using provided material if they found it helpful. This was done following a “think-share” principle where participants first had 10 minutes to think on their own, followed by a group discussion where the preferences and needs related to a preventive eHealth intervention aimed at decreasing depressive symptoms of gay men were discussed using the provided and developed visualised ideas (see Figure 2). At the end of the second focus group meeting, the discussed features were summarised and ranked according to the importance for the participants. Each participant was asked to name the three most important features that they personally think should be included within a potential eHealth intervention.

Figure 2

Focus Group 2



Note. Participants creating mind maps about their specific preferences and needs regarding a preventive eHealth intervention aimed at decreasing their depressive symptoms using different provided materials.

Data analysis

For data analysis, a reflexive thematic analysis was conducted as it represents a suitable method for qualitative research offering a great amount of flexibility (Braun & Clarke, 2006). Additionally, as stated by Braun and Clarke (2006), reflexive thematic analysis has been indicated as a useful method when taking on a participatory design and, therefore, can be used to analyse the data that was generated by the focus groups. It is “a method for identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p.79) and provides a detailed and rich description of it. Thematic analysis was conducted in a step-by-step approach as suggested by Braun and Clarke (2006), starting with familiarising with the data by transcribing it into written form. Otter.ai was used to transcribe the verbal data recorded by an audio-recording device and then checked by listening to the recordings again to ensure the correctness of the transcriptions. Transcripts (see Appendix E and F) were read multiple times to look for meaningful features of the data in terms of how the two research questions can be answered. This resulted in a list of initial codes using the coding software ATLAS.ti. Different codes were then organised into themes which were identified by grouping the codes into meaning-making patterns. Eight main themes were identified, for example, *lack of connectedness with others*, *building connections with others*, *digital communication and*

awareness of depression as well as *coping through connectedness*. By creating a thematic map (see Appendix D, Figure 3), themes were reviewed and organised into main themes. Furthermore, the themes were refined and checked again whether the identified themes were supported by the actual data. Each individual theme was then analysed by describing their meaning and giving examples. In order to ensure anonymity, participants were given pseudonyms.

Results

After conducting a thematic analysis four main themes regarding research question one were identified: (1) lack of connectedness with others, (2) coping through connectedness, (3) coping through reflection and (4) burdensome environments and discrimination. All themes are associated with depressive symptoms experienced by gay men as well as their facilitators. Regarding the second research question, four main themes have been identified: (1) building connections with others, digital communication, and awareness about depression, (2) self-development through self-reflection, (3) engaging in positivity and personal growth, and (4) coping through activities. These themes involve the participants' wishes regarding a preventive eHealth intervention aimed at decreasing depressive symptoms, also in terms of specific features that can be included. Table 1 displays an overview of the identified themes, their description, and example quotes.

Table 1

Overview of the Themes, Their Description and Example Quotes

Main Theme	Theme Description	Example Quotes
Lack of connectedness with others	This theme referred to the impact that not being connected with others, especially other individuals going through similar situations as well as like-minded, can have.	“Alex”: “Then also feeling worthless, a burden for others. That feeling that nobody is loving you, then shutting everyone out of your life. Ehm, then no motivation to do anything. Like not leaving your room, not meeting friends anymore. Then not feeling pleasure, like don't do hobbies anymore.”

Coping through connectedness	Being connected to others as a way to cope with depressive symptoms was described under this theme.	“Jack”: “when you meet like-minded people, you are able to, like, cope with everything so much better, because you have that connectedness with other people.”
Coping through reflection	The theme described how (self-)reflection can be used as a coping mechanism to deal with depressive symptoms.	<p>“Luca”: “going meta on the whole situation but I journal, and then I like, kind of just like start writing down, because my thoughts tend to get extremely jumbled when I’m upset. [...] So I just like start writing. And at some point, it becomes like structured.”</p> <p>“Jack”: “tak[ing] a step back from my, from like any situation in like a meta sense. So I can kind of reflect more or less objectively at least evaluate situations and my own behaviour.”</p>
Burdensome environments and discrimination	This theme involved different experiences of discrimination and homophobia as well as the effect of burdensome environments. The latter referred to, for example, countries that are dominated by homophobic views.	“Liam”: “[...] and a lot of hate crime [...], there was a pride walk in my city. And during the pride walk as well, like we're done with the pride walk and to, it was pretty late at night, after the party, we were trying to get cabs back home, and me and three of my friends, we were waiting for a cab, and a few policemen came and they will be verbally started, you know, harassing us. Policemen. It's that awful to be there.”

<p>Building connections with others, digital communication, and awareness about depression</p>	<p>This theme represented the effect that having a connection to other queer individuals, knowing about queer-friendly places and activities around one can have. In addition, the theme described how being connected in terms of digital communication with others – involving professionals, persons facing similar challenges as well as other like-minded – and communicating about depression in general contributed to participant’s mental health.</p>
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“Liam”: “socialising with more people can really be helpful [...] queer people who can actually understand things that you go through.”

“Alex”: “maybe as a reminder sometimes, I had this reminder that you are prioritising your mental health, that you are doing great. And sometimes when you feel down maybe that you just get a positive message that you values, that helps.”

“Dave”: “features I thought an app would need to have is first of all, decreasing my sense of loneliness. [...] they also have a sort of psycho educative thing, sort of game. And that really helped me. So it was, yeah, it's hard to explain, but they really make you aware of how common it is to have depressive symptoms.”

Self-development through self-reflection	<p>Within this theme several needs have been mentioned by participants in relation to a wish to be able to use the eHealth intervention as a way to develop and improve oneself. It described how self-reflection of situations, own feelings and thoughts can lead towards developing personally.</p>	<p>“Alex”: “working on yourself, concerning your own goals and what you like about yourself [...] what you are good at and what you might want to improve.”</p> <p>“Dave”: “when it comes to self-reflection, I think you can sometimes really get into a tunnel vision, and, ehm, to also have just more objective questions about the whole of the problem. I think that would give me new insights, you know, otherwise, you may remain in just one way of seeing your problem.”</p>
Engaging in positivity and personal growth	<p>This theme focused on positivity and how it can impact one’s personal growth as well as provide support when experiencing depressive symptoms.</p>	<p>“Dave”: “And I think something like that would really help me. Ehm, then I also had, maybe an app could help me find fitting coping mechanisms.”</p>
Coping through activities	<p>Engaging in different activities as a coping mechanism to overcome depressive symptoms was described within this theme.</p>	<p>“Chloe”: “most of the time, I can just go to one of their rooms, start some music and then we’ll just dance together. And it really lifts my day up. It makes me feel happy. I can laugh and we can just share that nice moment.”</p>

All participants described experiencing varying degrees of depressive symptoms, some are directly related to their sexual orientations, while others had them unrelated to their sexual orientation.

How are Depressive Symptoms Conceptualised and Experienced by Gay Men?

Lack of Connectedness with Others

This theme referred to the experience of a lack of connection to other individuals which was perceived as a significant contributor to developing depressive symptoms by participants. Participants mentioned several feelings they experience(d) in relation to depressive symptoms which included for example, feeling that nobody loves them, feeling very sad and feeling empty. Furthermore, feelings of worthlessness as well as loneliness were discussed. For instance, one participant felt lonely a lot, felt low or experienced feeling worthless as well as a burden for others. Moreover, as described by one participant, being a burden for others was linked to the feeling of not being loved by other persons.

When feeling depressed, participants expressed experiences of sad or negative thoughts about their situation. One specification of this experience is overthinking, such as stated by participants: “making up stories in my head about how everything would feel if it just goes to the worst case scenario” (“Liam”), “overthinking. I do overthink a lot when I am depressed like about everything. And then usually bad, sad thoughts, going hand in hand with like, feeling that nobody is loving you and stuff like that” (“Alex”). This displays the connection participants drew between depressive thoughts and the feeling of not being loved. All participants mentioned that they encountered suicidal thoughts, for example, “have the thought of like that it would be better if I were not here” linked to a “pessimistic future perspective” (“Dave”). The latter was associated with the thought of never being happy or becoming happy in future, that the situation will not change for the better. A further specification of sad and negative thoughts is the thought of a “social suicide [...] just starting my life over somewhere else. And just leaving all of that it is happening here, behind” (Dave), also associated with experiencing suicidal thoughts.

Participants considered feeling isolated from others, not wanting to socialise with individuals, and not meeting friends anymore as significant factors contributing to their experience of depressive symptoms. One participant talked about his experience to not “even want to see the sun’s sunshine or the lights, I just want to stay in the dark for a long time” (Liam) and that he felt depressed and was in his “room for six months because of the trauma I had faced, in my early age, or due to some physical abuse” (Liam), highlighting the experience of isolation from others.

Coping Through Connectedness

Within this theme, participants discussed that being connected to an LGBTQIA+ friendly community or other like-minded individuals as well as having someone to talk to and

ways of distraction were aspects that helped them when not feeling well. For example, “when you meet like-minded individuals, you are able to, like, cope with everything so much better, because you have that connectedness with other people” (“Jack”). Additionally, to cope with depressive symptoms participants expressed a need to decrease their sense of loneliness, finding fitting coping mechanisms and as described, being able “to take my mind off something that is triggering me or something, I want to do something, I want to distract myself” (Liam).

Participants stated several strategies they use when they face difficult challenges related to depression, whereby social support from friends, family or the gay community played a key role. All participants discussed the social support they have as one of the main aspects they use to cope with difficulties, such as having negative and sad thoughts, challenges they face related to their own identity as well as discrimination or homophobia. For instance, Alex described: “meet them [friends] and get out of my room [...] just talk to some people, also like often when I think about stuff it’s always in a spiral in my mind and other people help to break out of the cycle and help to get a new view”, and moreover, emphasised the value of meeting like-minded individuals and being connected with others.

Coping Through Reflection

Reflection as a coping mechanism is described under this theme. Some participants mentioned that self-reflection helps them to deal with depressive symptoms and challenges in life, as stated by one participant: “going meta on the whole situation but I journal, and then I like, kind of just like start writing down, because my thoughts tend to get extremely jumbled when I’m upset. So then I am just sitting there, and I am like, well, cool, I have this like, static in my brain, what [...] do I do now? So I just like start writing. And at some point, it becomes like structured” (“Luca”). Furthermore, one participant talked about his experience of “intensive introspection” that he developed for himself by “tak[ing] a step back from my, from like any situation in like a meta sense. So I can kind of reflect more or less objectively at least evaluate situations and my own behaviour” (Jack). Both participants stated that this method is perceived as a way of becoming aware of their own thoughts and feelings and that it helps to understand themselves better. This theme is linked to the need that participants have to be able to grow personally by using self-reflection, and is further associated with a wish to have a feature included within an eHealth intervention.

Burdensome Environments and Discrimination

Discrimination and homophobia were both mentioned as triggering and leading to the experience of depressive symptoms. This theme further involved the impact that burdensome environments, such as countries which are dominated by homophobic views, can have on

participants feelings and thoughts. For instance, one participant said that these symptoms “come from these like, implicit and explicit forms of discrimination and microaggressions that they face within their daily life” (Jack). Furthermore, internalised homophobia described as not feeling good about being gay was contributing to the experience of depressive symptoms stated by one participant. Considering the time before Liam went to the Netherlands to study, he expressed that he was unhappy with his own identity, particularly with his femininity: “I kept rejecting, I didn’t accept myself, I couldn’t do it. That was before I started my bachelors, I was very unhappy with who I am. I was unhappy with my femininity. I was used to curse myself for being who I am” (Liam).

Being the target of discrimination and homophobia as well as experiencing assumptions of heterosexuality within their daily environment were mentally impacting for a participant. Liam was experiencing depression as a result of growing up and living in a country where homophobia is more present, and he talked about a situation that happened to him and his queer friends: “[...] and a lot of hate crime [...], there was a pride walk in my city. And during the pride walk as well, like we're done with the pride walk and to, it was pretty late at night, after the party, we were trying to get cabs back home, and me and three of my friends, we were waiting for a cab, and a few policemen came and they will be verbally started, you know, harassing us. Policemen. It's that awful to be there” (Liam). Not feeling safe was associated with experiences of homophobia and led Liam to hide himself and not express his sexual or gender identity. For example, he mentioned that: “I never felt safe there [country where he used to live]. [...] I couldn't put on makeup, or you know, put on eyeliner or nail paint. Anytime I want. I couldn't do that” (Liam).

What are the Specific Preferences and Needs of Gay Men Experiencing Depressive Symptoms Regarding an Early, Preventive eHealth Intervention Aimed at Alleviating Depressive Symptoms?

Regarding an early, preventive eHealth intervention that is aimed at alleviating depressive symptoms, several main themes related to needs mentioned by participants and potential features have been identified: (1) building connections with others, digital communication, and awareness about depression, (2) self-development through self-reflection, (3) engaging in positivity and personal growth, and (4) coping through activities. In general, participants seemed enthusiastic about an eHealth intervention which was demonstrated by their engagement as well as motivation in discussing their needs and preferences.

