Lesbian, Gay & Bisexual Patients:

The Issues for Mental Health Practice

The College of Psychiatry of Ireland

Coláiste Síciatraithe na hÉireann

glen
EQUALITY
RESPECT
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gay + lesbian equality network

Feidhmeannacht na Seirbhíse Sláinte
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Introduction

These guidelines has been developed by the College of Psychiatry of Ireland in collaboration with GLEN (Gay and Lesbian Equality Network) to inform psychiatrists of what they need to know when providing a mental health service to a lesbian, gay or bisexual (LGB) person.

In recent years, a number of national policies have highlighted the need for lesbian