Building Connections with Others, Digital Communication, and Awareness About Depression

This theme represented the effect that having a connection to other queer individuals and knowing about queer-friendly places and activities around one can have. In addition, the theme described that being connected in terms of digitally communicating with others – involving professionals, persons facing similar challenges and other like-minded – and communicating about depression in general contributed to participant’s good mental health. Several participants mentioned that they find meeting like-minded individuals and socialising helpful while dealing with depressive symptoms. They talked about the examples of intervention features of suggesting a “queer friendly salon” (Liam) and “include events [...] like a queer movie night” (Alex). Being connected with others was associated with the benefit of being able to help each other, especially when one faces similar challenges, related to what was shared: “socialising with more people can really be helpful [...] queer people who can actually understand things that you go through” (Liam).

As aforementioned, lack of connection was considered contrary to well-being by participants. Feeling connected and able to talk about problems through for instance, a chat function within an intervention was mentioned as an important aspect in supporting participants to feel better. Dave mentioned to be able to “contact and chat with people that really can help you”, “being able to talk with people anonymously, just about the feelings I have” and “have a conversation and just help you with what to do” would be helpful for him to improve his mental health. Linked to this, one participant reported that a function to “give anonymous confessions” (Liam) and receive responses to them, is something he perceives that can make him feel better.

Receiving *validation* was identified as one specific function of the theme building connections with others and digital communication based on what participants discussed. Different ways of getting validation were mentioned, including notifications that, as mentioned by Alex, “you are prioritising your mental health, that you are doing great” or even have the possibility to “get actual nice responses from people you like” which, in turn, is linked to feeling connected to others such as friends or family. Validation appeared to be important to the participant’s coping with depressive symptoms, however, it is not prioritised as much as other identified themes, for example, the aspect of self-reflection within an eHealth intervention.

Within this theme, particularly related to communication, another specific function was *raising awareness about depression*. Being educated and communicating about depression, its severity, and its occurrence, in general, is crucial for the participants to be part of an intervention. This, in turn, was perceived to make individuals who are experiencing depressive

symptoms aware of how common it is to experience them and might change the thought of feeling alone with these symptoms, as was shared by one participant: “[...] have you ever heard of 113 zelfmoord preventive [suicide prevention]? That's like an organisation that I've also been in contact with when I like when I was 17, or something. And they also have a sort of psycho educative thing, sort of game. And that really helped me. [...] they really make you aware of how common it is to have depressive symptoms.” (Dave).

Self-development through self-reflection

Within this theme, several needs have been mentioned by participants in relation to a wish to be able to use the eHealth intervention as a way to develop and improve oneself. One participant mentioned needing a feature for “working on yourself, concerning your own goals and what you like about yourself [...] what you are good at and what you might want to improve“ (Alex); another one talked about the beneficial aspect that learning from one’s own challenges can have. He shared the example of how he learned from homophobic challenges he experienced: “what I'm learning from my challenges [...], like homophobia, and what I am gonna do about it, don't give a f*. So it is just, that is what I've started doing, you know, the, the more you care about what people are telling, the more you're gonna worry about it and you are just gonna get depressed. So, stop, stop giving damn about those people, [...] care about people who actually care for you.” (Liam).

Self-reflection on situations and one’s own behaviour was reported as a useful way to get more insights and understand oneself better. Reflecting on situations, own feelings and thoughts, was associated with understanding oneself better and changing the way of how to think about a problem as the experience was shared: “when it comes to self-reflection, I think you can sometimes really get into a tunnel vision, and, ehm, to also have just more objective questions about the whole of the problem. I think that would give me new insights, you know, otherwise, you may remain in just one way of seeing your problem” (Dave).

Engaging in Positivity and Personal Growth

This theme focused on positivity and how it can impact one’s personal growth as well as provide support when experiencing depressive symptoms. Several features related to the approach of positive psychology were discussed by the participants, such as including a daily gratitude journal and changing the focus on more positive aspects that were perceived as something that improves their mental health by participants. This can be done in different ways mentioned by participants, either by being guided through exercises or journaling which were both associated with improving oneself. Gained new insights could also be related to “finding fitting coping mechanism” (Dave) which was mentioned as a need regarding an eHealth intervention.

Participants talked about the wish to have features involved that help them to feel happy and valued, for example, as expressed by one participant: “the gratitude journal that will [...] make you feel worth it or make you feel happy. It just gives that extra happiness. I feel.” (Liam).

Shifting attention on positive aspects such as aspects one is grateful for or what was the best part of one’s day was recognised to positively influence how participants are coping with depressive symptoms and, thus, their mental health. One participant mentioned an example of how he would like to have positivity as an aspect included in a potential eHealth intervention: “the best part of my day, so okay, this, this would be also really nice in the app, like, by the end of the day, [...] before you go to bed, the app can actually ask you what is, what was the best part of your day [...] giving you a reminder of all the best parts that you had that whole week or that whole month, keep, keeping it all together at one point that would actually make me feel really nice” (Liam).

Coping Through Activities

This theme mostly refers to sport activities that participants mentioned besides other activities such as journaling, painting, and calling others. For example, ways to cope with sad feelings involved to “do sports, trying to drop the not so healthy coping mechanisms and replace them with more healthy ones. So I go skating, I go bouldering or paint [...]” (“Sarah”) or as was shared: “most of the time, I can just go to one of their rooms, start some music and then we’ll just dance together. And it really lifts my day up. It makes me feel happy. I can laugh and we can just share that nice moment.” (“Chloe”). One participant mentioned reading books as helpful to “take a break from the real world and then recharge and then come back. [...] having a way out that is not too harmful, might see something, read some nice stories, it helps me a lot” (Luca). All mentioned activities were perceived as helpful and making participants feel better by distracting them from, for example, negative and sad feelings.

Discussion

This research aimed to examine different experiences with depressive symptoms that gay men aged 18 to 27, experience as these have been found to be more common within this target group compared to their heterosexual peers (Rozbroj et al., 2014). Furthermore, the focus was on gay men’s preferences and needs regarding an early, preventive eHealth intervention aimed at alleviating depressive symptoms. Considering the lack of research on this topic as well as the lack of existing eHealth interventions focusing on improving depressive symptoms among gay men, this analysis aimed to explore the underlying needs of gay men in order to

understand them and gain insights into how their depressive symptoms, and moreover, their mental health can be improved.

Following a participatory design approach, insights gained during two conducted focus groups led to the main findings that building connections with others and digital communication are considered important for the participants in order to improve their mental health. The main findings are reflected by themes identified in relation to both research questions. Moreover, participants mentioned the lack of connectedness with others, connectedness as a coping mechanism, and expressed the wish for connection to be included in an eHealth intervention. This further involved the communication with other queer individuals, professionals or those experiencing similar symptoms. Another main finding facilitating the experience of depressive symptoms was linked to the theme *burdensome environments and discrimination*, describing the impact of homophobic experiences.

Concerning the first research question, four themes have been identified, namely, (1) lack of connectedness with others, (2) coping through connectedness, (3) coping through reflection, and (4) burdensome environments and discrimination. A lack of meaningful connections, isolation and experiences of homophobia were discussed by participants as having an adverse effect on their mental health in terms of contributing to the development of depressive symptoms. Having a sense of belonging, especially to other gay individuals, seems important in order to alleviate the depressive symptoms that gay men experience. Therefore, providing ways of how to build up a support system and other resources that can help gay men when feeling depressed, appears to be a crucial aspect which could be included in a potential eHealth intervention aimed at alleviating depressive symptoms. Existing research conducted by Lee and colleagues (2017) about the impact of a social support system explains that support of friends and family can be considered a resilience factor in relation to depression. Therefore, social support can potentially enhance an individuals ability to deal with depressive symptoms (Lee et al., 2017).

Participants named homophobia as one significant facilitator of depressive symptoms related to their sexual orientation. However, some participants experienced symptoms not related to being gay, meaning that their symptoms are not perceived as a result of homophobia or discrimination. The environment around one can be of impact as, for example, living in a country that is dominated by a homophobic culture led to experiencing more distress compared to living in the Netherlands. Therefore, living in a country where homophobia is less present was associated with better health outcomes – and fewer negative psychological distress – among gay men (Lamontagne et al., 2018). According to the experiences of discrimination and

homophobia stated by participants, both seem to have a detrimental effect on one's mental health while highlighting that gay men face unique challenges related to discrimination based on their sexual orientation. Based on previous research it was expected that homophobia and discrimination are part of gay men's experience with depressive symptoms (Wittgens et al., 2022). Different existing literature include discrimination and homophobia in relation to possible facilitators of depressive symptoms (Lucassen et al., 2013; Rozbroj et al., 2014).

To make sense of these findings, they can be linked to the minority stress model which describes the influence of marginalisation and stigmatisation, especially discrimination of SGM groups (Meyer, 2003). As represented by this model and further in the findings of this research, gay men face unique challenges linked to discrimination and homophobia that have the potential to contribute to an increased risk of experiencing poor mental health. In addition, the model highlights the role that internalised homophobia can play in leading to the development of depressive symptoms, which can be linked to the findings of having a negative self-perception and discomfort with one's gay identity, as it was mentioned by a participant. Although the minority stress model, as described by Meyer (2003) many years ago, it still seems to be able to explain the experiences of young gay men that have been found in the present research, but also highlighted by other recent findings (Wittgens et al., 2022).

Regarding the second research question that focused on the preferences and needs of gay men towards an intervention, four main themes have been identified: (1) building connections with others, digital communication, and awareness about depression, (2) self-development through self-reflection, (3) engaging in positivity and personal growth, and (4) coping through activities.

Connectedness appeared repeatedly as one aspects discussed by the participants in relation to support them when coping with depressive symptoms. Fostering connections within an eHealth intervention could promote gay men's mental health, based on statements made by the participants. In addition, the results of the present research, indicate that there might be a significant impact that a social support network as well as being virtually connected to others facing similar challenges can have. Social support might provide a means of a resilience factor that might help gay men to reduce their depressive symptoms and improve their mental health. As stated by von Cheong and colleagues (2017), not having a good social support network is a contributor to depression, thus, highlighting the importance of improving connectedness with others to improve one's mental health.

Besides, participants expressed the need to have a feature to be able to develop themselves through self-reflection, thereby, being able to explore their thoughts, feelings, and

experiences which, in turn, can help them to grow personally while promoting self-awareness. In addition, within an eHealth intervention, reassuring gay men by giving them a sense of understanding and validation of their experiences, feelings and thoughts seemed to be an underlying need of the participants. Combining this with positive psychology techniques might potentially provide individuals with useful skills to support them in coping with depressive symptoms while focusing on positive emotions as well as gay men's strengths (Job & Williams, 2020). Focusing on one's strengths and ways to self-improve appeared to provide a way to change one's thinking by gaining new insights and considering goals one has in the future. As stated in the systematic review of eHealth interventions by Meiksin and colleagues (2021), self-reflection was positively highlighted by participants in evaluations of different existing interventions. Accordingly, having the possibility of reflection as well as introspection was valued among some participants.

Furthermore, related to the communication theme is paying attention to providing information and knowledge about depression. This was mentioned in relation to decreasing the participants' feelings of being alone with the experience of depressive symptoms. Moreover, providing knowledge can foster an understanding of what gay men are going through as well as facilitate a sense of belonging with others experiencing similar symptoms. A feature capturing psychoeducation, such as it is part of the SPARX intervention and its adaption Rainbow SPARX, could be considered within an early, preventive eHealth intervention to work towards de-stigmatisation and making gay men feel less isolated. The SPARX intervention makes users aware of how common it is to experience depressive symptoms and provides valuable information about depression in general (Lucassen et al., 2015).

In contrast to the SPARX intervention which is, according to Lucassen and colleagues (2015), more focused on improving individual skills, such as one's problem-solving skills, restructuring thoughts or learning how to set goals, less emphasis is placed on connecting users with others. Based on the conducted thematic analysis in the present study, connection and communication with others – including like-minded but also professionals – was a perceived way to alleviate depressive symptoms. On one hand, this might happen in a way that connection can be validating, for example, when being reassured by others that one is doing great. On the other hand, communication can raise awareness about how common it is to experience depressive symptoms which is linked to the aforementioned psycho-educative feature. Connecting this to existing literature, being able to effectively communicate with healthcare professionals seems to be an important aspect within managing one's depressive symptoms (Pinto et al., 2013). Electronic Self-Management Resource Training for Mental Health

(eSMART-MH) is an existing, acceptable intervention aimed at decreasing depression by, among other features, including teaching users how to effectively communicate with healthcare professionals (Dekker & Williams, 2017). However, the kind of communication included is only limited to professionals and not to other individuals who are experiencing similar symptoms, which was a with mentioned by participants of the present study. Furthermore, eSMART-MH is not tailored to the needs of young gay men.

There is a discrepancy between what is currently offered in terms of existing interventions that focus more on the individual, and what gay men need based on findings of this research, which emphasised connectedness with others (Lucassen et al., 2015; Petruzzella et al., 2019). Furthermore, existing research findings, such as Meiksin and colleagues' (2021) review demonstrate that the evaluated interventions were acceptable among MSM, however, evidence of what exactly is effective is limited. Although their review sought to fill the gap of missing reviews about the acceptability and usability of eHealth interventions specifically tailored to MSM, further research is needed to gain a deeper understanding of the perspectives and needs of the users (Meiksin et al., 2021). Research findings stated by Petruzzella and colleagues (2019) highlight the lack of attention paid - within existing research – that connectedness to others might have as a factor that can contribute to gay men's mental health. Accordingly, not feeling connected to a gay community or other SGMs was found to lead to increased psychological distress, although only limited research is available. Some studies did not find an association between connectedness with others and lower depressive symptoms, however, having a lower sense of belonging to a community was linked to more internalised problems. Furthermore, their study suggests examining the impact of connection to others as common interventions often fail to address this (Petruzzella et al., 2019). Besides the lack of existing interventions aimed at improving mental health of SGMs, the few that are existing, such as SPARX, do not highlight connectedness as a central part (Lucassen et al., 2015). Hence, considering contrasting findings, the results of the present research add to limited evidence that connection with other might be beneficial in treating depressive symptoms. Thus, future research could further investigate the influence that being connected with others has in terms of decreasing gay men's depressive symptoms.

Strengths

The most valuable strength of this research is the generative participatory design that was used throughout the research process. By actively involving all stakeholders, particularly potential end-users of a possible eHealth intervention, valuable detailed insights were collected about the experiences with depressive symptoms of gay men as well as their preferences and

needs regarding such an intervention. Throughout the conducted focus groups, participants appeared to be genuinely interested and enthusiastic about participating in the process of developing an eHealth intervention aimed at decreasing depressive symptoms. This might be associated with the participants' perceived relevance of such an intervention, specifically that they seem to recognise a benefit for themselves that using an eHealth intervention might have. Furthermore, by involving them actively during the developmental process, participants might have perceived a feeling of empowerment while being able to actively contribute to the development by providing insights into their specific needs. Moreover, considering the particularly high interest participants showed in exploring ways to improve their mental health, future research should consider adopting a participatory design approach.

Another strength is associated with the (abstract) materials used during the focus groups that included papers – in different colours, shapes, and sizes – as well as other tools such as scissors and glue with which participants created mind maps. Abstract materials did not represent materials commonly used, leaving participants space for interpretation on how to use them. In contrast to conducting only face-to-face interviews, this allowed participants to generate and create their own ideas and facilitate a discussion of their latent needs regarding a potential eHealth intervention. Providing various materials helped participants to actively engage with these to visualise their preferences and underlying needs which they might have not been able to express otherwise. In line with Stappers and Sanders (2003), a focus of the present study was to give participants as much space as possible to be creative in the process of expressing their wishes, but also to talk about sensitive experiences linked to their depressive symptoms.

Limitations and Future Recommendations

Limitations of this research include firstly, that this research did not involve many persons outside of the Western, particularly outside of the Dutch, and German culture which is progressively becoming more acceptive towards SGMs (Wittgens et al., 2022). This might explain why the topic of homophobia was not raised more often. Based on this study, most participants stated that they did not really experience homophobia, but still experience depressive symptoms, meaning that their symptoms are not perceived to be caused by homophobia. Only one participant described homophobia, especially growing up and living in a country that is dominated by a homophobic culture as a facilitator of his depressive symptoms. Considering the detrimental impact that experiences of homophobia can have, according to a participant of this research, an implication for future research is to include gay men from countries in which homophobia is more present, and less acceptance of different sexual

orientations is common. Looking at existing literature that provides information of more inclusive as well as more homophobic countries might give a direction of which countries to include (Lamontagne et al., 2018). Moreover, linked to this is the inclusion of different nationalities to account for possible cultural differences in experiences of depressive symptoms.

Another limitation is the inclusion of only end-users within the current research. This might have been resulted in missing insights about the perspective and needs of other stakeholders. Future research should acknowledge the impact that using a participatory approach and thus, including all stakeholders has. Following such an approach has overall beneficial aspects as the stakeholders' input and feedback are very valuable during the whole developmental process of an eHealth intervention (Sanders, 2002; Vandekerckhove et al., 2020). Subsequently, this will increase the effectiveness and uptake of a potential eHealth intervention. This research only included participants considered as possible end-users of an intervention. However, also collaborating with other stakeholders, for instance, mental health care professionals who are working with SGMs could give relevant information about the possible implementation of an eHealth intervention. What insights other stakeholders might provide, should be investigated further in future research to contribute to the effectiveness of a potentially designed eHealth intervention.

Lastly, another limitation comprises the age range of the participants. While the previous set age range was 18 to 27 years, the participant's ages only ranged from 19 to 24 and thus, there might be limitations in the data received in order to generalise it. To develop an effective eHealth intervention in the future, it is important to gain as much detailed insight as possible into the different challenges that young gay men experience. Relatively few research has been conducted on the mental health of gay men and whether the main finding of the present study of connectedness is also prioritised by different age ranges. Considering the perceived usefulness of the Rainbow SPARX intervention, which is intended to reach 12- to 19-year-old SGM youth, evaluations of users show that it might be best suitable for 13- to 17-year-old, indicating a slight deviance from the intended age range (Lucassen, Hatcher, et al., 2015). This is linked to the users perception of the features implemented, whether those are suitable for their age or not. Furthermore, considering existing research on eHealth interventions aimed at preventing poor mental health or decreasing depressive symptoms mostly do not concern interventions for young persons (Gerrits et al., 2007). Therefore, further research on this topic could include a broader sample including different ages and investigate whether there are differences in experienced depressive symptoms as well as needs for an eHealth intervention.

Conclusion

To conclude, addressing mental health differences among gay men remains of importance due to their negative consequences for the individual. This research was a valuable first step working towards the development of an early, preventive eHealth intervention targeted at alleviating depressive symptoms among gay men. Future research can use the main findings of connectedness and communication with others as well as experiences of homophobia in relation to depressive symptoms that gay men experience by further investigating how these could be included in the development of possible intervention prototypes.

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Appendix

Appendix A

Informed Consent Form

Informed Consent Form

Information Sheet

YOU WILL BE GIVEN A COPY OF THIS SHEET

Dear reader,

The purpose of the research is to identify the participant's experiences related to positive mental health through participation in two workshops. These workshops are organized by three students of the University of Twente: Clara Odenthal, Julia Petersen, and Marieke van der Bie.

The importance of this study is related to improving mental health of Sexual and Gender Minorities (SGMs). Many studies that involve these individuals are related to their mental health problems. However, we are interested in your strengths, positive experiences, and what it means for you to feel well. This way, a more complete vision can be established, including both mental health problems, and positive well-being. Therefore, we ask from you to attend two workshops. The insights that we gain from your attendance and experiences will help shape interventions and future research.

Explanation workshop:

- University of Twente: Design Lab (we will meet you out front), 18:30-20:00.
- You are expected to bring nothing but your willingness to talk about your experiences.
- We will be going to discuss your experiences with depressive symptoms and your preferences regarding an eHealth intervention that is aimed at alleviating those. You will be asked to create mind maps, further information will be provided during the introduction of the workshop.
- Drinks and snacks are offered.

Potential risks of participating in the study include the discussion of sensitive or triggering information. When this risk is experienced, it is advised to seek help from practitioner. Students of the UT can schedule meeting with student psychologist using the following link:

<https://www.utwente.nl/nl/ces/sacc/begeleiding-advies/psycholoog-voor-studenten/>. Non-UT-students are advised to contact their general practitioner.

The research project has been reviewed and approved by the BMS Ethics Committee. You can withdraw from the study at any point without stating the reason. To analyse your experience, we will make audio recordings of the workshops. These recordings will be anonymized and given a number, stored at University of Twente, but will never be made publicly. The recordings will be used for this study and possibly following studies.

We hope that we informed you well. For questions during the workshop itself, you can ask the researchers directly. For questions after the workshops, you can contact via mail (m.j.vanderbie@student.utwente.nl, j.u.petersen@student.utwente.nl, c.s.h.odenthal@student.utwente.nl) or supervisor Tessa Dekkers (t.dekkers@utwente.nl, +31534899741).

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the Secretary of the Ethics Committee/domain Humanities & Social Sciences of the Faculty of Behavioural, Management and Social Sciences at the University of Twente by ethicscommittee-hss@utwente.nl.

Consent Form for Study into Mental Health Experiences of SGM Young Adults

YOU WILL BE GIVEN A COPY OF THIS INFORMED CONSENT FORM

Please tick the appropriate boxes

**Ye
s No**

Taking part in the study

I have read and understood the information dated [__/__/____], or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction.

I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason.

I understand that taking part in the study involves being part of a focus group with two workshops of which audio recordings will be made.

Risks associated with participating in the study

I understand that taking part in the study involves the following risks: discussing sensitive topics.

Use of the information in the study

I understand that information I provide will be used for the reporting in thesis.

I understand that personal information collected about me that can identify me, such as [e.g. my name or where I live], will not be shared beyond the study team.

Consent to be Audio/video Recorded

I agree to be audio recorded.

Future use and reuse of the information by others

I give permission for the collected data of experiences that I provide to be archived in transcripts so it can be used for future research and learning. This data will be archived anonymously.

Signatures

Name of participant

Signature

Date

I have accurately read out the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

Researcher name

Signature

Date

Study contact details for further information

Please contact the researchers via mail (m.j.vanderbie@student.utwente.nl, j.u.petersen@student.utwente.nl, c.s.h.odenthal@student.utwente.nl) or supervisor Tessa Dekkers (t.dekkers@utwente.nl, +31534899741).

Appendix B

Script of Focus Group 1

Time	Action	Checklist
5 minutes	Participants fill in informed consent	Hand out written informed consent and let participants sign them + answer questions if participants have questions about it (email beforehand so they can read through it)
5 minutes	Name and pronouns round	Short introduction from both sides (researchers and participants)
10 minutes	In depth introduction	Mention SEG principles, content of the focus group, expectations (what the participants can expect and what they expect from us), end goal, + answer questions if participants have questions about it
30 minutes	Item description	Prior to the focus group meeting participants are asked to bring any item (picture, object etc.) that represents what it means for them to feel well/better. This object could be something that makes them feel well or connects them to what makes them feel well.
10 minutes	Break	Hand out drinks and snacks.
25 minutes	Group discussion with statements	<p>The researchers give statements, and the participants first raise their hands whether they agree or disagree, followed by explanations of their opinion of participants that feel comfortable. Repeat if needed in Dutch or German. In case of long discussions, make choices on stating less statements.</p> <p>Statements:</p> <ul style="list-style-type: none"> • I am proud of being who I am. • Being LGBTQIA+ is a strength of mine. • As an LGBTQIA+ person I am seen as a victim. • I possess strategies that help me overcome negative feelings or feeling down. • I feel happy and confident when I can express my gender identity authentically. • Being referred to by the correct pronouns is a validating and euphoric experience. • Finding a community of people who accept and support my gender identity brings me immense joy.

Time	Action	Checklist
5 minutes	Participants fill in informed consent	<p>Hand out written informed consent and let participants sign them + answer questions if participants have questions about it (email beforehand so they can read through it)</p> <ul style="list-style-type: none"> • As an LGBTQIA+ person, I experience more depressive symptoms than cisgender heterosexual people. • Being LGBTQIA+ goes hand in hand with depressive symptoms.
10 minutes	Group discussion eHealth and GPD	Asking participants about their ideas regarding the use of participatory design approaches when developing an eHealth intervention aimed at improving mental health of LGBTQIA+ people.
5 minutes	Closing comments	Thank participants for participation. Are there any questions left? Let them know that they can always contact us researchers if questions arise after the focus group meeting

Appendix C

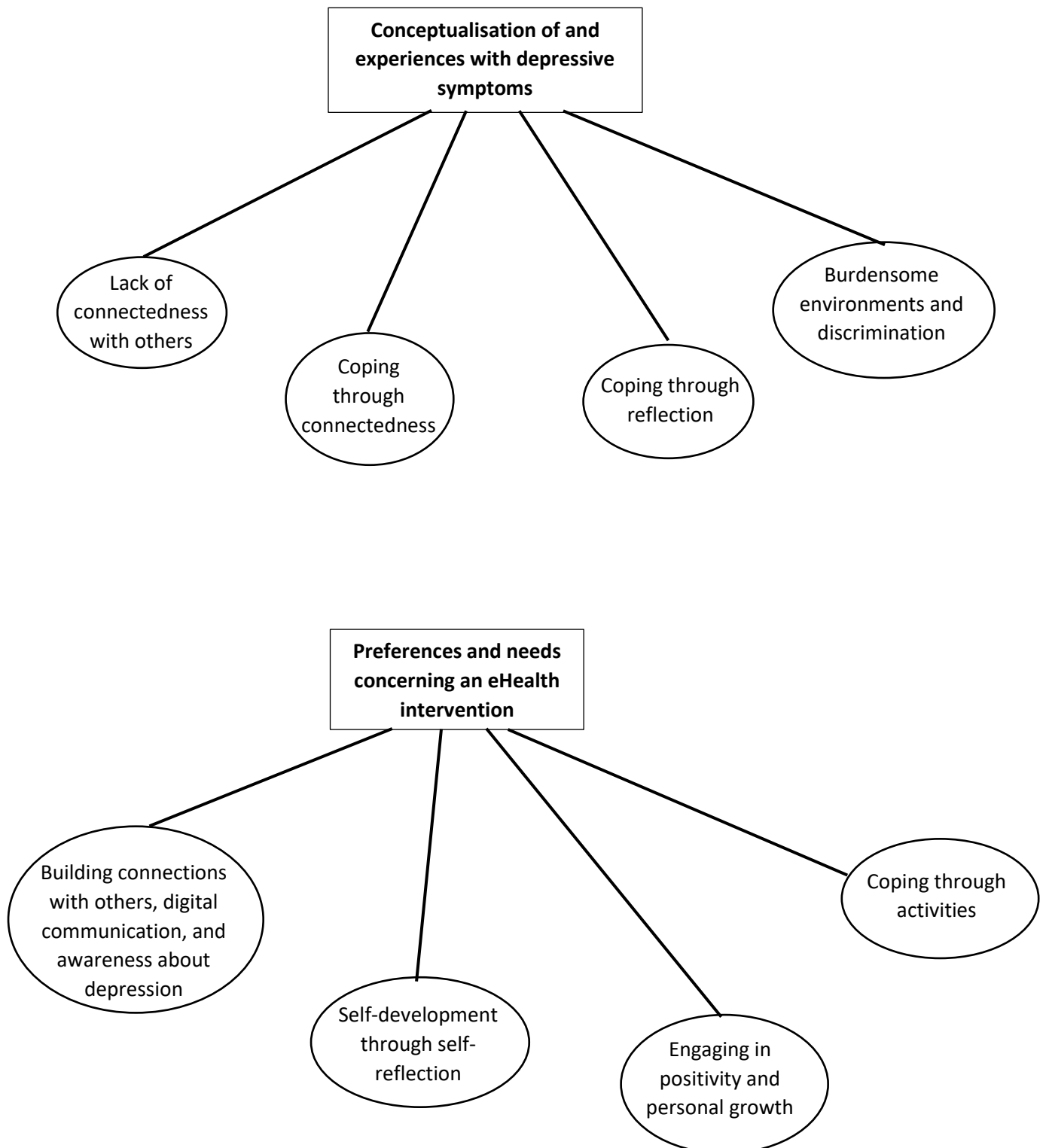
Script of Focus Group 2

Time	Action	Checklist
5 minutes	Participants fill in informed consent	Hand out written informed consent and let participants sign them + answer questions if participants have questions about it (email beforehand so they can read through it)
5 minutes	Name and pronouns round	Short introduction from both sides (researcher and participants)
10 minutes	In depth introduction	Mention SEG principles, content of this focus group meeting, expectations (what the participants can expect and what they expect from the researcher), end goal, + answer questions if participants have questions about it
20 minutes	Experiences of depressive symptoms	Provide a mind map with ‘depressive symptoms’ and ask participants what comes to their mind (“What kind of depressive symptoms/feelings of feeling down do you experience?”; “What does it mean for you to feel well?”)
10 minutes	Interventions used?	Ask participants whether they use or know of existing interventions aimed at improving mental health. (Mention SPARX as one example)
10 minutes	Break	Hand out drinks and snacks.
5 minutes	Preferences and needs	Explaining task, provide material. Ask participants: <ul style="list-style-type: none"> • “For which purpose would you use an intervention?” • “If you could invent an eHealth intervention aimed at decreasing depressive symptoms, what features should be included?” • “What should the intervention provide to reduce your depressive symptoms?”
15 minutes	Think-share	10 minutes for each participant to think about it alone.

Time	Action	Checklist
5 minutes	Participants fill in informed consent	Hand out written informed consent and let participants sign them + answer questions if participants have questions about it (email beforehand so they can read through it)
20	Group discussion	<p>“What are the needs and preferences of gay men regarding a preventive eHealth intervention aimed at decreasing depressive symptoms?”</p> <p>Discuss what the pairs came up with, brainstorm together.</p>
10	Rounding up/Summarising	<p>Summarising discussed features and ranking them.</p> <p>Discuss the three most important ones for each participant</p>
5 minutes	Closing comments	Thank participants for participation. Are there any questions left? Let them know that they can always contact researcher if questions arise after the focus group meeting

Appendix D
Figure 3

Thematic Map Showing Final Themes



Appendix E

Transcript Focus Group 1

Researcher 1: Thank you all for coming here, we would like to start with a quick name and pronouns round, just to be sure we use the right pronouns. So, I can start. My name is Marieke, and my pronouns are she/her.

Researcher 2: My name is Julia, and my pronouns are she/her.

Researcher 3: My name is Clara, and my pronouns are also she/her.

Liam: My name is “Liam”, I’m gender fluid so I go with any pronoun.

Alex: My name is “Alex”, ehm, he/him.

Jack: My name is “Jack”, I’m also genderfluid and go by all pronouns.

Luca: My name is “Luca”, I seem to be the third genderfluid person here, and I go by he/they.

Sarah: I’m “Sarah”, and she/her.

Chloe: I’m “Chloe”, and she/her.

Researcher 1: Okay, thank you. I want to do a quick introduction to what we will be doing. Maybe you all read the informed consent, a lot of information is already in here. But first we would like to start with the SEG principles, which basically means that we want to treat each other with respect here because we’re talking about mental health. Also, that we’re open with each other to talk about stuff so with respect. Some other things are that we would like to give a voice to everyone here, listen carefully, and that there is no judgement, advice, or counselling involved. We just want to know about your experiences. Okay. The content of the workshop was also in the informed consent, we want to know about your experiences of mental health as an LGBTQIA+ person. And for that, want to do two workshops, this is the first one and about general well-being. So instead of focusing only on mental health problems, we would also like to focus on well-being, so the positive side of psychology. And therefore, we would like to start with the item description exercise of which you probably brought a photo or object. After that we have a break with some snacks, and after that we will do two group discussions. And that’s it, so the end goal for now is that you will talk about your experiences. Do you have any questions?

Researcher 2: No questions, so I think we can start with the item description then?

Researcher 1: Yes.

Researcher 2: We thought about that you can talk about what you brought with you, and what feelings or emotions come to your mind when you think about that object or photo. And how does it make you feel well, and why? Maybe someone wants to start?

Liam: Yeah, sure I can. Well, I’ve got four pictures. Of my cat. So, I’m from India, and her name is Zara and she’s back home. So, every time I feel low or I’m not feeling so good, I look at her pictures. These pictures are always on my wall. She means a lot to me, because she was not those planned cats I wanted to get, it was nothing like that. I was in depression for about six months and the whole time I didn’t leave my room. It was very horrible and that was the

time that one of my friends told me that there is a rescued cat. She was a kitten and just 25 days old when I got her. She was completely malnourished she did not have any fur on her body. Like when I got her, she looked like an alien. My parents they even scolded me for getting her home. But I wanted something to get out of my room, I was looking for reasons to go out. And she was the reason, and ever since I got her, I started feeding her and she used to get sick often, so I had to get her to the vet every 3 days I had to take her, and the reason I went out, so she's the reason I'm not in depression anymore and that's when I applied here for the university. So, without her, I don't think I would be here.

Researcher 2: Thanks for sharing.

Alex: Yes, I also brought some pictures, of me and my friends. When I think about them, I think about all the happy times we have together, all the memories we have over the years. And they help me a lot, especially my best friend here. She's always there for me when I need someone to talk to, and yeah, we are really close and that's always helping me out. Like when I feel down, just to meet them and get out my room, haha. And yeah, just talk to some people, also like often when I think about stuff it's always in a spiral in my mind and other people when help to break out of the cycle and helps to get a new view.

Researcher 1 and 2: Thank you.

Jack: Ehm, I brought "Luca". Because for feelings and emotions, especially when looking at "Luca", who is my partner, I feel like it's with a lot of things in life when I really don't want to do something or when I don't want to take care of myself when I feel worse, then I always have a second reason to also do well because I want to do well in supporting another person. And to have a happy life and everything and to try my best to also do well mentally, and to achieve what I want to achieve. To kind of have a steady line to follow, that's always helpful. Ha-ha yeah, I couldn't come with the lighter because I love smoking.

Luca: Well, that caught me off guard. When I think of something that brings me joy, it's less heartfelt. It's books. I really love reading, and no matter if it's fiction or non-fiction it's always an opportunity to take a break from the real world and then recharge and then come back. And just this like availability of having a way out that's not too harmful, might see something, read some nice stories, it helps me a lot.

Sarah: Actually, for me it's this necklace, because I grew up in a very Christian conservative village, and back in middle school I always knew I liked girls, I wasn't so sure about the boys' part. But there were only a few other queer people I knew there, and the thing is, the one person that was out got beaten up one time that went to a club so after that I was just scared as f*k. For me, being able to walk around and wear a pride symbol, still doesn't stop straight guys to hit on me, but regardless, I'm still quite proud to wear it and I just don't feel like I have to hide here anymore. And it still happens that whenever I walk in the city and hold the hand of a woman or a non-binary person or whatever that guys ask "Mag ik meedoen" or something, but generally I feel safer and feel better here. And that's why this (necklace) makes me feel very happy.

Liam: That actually reminds me, like this is the locket, or I made this locket, with my cat's fur inside the locket. Because I can't physically feel her, so I wear this all the time (necklace).

Chloe: I brought my ring. I bought it at an island I went to together with my mom. Because my mom is my biggest support ever. She was also one of the first people I came out to, and

she was so supportive, and she didn't even have like these weird questions that parents have. She's always there for me and I can always call her. She's one of my best friends, I really like it and I always look at it.

Researcher 1, 2, and 3: Thank you. The next thing we're going to do is the break already.

BREAK 15 MIN.

Researcher 3: So, in the following we're going to show you some statements. If you agree with them, we can ask you to raise your hands and maybe if you want to share something about it and elaborate on that we would be very happy. Yes, and they are sometimes a little bit triggering, we wanted to integrate that just to see some different opinions.

Researcher 1: And also make sure that we don't necessarily agree with the statements, because they can be triggering.

Researcher 3: Yes, so the first one is "I'm proud of being who I am". Who agrees?

Everyone agrees.

Jack: When I walk through the city, I mean hard to miss because I'm very tall and I have very big eyeliner, so I have a lot of people looking at me all the time. That can be anxiety inducing, but just through stupid confidence and pride that I project outwards that helps me just to kind of live my life. Being very proud outwards helps because there's always someone saying that I shouldn't be.

Researcher 3: Thank you, anybody else that wants to share?

Liam: Okay, so like four years ago I was totally not okay being gay. I kept rejecting, I didn't accept myself, I couldn't do it. That was before I started my bachelors, I was very unhappy with who I am. I was unhappy with my femininity. I was used to curse myself for being who I am, but when I started my bachelor, especially back in India it's a very homophobic country. It's almost impossible to be openly gay in India. You know you hear a lot of things, I heard all my childhood for being feminine. But when doing my bachelor I met people, a new crowd of people, these people who accepted me the way I am, I did not have to hide myself anymore. That's when I realised there are also people who will accept you for who I am. That's when I started coming out to people. And, it just went on and on and on, and I'm just really proud of what and who I am. I'm really happy that I'm not straight, and I'm gay, haha.

Luca: Yeah, I find the pride of who I am in that no one can take that away from me. I've had some serious missteps with drugs that messed with my mental state a little bit. But in the end, I kind of noticed that the essence of me, I always have it with me like the one thing, and because nobody can take that away from me, I get to shape that, and I get to choose who I want to be. And just because that's kind of like my identity is my creation and that's why I find a lot of pride in it because I put a lot of work into it.

Researcher 3: So, we can continue with the second one, "Being LGBTQIA+ is a strength of mine."

Everyone agrees.

Researcher 3: anybody wants to explain why it is a strength of yours or how it is a strength of yours?

Alex: I feel like, because we have like such a nice community, obviously we had some ups and downs but it's like you have a sense of community, coming together, activities together. Have some deeper connection, like sometimes when you meet straight people it's a bit different. Like usually with a straight. I feel like it's something nice and it's a strength that you can easily connect with, with people from the community.

Liam: I feel the same, because especially the community it's way easier to make friends, to connect with people. Because when I was in my "straight phase," it was so difficult to make new friends. Or get to know people, get you know, do the activities and stuff. It is not so easy, but ever since I was happy with who I am and since I started communicating with people from the LGBTQIA+ community, I made a lot of friends, like a lot. And it is a strength because it gives a social confidence, that I always wanted. Even now, even here at university. A few of my straight friends, they're like: I wish I was gay so I could make so many friends.

Jack: Ehm, I feel like a lot of times when I think about queerness, especially when I have little opportunities to activity explore with queerness. It's a very radical form of just pure self-expression. You have this rejection of hetero cis normality, that is just embedded in the culture that we live in, like it's simply you see everywhere that a man, woman have like two children like the nuclear family, that's how it's supposed to be. And for me queerness for me is then breaking fully away from anything prescribed and focusing on myself and exploring myself and expressing that as well, to the world. I feel like a lot of people who say like "Oh yeah, I'm straight cisgender" and they don't ever reflect on it. Like they haven't really, like they're in an environment where they are able to really think about it or where they are challenged to questions their gender and sexual identity, even if you come to the conclusion that you're cishet. Still, I think that exploration and identity expression is central which I why I think that it's a big strength that we can live very authentically as ourselves as queer people.

Researcher 3: So, yeah. The third statement "As an LGBTQIA+ person I am seen as a victim".

No one agrees.

Jack: I think that a lot of LGBTQIA+ persons would like to see themselves as victims. Because it's just an association with any stigmatised group. It's easy to forego dealing with your own problems. But I don't think that. I don't think the queer community is seen as a victim. If anything, it's insane how confident queer people are, and that's more impressive than anything else.

Sarah: I would also say like, just with the phrasing seen as a victim, because sometimes you are just a victim of a hate crime. But like, it's, is that more about like the perception of others on it?

Researcher 3: Yeah, also like, how, how you perceive yourself. Yeah, also of the perception of others. But whether you perceive that.

Sarah: Not really, like usually when I explain about okay, I, this thing happened to me that was kind of homophobic and usually I just get more of a response of like a victim blaming

rather than, Oh, yeah, that was actually not what was supposed to happen if we treat each other with respect or whatever.

Researcher 3: Yeah.

Sarah: So that's, I would say, No, most people don't like that.

Researcher 1: Okay, I think I can explain this quote, maybe, because, in research, a lot of LGBTQIA people are researched on specific subjects that are related to being affected a victim instead of what their strengths are. So a lot of research is done into, ehm, stigmatisation, for example, or violence against queer people. So, ehm, but less research is focused on what the strengths are of queer people, what they benefit from, and what they can actually bring to the table. So that's why, do you now have a different opinion maybe?

Jack: I feel like that's when people do see queer people as victims. That's to me very patronising. I like, and also in connection with assumptions like, oh, you're doing they're doing so poorly. They don't fit in, that's so bad for them. Ehm, or in general, like, oh, yeah, they're mentally ill. But I don't know if victim, maybe I'm just not confronted with that, personally. I consume a very big amount of positive queer content on the internet. So I'm, like, trained to be very proud.

Researcher 1: Mhm okay.

Alex: I agree, also. I don't see too much negative content. I mean, just recently more in the US like how the ship goes down there. And I guess there like, it's worse. But here, I feel like we are still like, ehm, I feel safe when I go outside, I don't feel like that I'm getting attacked or whatever. Ehm, and therefore, I don't know, I don't feel myself or I don't see myself as a victim.

Jack: I think in the US, it's more that queer people are actually like villainised. And they're like, seen as like, like unnatural or new to be like, largely eradicated, but the political consensus seems to be in the US. But I don't think there even victim is appropriate to use, because it's just one, like, the whole political pushback against trans people and the drag ban, for example. That's all just hate coming from one side, I don't think that queer people see themselves or that many people see queer people as the victims there, more the other side as kind of cringe.

Researcher 1: Yeah, but I hear a lot of positivity. So that's nice. So I secondly want to focus on.

Liam: Okay, but yeah, like, for me, it's a very different situation. The main reason I left India was because of the whole homophobic people around me, it's, I never felt safe there. So like, every time like I, like, you know, I couldn't put on makeup or you know, put on eyeliner or nail paint. Anytime I want. I couldn't do that. I would only do that if I'm going out with a bunch of my queer friends, I would do it only then, I would never do it without them. So I never felt safe there. And a lot of hate crime and like, last year 2022, there was a pride walk in my city. And during the pride walk as well, like we're done with the pride walk and to, it was pretty late at night, after the party, we were trying to get cabs back home, and me and three of my friends, we were waiting for a cab, and a few policemen came and they will be verbally started, you know, harassing us. Police men. It's that awful to be there. So right now in India, they are fighting for same sex marriage rights. The case has been in court for like three times

now. In Supreme Court of India. And all the times the case has been rejected. So even this time, like a few days ago, the case was turned down. They just did not legalise same sex marriage. I don't think they will. And even if they do, nobody will accept it will be only you know, as for the Constitution or something. But you know, the people, the population of India they would probably take like, I don't know, 200 300 years for them to accept. So in India, I guess I was seen as a victim, but not anymore. I just want to leave all that behind.

Researcher 1: Yeah. Okay, thank you. I think we can go to the next

Researcher 3: so I possess strategies that help me overcome negative feelings or feeling down.

Researcher 2: Yeah, maybe if you have any sort of things in mind, you can share them.

Chloe: I love to dance. Ehm, especially when I'm feeling stressed or feeling really sad. I am lucky that I have five housemates. And most of the time, I can just go to one of their rooms, start some music and then we'll just dance together. And it really lifts my day up. It makes me feel happy. I can laugh and we can just share that nice moment. I also love calling people when I feel sad. I love calling my friends, my family. That it always helps me to talk about my feelings and to just get off of the thing I want to say get it out and then I'll feel better.

Researcher 1: So social aspect.

Chloe: Yeah, yeah.

Researcher 1: Okay, nice. Anyone else?

Alex: I have a similar thing like when I feel sad or so I usually call my best friend. And yeah, she helps me to get through this and we just talk about it and then, ehm, yeah, often then we start talking about other stuff, and then I get, have like some, focus my mind on other stuff and then it's already better. Or sometimes I just think about hey, maybe it's just like a bad day and tomorrow, everything is better. And then when it's already like later, that night and I just go to bed and often in the morning, it's surprisingly better. That had something to think like, okay, well, maybe it's just in the past, well, new day new start.

Jack: Ehm, through years of intensive introspection, I have trained myself to take a step back from my, from, like any situation in like a meta sense. So I can kind of reflect more or less objectively at least evaluate situations and my own behaviour. It's more difficult to then act in positive ways, given that evaluation with the evaluation. And like, yes, taking that step back, step back in any situation usually works really well. So that is one of the strategies whenever I feel bad, ehm, or, yeah, when I'm depressed, I can usually take a step back and be like, okay, I feel like shit, but what's actually something I can do rather than just sitting here and mulling it over?

Researcher 3: Ja.

Luca: I do a similar thing with the Meta, like, like going meta on the whole situation, but I journal, and then I like, kind of just like start writing down, because my thoughts tend to get extremely jumbled when I'm upset. So then I am just sitting there, and I am like, well, cool, I have this like, static in my brain, what the f* do I do now? So I just like start writing. And at some point, it becomes like structured. And then I can like, read what I wrote, ehm, like, oh,

yeah, this is what happened. I understand now and then I can move on. Like, just close the notebook, put it away, and then I can just move on with my life.

Jack: Also, talking about stuff helps a lot, just actually talking. When you speak out loud about your issues, you're forced to structure your thoughts, rather than just thinking about it, where everything is more an abstract or an impression and kind of an idea. But you never really have to fully structure any thoughts when, you, it's just in your head when you talk to people about it, which is why therapy helps, you have a whole, yeah, you are kind of forced to properly think about it and you're able to process a lot of information better when you speak about problems.

Researcher 3: Yeah. Okay. So talking about it, writing down, journaling. Anyone else wants to share?

Sarah: I go bouldering.

Researcher 3: go bouldering? Nice.

Sarah: no, I have tried to do sports, trying to drop the not so healthy coping mechanisms and replace them with more healthy ones. So I go skating, or I go bouldering, or paint, or do whatever, or actually talk to a friend if I want to share but not always. Because like, I'm that cliché where I'm the mommy friend, where everyone comes to me, but I don't go to people when I have stuff. Except for a few selected. So, yes, so yeah, that's kind of what I do.

Jack: One strategy I possess is smoking marijuana.
[inaudible]

Researcher 3: Okay, nice. We have a lot of coping mechanisms. The fifth statement "I feel happy and confident when I can express my gender identity authentically." Do you agree or disagree?

Everyone agrees.

Researcher 3: Any elaborations? Or, ehm.

Researcher 1: Or maybe if anyone feels comfortable talking about it, why maybe not, this is not the case?

Researcher 3: Yeah.

Researcher 1: If there is anyone.

Jack: It entirely depends on the environment. Like if the, if the social context is right, if the, if I'm around people that I know won't become aggressive, for example, or if it's not a country, that's super homophobic, for example, but if it's, if I feel very confident or confident and comfortable, if I'm around people that are at least likeminded, then usually extremely. In response to the statement extremely, yes.

Liam: Oh, yeah, that helps remind me something so yeah, I do. Like I do feel comfortable being with my gender identity, especially in the recent years. I feel really happy and like you mentioned, happy and confident, mentioning it even when the crowd when even when I know

that the crowd is not going to accept me, I still do that because I have this thing. I like making, I like making homophobic people feel uncomfortable because of my identity. I feel like I'm just, I'm just who I am, I'm not even doing anything to you. And that is still causing you, you know, some trouble, you know, like, you're feeling uncomfortable just because of who I am. So, I feel like, I know sometimes I even asked, like, I feel like I have a superpower. You know, just because of who I am, you're just, you're already feeling uncomfortable. And I kinda like the fact that these people get very uncomfortable because of who I am. Like, especially in India, especially, like I said, when, when I go out with my queer friends, and then we dress super feminine, or like when we put on makeup and everything. And then we are walking down the streets, like you know, there will be all these very typical Indian people judging us, you know, looking at us or, you know, they like, when the past by you can actually feel the uncomfortableness in their face. And that makes me happy. For some reason. Yeah, so, so, in recent years, I really don't feel uncomfortable sharing my gender identity, almost anywhere. So [inaudible].

Researcher 3: Nice. Okay. So we're all agreeing on that one. "Being referred to by the correct pronouns is a validating and euphoric experience."

[inaudible]

Researcher 3: Yeah, I know. I know. I know. Yeah. So you all disagree? And how does it make you feel, yeah, when the incorrect pronouns are used, when you're, yeah.

Liam: For me, incorrect pronouns cannot be used because I go with everthing, so I am cool with anything.

Luca: I am actually really chill about it, because I know that I am not the most passing trans mask person out there. So I don't expect anyone because I also don't want to, like if somebody misgendered me, I want to sculpt the situation first, if I can come to that person and be like, hey, actually, my pronouns are not she/her, but he/they. But when somebody does it, it's like, yeah, that's cool. It's like a little creepy moment. But misgendering is, then in turn, surprisingly, not that invalidating. I mean, it's like when some people do it, for example, my mom, cuz like, it's my mom, she is the person who like misgendered me the most. And also that names me it's really fun. That kind of hits home a little bit for like, like a day or two. But if it's strangers, then I really don't care.

Researcher 3: Yeah, so it depends also on the person you are talking to.

Jack: I have, yeah, being having the wrong pronouns used, of course, kind of difficult for me. But being misgendered still, that I just have such a strong disdain for, ehm, when people are like, gender is binary, you are a man. Then it's like, you know, no. And there is plenty of explanation out there. But it's not my duty to educate anyone either. So I won't go into like a long monologue about how my gender identity is actually valid. That's not I don't have time for that. But it stinks. Because it's not even just for me personally, where I'm like, oh, I was misgendered, I feel bad now, that for sure. Absolutely. But also more in a larger societal context where it's like, there is still a lot of people out there who more or less deny our existence as queer people and that is just not the move and that makes me sad.

Researcher 3: Yeah. Okay, thank you for sharing. The seven statement. "Finding a community of people who accept and support my gender identity brings me immense joy." I mean, we already discussed it a bit in the previous segments, do you have anything to add?

Jack: Exaltio is a great organisation.

Luca: Come to the gala. Everyone.

Researcher 3: it's a Friday, right?

Sarah: Yes.

Researcher 3: I wanted to.

Sarah: okay, but no worries like anyway, what I wanted to say, back in my hometown before I moved here, I really didn't know any other queer people that didn't live like half an hour train ride, at least away from me. Ehm, and the first like two years that I was here, I also kind of isolated myself. And when I then finally, I think it was over [inaudible] actually that we got to the first like, Exaltio, like, almost a year ago, actually. And it was like, like, such a whole new world of just like being able to express myself and not like having this constant fear of like, oh, can I say that? Or is this gonna, Is this gonna tip the situation into like, the bad area? Ehm, and it's been like, it's brought me so much joy that I've actually joined committee work. Which I still can't believe, I am normally not that proactive. But apparently, I'm so happy that I started working there. So it's cool. It's good.

Researcher 3: Do you have like, you're all members of the Exaltio? Do you have like, Is it like the weekly

Sarah: we have different activities. So we have also different committees that organise different things. So for example, we have the Accie that organises drinks and sports activities and anything fun and active you want to do together.

Liam: That was it was yesterday, right? The egg hunt?

Sarah: Yeah, for example. We went, ehm, looked for chocolate, vegan chocolate eggs around campus and had a picnic afterwards like, who cares. You have like Relaxie, they organise laid back events, movie nights, we're just crafting, chill together.

Jack: Think with pride is also great. Tessa Dekkers does [inaudible].

Researcher 3: We are gonna quote that.

Sarah: And then the GalaCie, for example, that organises a gay [inaudible], because a lot of people don't feel comfortable bringing their gay date to their Gala, so we are hosting our own Gala.

Luca: Yeah, we are hosting a closed queer gala, to make it safe and fun. And I'm hyped.

Liam: Yeah, me too.

Sarah: Yeah, et cetera, et cetera. There's a lot of things going on.

Liam: For me too, because like, no matter how many parties that I attend, or like, how many events that I go to, or with my straight friends who are really close to me, no matter how good

that is, when I attend, you know, like activities or events, like she said, from events from Exaltio or other stuffs, when I attend those, the feeling is completely different. And that's something I would always choose over anything else. Because I feel very comfortable around people, you know, who can actually get me, so that does really bring me immense joy.

Alex: You can also talk about some stuff you usually don't talk about with straights.

Liam: Oh my god. Yes. That's very true.

Sarah: I love my straight friends. But there are certain things like if I talk about certain things, you don't have that overlap in experience.

Liam: Exactly.

Sarah: You have to explain a lot. Yeah, same way like okay, ehm, I am cis, so I can talk for hours with a trans/non-binary or gender fluid person and then they will still not 100% grasp what it means. But I can still, like listen, or whatever, but I feel sometimes like that straight people can't even listen. They just have an idea.

Liam: Yeah.

Sarah: They look at me and they are like, you're lesbian, ah, sure like, you're gonna marry a man in the end anyways. Then I'm like, yeah, ehm, nah. And then they look at me because at the gas station, I have to exchange a tire, do you need help with that?, no, I can do that myself. Thank you. Like, I don't know, man. It just kind of sucks sometimes. Yeah.

Researcher 3: Okay, I think is it the last one?

Researcher 1: Actually, this one and another one.

Researcher 3: Okay. Then the eighth statement "As an LGBTQIA+ person, I experience more depressive symptoms than cisgender heterosexual people." What do you think? Do you agree? Do you disagree?

Jack: I very much agree. The reason that I personally do is from external influences that are implicit and explicit forms of discrimination in the environment both things like getting called the * in like randomly to things like toilets being or a lot of toilets being separated by men and women. And clothing stores the same, ehm, like very, a very wide range of spectrum on microaggressions to actual aggression, that hamper my mental health. And it's buffered by community resilience from the environment that I have with queer people.

Researcher 3: Anybody else wants to share some thoughts on that?

Alex: I mean, me personally, I think I don't. But I mean, I mean, I don't know how much depression people feel. Ehm, I mean, I feel like it's, it's been a while since I've been depressed, and it's better now. Ehm, but yeah, I don't have, I don't get too triggered, thankfully, by my daily environment. Ehm, so that helps. I'm sorry for you. Ehm, so I think therefore, I guess I mean, usually, a big trigger for me is just like, relationships often. But then, ehm, it's, I don't know, I mean, I guess also, straight people have that sometimes. So, yeah, for me, it's not really I don't, I wouldn't say it's not, yeah maybe a little bit more. But not too much difference.

Jack: You said it changed at some point, like, was it worse and then, like, at one point got better? Or what?

Alex: Yeah.

Jack: Okay fair.

Alex: Yeah, yeah, sometimes, I mean, I have sometimes some more depression phases, where I have more dark. And then at some point it's changed. And then I don't. Sometimes wild.

Liam: It was very wild. For me, when I was in India. The depression, I mentioned, that I was in my room for six months didn't leave it was because of all of the trauma that I had faced, in my early age, or due to some of physical abuse. So that, that was triggered again. And that was what led me to depression. Also, the fact that the only reason I went through depression was because like I said, I started doing my bachelor's. And that's when, you know, I met those queer friendly people who helped me come out. Like those people were, I felt they were my actual family, you know, because they actually helped me come out. And they always accepted me for who I was. So I was very comfortable with them. But then, because of my dad, we had to move to a different city. So had to leave all those friends back there. So that was also another reason that in this place, I basically had no friends. And the city where we moved to was way more homophobic than the city we used to live in. So everything just got into me, and that what led me to depression. But also, before that, whenever, you know, people used to call me out names, especially during my child, right? I hate my childhood. Like, I hate it so much, because I don't remember a day going to school and not crying. So it was that horrible. So for me, yeah, being being gay did give me a lot of depression back then, back when I was in India, but then, after I moved here, after living here for a while, you know, going out with my friends, or just going me going alone outside. Here, I feel like, I feel like, I feel so happy for people who are like, born here. And I'm also so jealous of them. Because, you know, like, they don't exactly get it. Because they're born in a country where, you know, people, most of the people automatically mostly accept you. It's not like how back in my country. So sometimes I feel like people who are, you know, who are born here. I feel like they sometimes they do not appreciate the privilege they've got. But I really appreciate it because I know how hard it was back then. So ever since I came here, I feel like okay, this is where I belong, and I just don't want to leave.

Researcher 2: So back in India, you would say, ehm, that you experienced more depressive symptoms?

Liam: Yeah.

Researcher 2: It changed when you came here.

Liam: Yeah. It mostly changed when I came. Yes.

Sarah: So I've had that as soon as I return, I still work in that village, sometimes where I grew up in and it was more Christian conservative. I mentioned that my friend got beaten up and I'm not, it's not as traumatic as what you went through but I still felt very unsafe there and I still in the beginning going back, I took my pride symbols off for work. Because I work often also at events in Germany and in the Netherlands that are like Schützenfest or Oktoberfest like these very cishet drunk guys in their 40s type of crowd that you bartending. I

mean, I get a lot of tips money because they have no clue I'm gay. Lovely, but, ehm, besides that, it's not really safe because you know, they are gross, nowadays, I still wear them. But it took me a long time to get that comfortable and be like, okay, I'm gonna put that target on my back. Because, yeah, I'm a feminist. I have straight person privilege. I mean, by far, I don't know why, but I do. So me, I still sometimes get very, like, yeah, down when I go home home to visit the German part of my family. Because I'm like, always like, yeah, my girlfriends are my acquaintances, apparently, if someone asks, okay, yeah, it is kind of like especially when I go back, I'm more depressed and here like here, I'm fine. Because I can be myself in relation to the statement. [inaudible] environment does a lot about it.

Researcher 2: Thanks for sharing.

Researcher 1: Then the last one, yeah.

Researcher 3: The last one is a bit more [inaudible].

Researcher 1: By the way, I'm gonna make a picture for our thing. I'm gonna blur everyone's faces. So don't worry about it. But, is everyone okay with that? That I will blur everyone, but I just have to make a picture of what we're doing here.

Participants agree.

Jack: Don't blur me.

Liam: Yeah, you don't have to blur me too.

Researcher 1: Just don't look.

Researcher 3: Okay, okay, we are just gonna go on with the last statement.

Researcher 2: Do you agree with this one? Or disagree?

Jack: Yeah, Oh wait, no.

Luca: No, definitely no. I, this kind of reminds me of this, like, really old claim in psychology that being LGBTQIA is a mental illness, because it was classified in the in the DSM five for a long time. And it's, it's, I don't, I don't know how it is at the moment. But I surely hope it's not so.

Jack: Being trans in the DSM five is still a mental illness. But being gay was taken out in the DSM three I think.

Luca: So like, being LGBTQIA is not a mental illness, it's literally just like, same as gender, it's a cultural thing. These depressive symptoms that LGBTQIA people experience only comes from these like, implicit and explicit forms of discrimination and microaggressions that they face with in their daily life. I mean, we've seen that when you're in a community where you accept it and where you don't get called slurs or you don't get like belittled for your lifestyle choices, as they call it. Ehm, that you can be queer and perfectly mentally healthy. And yeah, I don't think that you can equate that.

Jack: Yeah, I agree, ehm, with Luca.

Alex: Yeah, also when I think about like, queer people, I'm not thinking about like, oh, we are depressed, yay. I don't think about like depressed people, I usually think about like happy people. Ehm, yeah.

Chloe: I think that if you would have a environment or community where everyone was in the LGBTQIA+ community, that everyone would be like, happy and fine. And I think if you had a statement that said being LGBTQIA+ goes hand in hand with the environment that you're in, and how accepted that environment is, that would be statement I would agree to.

Researcher 1: Yeah.

Researcher 3: Okay, then we all statements. Thank you very much for all your input.

Researcher 1: Yes, by the way, you didn't hear us asking much, many questions, but that's because we wanted to let you all do the talking. And it's not for us to give advice or say anything like this in response to it. So that's why. Next, we would like just quickly to get your insights on some ideas for an eHealth intervention. Do you guys know what that might be is or? A digital intervention for mental health problems of LGBTQIA people that, for example, Tessa, our supervisor might be able to develop. And she'd like some insights into your ideas about how to develop something like that. So, for example, if you make an app or something else or a website, ehm, what might be relevant for you to use it to overcome mental health problems? Or what for other workshops maybe like this, something like this? Because this is called the generative participatory design workshop. What would it make for you to use it actually? I don't know if I explained that well, you guys can add?

Researcher 2: Yeah, maybe also, what is your opinion about participatory approaches, and that means that we include the potential users but in general, all stakeholders, so if like this eHealth intervention is developed, during the development process, all stakeholders or potential users would be included. So they can actually design the app or whatever. So yeah, it's about your like, opinion. What do you think about that?

Researcher 1: Yeah. For example, in second workshop for me, that one that I want to do, you as well, yeah, you as well. I wanted to make a mind map together. So something like that. So do you have any ideas?

Researcher 2: Do you think it's a good idea to like include all stakeholders?

Jack: In general, yes. Because it's nice. If I am the target audience to use an app, then, of course, I would love if the things that I'm worried about are in the app. And that that's that the things that I care about are taken into account. Very difficult to say anything specific. But in general, yes. Very, very positive feeling about being included no idea of what an app might need, what my needs are for that, though, ehm, especially, yeah.

Sarah: Ehm, I think what would be nice is that often people don't know what is in the area for support things that you already have. So also to just have an overview, okay, okay, based on your location, or whatever, I'm here suggesting you 10 places of LGBTQ friendly places where you for sure know that you can go, or places that you can go to for I don't know, for hormones, voice training, all the things that you people in the community might need, or whether there are certain, I don't know, pride things happening or something like that, like so. So just so that you can see what help is available to you. And which pride organisations or

which communities you could maybe access because if you are feeling depressed, it's like likely that you may be a bit isolated from the community. And that could help you a lot. Not saying that the community is going to be equal to therapy, and because of that you are not going to be depressed all of the sudden. But it does help a lot to have people like you around you. Or to know where you can get help. So I would like to have an app especially, yeah, if it's Netherlands, like, oh, I don't know what your exact target group is, except for young, gay and depressed. Yeah, but maybe something like that, where you can see that. There are a lot of cute mental health apps like Finch, love it. You have little wellbeing birdie, and you do the task for your wellbeing for the birdie. And because it's externally motivated, of course you do it. Yeah. Because you can find a little like, shit for the bird.

Luca: It's worked on me. Yeah, I am a slave to the Finch.

Liam: But what she mentioned, if those things are there in the app, I wouldn't even mind paying how much of the app is asking. It's what she mentioned those in associations or you know, the places, the queer friendly places in the app. I would definitely use that. Definitely, 100%.

Researcher 1: So connecting it to the community or to other like-minded people.

Liam: And also like she said, so you know, like queer friendly places. This, like, let's say, a salon, or, you know, a queer friendly salon. So something like that would be actually really nice.

Researcher 2: But that means that like content should be included, especially for queer people.

Liam: Yeah.

Researcher 2: because it's often found that like eHealth interventions that are aimed at improving mental health are not really tailored to LGBTQIA+ people. And that's why also the participatory approach should help with that, so feedback provided by queer people should be included.

Alex: Yeah, maybe also include some events, like when there's like a queer movie night or whatever, that's when you need something like, when you are bored and want to do something, and then there's like something going on, then you just don't know all the queer places, but also maybe some events and stuff.

Liam: like all in one announcements.

Researcher 1: So social aspects is the most important part. Is that looking at you, is that good?

Researcher 2: Yeah.

Liam: Because like, like, you mentioned, in all the, all these events, or all the details of the events, by date, or by time in the app, that could be very much related to the mental health, because for a lot of people, including me, when you know that when I'm feeling low or something, or I just want to take my mind off of something that's triggering me or something,

I want to do something I want to distract myself, then you know, or I always prefer going to, you know, queer friendly events. So I think that's very much helpful for a lot of people.

Jack: I think also be when you have events like that, when you meet like-minded people, you're able to, like, cope with everything so much better, because you have that connectedness with other people. And also, like I said earlier with talking about your problems, is so good, and helps organise everything. So well.

Liam: Yeah.

Jack: And then a third thing I forgot. Ah *. Oh, right. Thank you. What I also think, be going to events like that, especially queer events, helps so much, because a lot of queer people through being closeted, like to think about their problems really, really, really hard. And thinking about your problems really, really, really hard when your problems or the way you think about your problems, then you can't make any progress and actually doing something about it and going out and confronting maybe anxiety by just actually going to an event. And having fun is so much more valuable than any other mental health stuff that's just "reflect on this and think real hard again, about the same thing". You know, that doesn't lead anywhere I feel.

Liam: Yeah, true, because I was, I've been to therapy as well. But even if I have to choose between a queer friendly event, or my therapist, I would obviously choose the event, because that makes me feel way better than talking to my therapist.

Researcher 2: Thank you.

Researcher 3: Yeah. Thank you.

Researcher 1: You had another question.

Researcher 2: What do you think then is the value of the participatory approach? So like during the developmental process to include the like, actually include you, for example, like this?

Jack: Oh, if you're trying to develop an app you want it to be working for you want to be working. And if you only have people kind of checking off requirements, what the app needs to do, if the only people who are looking at that are wanting to or their priorities making a profit maybe? Or having like efficiency in the design, you know, if it's the if it's people who finance the project, or if it's the people who develop like, who actually code the app, do they have different wants and needs than the in your case psychologists wanting to develop a mental health app, but even you guys then have that aim of "Oh, improving health" and queer people if it's for queer people are the only people who can give genuine insight on what yeah, the people who you're trying to help need.

Researcher 3: Yeah. That's it. that's what we wanted to hear.

Researcher 1: I wanted to thank all of you for coming and making time for us because it took your free time. And yeah, we're very happy also that you talked a lot about it and gave extensive answers. That's really helpful for us. We will be doing three separate second workshops with all of our different, we all have different focus. So gender euphoria, strengths, depressive symptoms. So we might ask you to join again, if you are available. And we also

might try to find also other people for even more insights. So if you, I think we will do that within one or two or three weeks, the second one. So we might contact you, again, if you'd like. You can come again, it will be a bit like this, but then more really making something. So for example, make a mind map and talking about it. And we will provide you with stuff to make it. So yeah, thank you. Do you have any questions?

Jack: Can we invite friends to those workshops?

Researcher 3: Yes.

Researcher 2: Yes, of course.

Researcher 1: Just they have to be queer within the age limit of 18 to 27, then it's all fine.

Jack: Sure.

Researcher 1: Yeah. Okay, thank you very much.

Appendix F

Transcript Focus Group 2

Researcher 1: All right. Yeah. Welcome, everyone. And thanks for coming again. I would like to start with the name and pronouns round. I mean, you already introduced yourself, but maybe it's also, ehm, yeah, just good to hear each other's pronouns. So I would just start. I'm Julia and my pronouns are she/her.

Researcher 2: Marieke, she/her.

Liam: "Liam". I'm gender fluid, so you can go with any pronouns you're comfortable with.

Alex: "Alex", he/him.

Dave: "Dave", he/him.

Researcher 1: Yeah, ehm, I would, yeah, then start with the introduction, we follow the SEG principles to create an open, welcoming and accepting environment where everyone feels safe to share their views and opinions. And we would like to give everyone a voice. And we would like to confidentially deal with everything that is shared. So everything that is shared will stay within this room. And I would like to ask you to not judge or do any kind of, or give any kind of advice or counselling. Yeah, the content of this workshop is to talk about depressive symptoms, it's about your own experiences, and also what you heard about relatives or friends, or experiences in general. I will shortly talk about or will shortly talk about existing interventions that aim to decrease depressive symptoms. And after the break, we will talk about your preferences and needs in relation to an eHealth intervention that is aimed at improving your well-being and decreasing your depressive symptoms or in general for this target group. Ehm, yeah, do you have any questions so far? Okay, then I would like to ask you to, I prepared this. And I would like to ask you to write down anything, like make a mind map and write down anything, what you can come up with. It could be your own experiences, or what you heard from friends or relatives, or what comes to mind and yeah, I will give you around five minutes for that. And then we will discuss that afterwards. And maybe, yeah, maybe it's good to say I don't know it's in general about what kind of depressive symptoms you experienced. Or feelings of feeling down. Ehm, yeah. I will stop the recording.

Researcher 1: Okay, does anyone wants to start sharing what you wrote down?

Alex: Yeah, I mean, I can start I wrote down that either not eating or too much eating as symptoms. Sometimes, I experienced more like that not eating in the past and also like not sleeping, feeling down, sad. Then also feeling worthless, a burden for others. That feeling that nobody is loving you, then shutting everyone out of your life. Ehm, then no motivation to do anything. Like not leaving your room, not meeting friends anymore. Then not feeling pleasure, like don't do hobbies anymore. Which is similar to not motivated to doing anything. And then also more extreme, like suicidal thoughts.

Researcher 1: Thanks for sharing. Would you like to continue?

Liam: Yeah, okay. Well, the first one that did come to my mind was suicidal thoughts, which I did, I used to get that a lot. Especially when I was back in India. Luckily, I didn't get that any time here. So good. But back there yeah, and not being able to enjoy things that I usually do, like, I have a lot of hobbies. And when there's like, going through depression, it's like, even though I want to I just I just can't, I can just make myself to do those things. And then not wanting to socialise with people, that's my how do you say, that's my main strength, I can usually very easily socialise with people. When, when I'm depressed I just, I just don't want to do that even though it's my best part, I still don't want to do that and just try to isolate myself in, in dark, mostly I just, I just like, I don't even want to see the sun's sunshine or the lights, I just want to stay in the dark for a long time. And when I'm doing that, I just keep imagining the worst-case scenario about basically everything, just, I just go, I just start, you know, making up stories in my head about how everything would feel if it just goes to the worst case scenario. And then forcing myself, okay, this is, this is a very weird one. It's like, forcing myself to do better things. But at the same time, I will also sabotage that. So it's like, I, I forced myself to do

something better. But again, I myself will sabotage that and I just, again, end up in the same depression state or even possibly, worst scenario than the previous one. And then, yeah, some sometimes yeah, like, having insane amount of sex with complete strangers. I do that when I'm very depressed. I just go onto hook up apps. And I just, I just have, like, insane amount of sex with just completely strangers. And like, I don't even sometimes I'd like I don't even ask their name. Like, I don't even talk. They just, just go have sex and just go on and on, you know.

Researcher 1: Thank you for sharing.

Alex: I have now one thing, ehm, I remembered when you were talking about also like overthinking. I do overthink a lot when I'm depressed like about everything. And then usually bad, sad thoughts, going hand in hand with like, feeling that nobody is loving you and stuff like that.

Dave: I wrote down feeling down in the first place. That was just I think, the most obvious one. I also felt lonely a lot. And yeah, I think this is basically the same disconnected from others. The main thought I had as a result of that was that I, I just thought nobody would understand me. I think that's where the loneliness came from. Feeling empty was very present. I didn't really have any motivation to do anything. And also didn't feel like doing anything at all. Ehm, yeah, I was very unable to give my feelings a place, it's just, well, okay, so I will give bit of context, I experienced all of this, I think when I was 17, or something. Ehm, and I didn't really have any coping mechanisms to deal with it. So I was just very clueless of what I had to do, I think. Ehm, I also wrote down pessimistic future perspective. So I just thought that I would just never get happy or never be happy. And also suicidal thoughts. I also had these were not super concrete. I didn't have any plans or anything. But I did have the thought of like that it would be better if I weren't here, a lot. And social suicide, I didn't really think about that. So just starting my life over somewhere else. And just leaving all of that it's happening here, behind. That, yeah, that's everything that I wrote down.

Researcher 1: Thank you. Yeah, I see that a lot of like, the things you shared was a lot about sad and negative thoughts and overthinking. But also feeling empty and suicidal thoughts. Ehm, yeah, thank you all for sharing. Does anyone wants to add anything? Anything that comes to mind? Then I would like to continue with the next topic, which is about interventions or eHealth interventions/apps you use that are aimed at improving mental health, not only depressive symptoms, but it can be in general, so I don't know if you know about any interventions, or if you actually use some or if you used some in the past, ehm, yeah.

Liam: No, I haven't used anything.

Alex: Ehm, I mean, I also didn't thought about that there would be any. Yeah, I mean, now I would say, okay, obviously, but back then, I was like, well, and, yeah, I didn't use any as well.

Dave: But do you mean like interventions as in, like apps or also services that you could go to and ask for help. That's not what you meant right?

Researcher 1: No, it is more, it's more about digital interventions like apps.

Dave: Alright, no, I also haven't done any of those no.

Researcher 1: And you don't, you haven't heard any?

Liam: The last time we heard about Finch, yeah, I downloaded it but never opened it.

Researcher 1: I actually talked about it to a friend. And I think she started using it. It's about a birdie you, yeah, you need to take care of or something like that.

Dave: Oh, and like, Okay, what should you, what is the thing you have to do, you just have to open the app and do certain exercises? Or what is the?

Alex: Yeah, they say like, for example, like doing laundry or something like that, that helps you, and like cleaning your room, or like, that you do something and, ehm, what should feel better afterwards, I guess.

Researcher 1: Yeah. I have one example of an eHealth intervention that is called SPARX, or Rainbow SPARX, which is the adaption for sexual minority youth. And that is used in New Zealand, but cannot be accessed, ehm, like outside of New Zealand, unfortunately, ehm, it is a, like no cost online eHealth intervention, but aimed at 12 to 14, or like 12 to 19 years, year-old people. But mostly people give the feedback that it's only about, for those who are between 12 and 14. So because it's a fantasy game, but also includes techniques such as relaxation, like meditation, mindfulness meditation, but also goal setting and problem solving skills. So yeah, that's one intervention.

Liam: Is it like really famous there in New Zealand?

Researcher 1: Ehm, I mean, people use it, and enough or enough teenager used it, so they could actually evaluate it and say that it is improving depressive symptoms. So it decreases depressive symptoms. But it's more like a gamified, gamified.

Liam: What is the name?

Researcher 1: Ehm, SPARX. S P A R X. Yeah. But unfortunately, only accessible to New Zealand residents. So even older people can access it, but, ehm, yeah.

Liam: We can just change the [inaudible] to New Zealand and it will appear.

Researcher 1: Yeah, right. Yeah, yeah. That, that would be a good idea. Okay, ehm, I already scheduled the break. So maybe we do like a short break if that's okay for you?

Dave: Yeah

Liam: Yeah, of course.

Researcher 1: Yeah, 5 to 10 minutes. And yeah, then we will go more into the app and your preferences and needs.

Break.

Researcher 1: Alright, the next part is about your preferences and needs regarding an eHealth app, ehm, I mean, we talked about it before that you didn't really or you don't really have experiences. I brought some examples how something can look like, what can be included, like gratitude, gratitude exercises, or mindfulness exercises. Ehm, or also, like templates, which help you to set goals for the future, short-term or long term? So yeah, you can look at these, ehm, examples. And I would like you to think about, ehm, yeah, what you would like, ehm, ehm, from like, what aim, what purpose you would use an app for? And yeah, you can use these questions (**shown on a power point slide**), ehm, to think about it. And also you can draw something, you can write something down. Ehm, yeah.

Researcher 2: Use shapes and abstract stuff as well.

Researcher 1: Yeah. Yeah, I will give you 10 minutes, or like 5 to 10 minutes, depending on how much time you need, ehm, to think about it. You can also think about what you actually would like from this app, for example, what you what you like, what kind of features you like in social media apps, that you can connect with others, for example, that was also mentioned before, in the first focus group that like the connection to others, and social support is a big thing. So in the end, think about what you need to, ehm, what should the app provide to make you feel better? Yeah, okay, I will put those here. So you can look at them.

Researcher 2: And there's more over there. You can get everything.

Break.

Researcher 1: Ehm, all right. Ehm, who would like to start about, who'd like to start about, talking about the things you wrote down or you have in mind about the features of a potential app?

Dave: I could start.

Researcher 1: Okay.

Dave: Ehm, yeah, I was a bit, yeah, I was a bit clueless if, yeah, I just feel like these kinds of exercises would just not really work for me, I'm not sure if it's because I'm too down to earth or something to do that. But the features I thought an app would need to have is first of all, decreasing my sense of loneliness. Ehm, I don't know, have you ever heard of 113 zelfmoord preventie? That's like an organisation that I've also been in contact with when I like when I was 17, or something. And they also have a sort of psycho educative thing, sort of game. And that really helped me. So it was, yeah, it's hard to explain, but they really make you aware of how common it is to have depressive symptoms. And I don't know, it was just very well build up. And I think something like that would really help me. Ehm, then I also had, maybe an app could help me find fitting coping mechanisms. Self-reflection helped me a lot. So maybe, to, yeah I feel like this is very specific to me, but.

Researcher 1: No, but it is about your preferences and needs.

Dave: Ehm, so yeah, maybe helping that, and having a way to of contacting professionals. Again, so 113 zelfmoord preventie helped me, like, there's also a chat function that you can do. And that also really helped me so that you can just whenever you need, can go to their website and contact and chat with people that really can help you, have a conversation and just help you with what to do. I think overall, why I wouldn't say these things would work for me is because it helps me fight the symptoms instead of like the core thing. And I think, ehm, at the end, it's nice to feel better. But yeah, I feel like the symptoms will keep coming if I don't fight, like, if I don't get to the core of the problem. So I think that this might be getting might get closer to the core than other exercises. Yeah.

Researcher 1: Yeah, that's understandable. And, ehm, about the chat function. So that's also about providing support, for example, about like, services close by, would that help as well?

Dave: Ehm, no, ehm.

Researcher 1: Well, I mean, the chat function, I understood it that it's like a general chat function within the app.

Dave: Yeah, I would say like, more or less, just a way of, ehm, like, being able to talk with people anonymously, just about the feelings that I have, because that was a whole thing. I was very lonely. And I didn't want to tell anybody. But if I could tell somebody anonymously, that already would have helped me for a bit, I think, and just talk about it. You know?

Researcher 1: Yeah.

Dave: So.

Researcher 1: You just mentioned, I think, shortly about, ehm, providing support options. What the organisation does. And that could be a different feature next to the chat.

Dave: Yeah, right. Yeah. I haven't really included that. Yeah, I'm not sure. But this would just like, I don't know, be part of the app, I would say.

Researcher 1: And would help you most?

Dave: Yeah. Yeah. Okay, so.

Researcher 1: Alright, thank you.

Alex: Yeah, ehm, I have different functions. Because, because I think, I don't know, like, it depends, like what you are looking on the app. And I thought, yeah, something that we discussed last week was that there is maybe like a grid for queer friendly spaces, where I can see like, oh, like there is maybe an organisation where you can hang out with people, ehm, and, ehm, learn different kinds, like maybe here from university and stuff or, ehm, you know, private ones. Also for different age groups. Maybe I'm more like target for teenagers, but maybe also some for older people. Or like for anyone, ehm, then also something like, just for activities, that you can see like oh, when, when you don't technically want to like maybe join like a queer space or whatever, or like a cafe or don't want to go there or just want

to meet some people who want to do some fun stuff because you think, ah, I don't know, I don't want to go to a cafe and talk to strangers. Ehm, and then just like to do some stuff that's organised for queer people. Ehm, then also, like, maybe as a reminder sometimes, I had this reminder that you are prioritising your mental health, that you are doing great. And sometimes when you feel down maybe that you just get a positive message that you values, that helps. Ehm, and then I had another part for just working on yourself, concerning your own goals and what you like about yourself, ehm, and what you maybe want to change. So you can reflect also a bit on yourself and ehm, see what you are good at and what you might want to improve. Ehm, and then also another part is being grateful. And there are like two parts, like, the one part here is a bit easier because you just read through it and do some exercise by yourself. And then you have another part where you can more or less journal about what are you grateful about yourself as well, and it's going a bit hand in hand with working on yourself. Ehm, and yeah, there's, I guess it's just I think it might be helpful like to see what you good at. And, ehm, yeah, as I said before, like what you learned or what you're grateful for.

Researcher 1: Yeah, yeah. I see, you also included, especially queer friendly, ehm, like feature features, to include those.

Alex: Yeah.

Liam: Just a second.

Researcher 1: No, I will give you time.

Liam: Yeah. So well, ehm, for me, just kind of similar what he mentioned. Ehm, with the app, yeah, like, you know, sometimes I just, I just like to meet new people, or where, you know, I can just, if I if I make a joke, I don't want to explain what the joke was about. I just want to make more friends. I just want to meet new people, especially when I'm depressed. Or I, even though I, I stop myself from socialising, socialising with more people can really be helpful, especially when it can be, you know, queer people who can actually understand things that you go through, instead of just talking to somebody who can be like, yeah, they're there, but can't really get what you're going through. And anonymous confessions. That would be I think, really nice. So like, you're being completely anonymous. And, ehm, I mean, there are few places where you can give anonymous confessions, but I would also like, responses for my confessions. Ehm, again, anonymous responses as well, for my confessions and stuff. And, ehm, yeah, this I just, I just thought about that, like, maybe like, you know, I like, oh, do you know the game [inaudible]? Like, I don't know, I think it's very American or something I don't know, it's like, it's a very famous children game, like oh, there will be nine holes and like nine holes on the ground, and there will be a mole coming out of the hole and you just have to hit it.

Researcher 1: I think I have something in mind.

Liam: Yeah, it's like, there will be a mole, like a rat, or something like a huge rat, or a possum, something like that will be coming outside the hole. And you have to hit it with a hammer.

Dave: Yeah, I know what you mean.

Researcher 1: Okay, and you would like to include

Liam: Yeah, something like that. But I want to, I want to, you know, instead of the mole, I want to put the face of a person that I really hate.

Researcher 1: So you want to be able to adjust that?

Liam: Yeah, like, that's just an example. I don't want something exactly like that. Just somewhere where I, you know, like, just taking my anger out. If I, if I'm so frustrated about someone, and I can't really go and punch them in the face.

Researcher 1: Yeah.

Liam: So I would really like to do that, just hit them as you hit more you get more points, get points to get satisfied, you know, you can even probably, you know, set a goal, hit them to reach this goal,

something like that. So, yeah, like that. So, this is actually really nice, the gratitude journal. Things that I'm you know, grateful when I wake up in the morning, you know, so like, you know, something like, ehm, ehm, I let, we all wake up in the morning and we look at our phone, most of us so, you know, like if the app could when we look at the phone in the morning, that could actually show in the notification or something that things we are grateful, that would be really nice, a really nice morning. Yeah, and seeing something really like. And this also, this is also really nice, like, what I'm learning from my challenges, like, challenge what I'm learning from it, like the first one I wrote, like homophobia, and what I'm gonna do about it, don't give a f*. So it's just, that's what I've started doing, you know, the, the more you care about what people are telling, the more you're gonna worry about it and you are just gonna get depressed. So, stop, stop giving damn about those people, care, and you know just, care about people who actually care for you. That's what I think so like, you know, so you can just like, I have it's over here, you can just write your own, you know, or like challenges and what you learn from it. And you can, you know, you can just randomly get that on your phone, I would, at least I would like that to see on my phone, you know.

Researcher 1: And that would also be related to, ehm, for example, ehm, homophobia or like discrimination.

Liam: Yeah, exactly.

Researcher 1: you experience?

Liam: Anything, anything that I've already done in the app? And it can just show me at a random time on the phone. I would, I would like to see something like that as well. And yeah, and the people I'm grateful for, yeah, that too, like, oh, that is like, what's the most important thing I would say like, because, like, when I'm sad, or like, you know, when I'm not feeling good, or something, like, I just think about these people and, like, I don't know, like, I would probably say, like, have their pictures, 100 pictures in there. And I can just write points about them or something like that, keeping it like my small journal, or something like that. And, ehm, yeah, that, that would be nice and I wrote your name in it.

Alex: Ooooooh. I had actually an idea when you were talking about that, like maybe if the other persons are fine with that you enter like their phone number and they have maybe a text that they should text you like at random times.

Liam: Oh yeah.

Alex: Like ah, text him like blah, blah, something sweet or whatever. And like an idea what you can text about, and then you think about it, and then just write a nice text to that person.

Researcher 1: So there is an actual connection to, ehm, other people.

Liam: Yeah.

Alex: [inaudible] then you get actual nice responses from people you like. And I mean, obviously, you have to ask them beforehand.

Liam: But yeah, that would be really nice. Yeah, I would like, yeah, about people and stuff, because like, we met here last time in your workshop, and then we met again, and we really get along really well. And I really needed that gay friend, that I didn't really have one. So I'm glad I met him.

Researcher 2: Nice.

Researcher 1: That's nice. Yeah.

Dave: Very good.

Liam: And, ehm, the best part of my day, so okay, this, this would be also really nice in the app, like, by the end of the day, like maybe like, before you go to bed, the app can actually ask you what is, what was the best part of your day. And I will try to, because right now, I wrote this very moment, this, basically, this moment is the best form part of today for me. So, by the end of the day, you could

actually write down and maybe, you know, like, maybe, by the end of the week, or at the end of the month, the app can list all the best part of that whole month or whole week. And you would look at it and you know, you would, you know, like let's say, today is Third of May, right? If, let's say if it's per month, and by the end of May, like on 31st of May, it chose the list of all the, you know, like best part of that day, I would say on Third of May, I had this event, and I would just you know, think about this whole time we had and you know, it would just give me that, you know, like that tiny smile in my face. And that, you know, that feel that oh, yeah, had such a nice day. So thinking about [inaudible-28:58] is just giving you a reminder of all the best parts that you had that whole week or that whole month, keep, keeping it all together at one point that would actually make me feel really nice.

Researcher 1: I have one question to the social aspect you mentioned in the beginning. Would that be for example, ehm, like providing the opportunity to connect with other people who also experience depression?

Liam: Yeah, exactly.

Researcher 1: Yeah. Yeah.

Liam: You know, like, that is exactly exactly what what I actually meant, like, you know, connecting other people who are also going through the similar thing because it would be you know, maybe I could be of some help to them, or they could be of some help to me. You know, it's always nice to talk to someone who is actually going through the same thing that you are going through and then just talking to somebody who who can just listen to you but can't really understand, so that would be really nice.

Researcher 1: Yeah. I saw you added something?

Dave: Yeah, no, it was just more I thought something was a bit inspecific, ehm, not specific. So, yeah, no, it's then that doesn't really make sense. For the self-reflection, I, yeah, I thought it was a bit vague. So I thought, maybe just pose questions that I could just, oh, no, that just could help me think about new stuff that I didn't think about before. Yeah, I don't know. It's a bit vague, maybe. But

Researcher 1: What exactly do you mean?

Dave: Well, when it comes to self-reflection, I think you can sometimes really get into a tunnel vision, and, ehm, to also have just more objective questions about the whole of the problem. I think that would give me new insights, you know, otherwise, you may remain in just one way of seeing your problem. And I think by having useful questions to how I would reflect on myself, might give me new insights. Yeah, that's what I would think. But I think that's also just similar with the chat function and that might also that's why it also might be valuable to have, like more professionals also hear your problem and come with questions that you might, yeah, I don't know.

Researcher 1: You could use for example, self-reflection.

Dave: Exactly. So understand yourself better. Yeah.

Researcher 1: Ehm, to summarise everything I would like to you to think about maybe three things which are most important, I believe, all the features are very important, but maybe the three most important features for you?

Alex: Ehm, I mean, the two most important, I think are, yeah, the queer friendly spaces and the grid and activities for queers. And my third one, ehm, yeah, I think the daily gratitude journal as well. Yeah, I mean, it's like, I was similar to your idea. Ehm, so I think, that, yeah, would be the more important feature.

Liam: Top three points. Yeah. I would say yeah, like connecting with, you know, other queer people who are going through the same thing as you, that and oh, yeah this, that hitting the character. That one too. And then, yeah, the gratitude journal that will be gratitude journal is more like, you know, it's more like just making you feel worth it or making you feel happy. It just gives that extra happiness. I feel.

Researcher 1: Yeah, focusing more on the, ehm, positive things.

Liam: Yeah, exactly. Yeah, because like, even I think I've removed it, I don't, okay. Yeah, like, I have, like, the first lockscreen on my phone, I have a small picture that says believe in yourself. So every time I open it in the morning, I see that. So

Researcher 1: It's nice. Yeah.

Dave: Yeah, I only have three features. Yeah.

Researcher 1: Yeah. All right, then, ehm, I would like to thank you for your participation. And, ehm, yeah, do you have any questions left? No. If any questions come up, you can always contact me. And, ehm, yeah, thanks again.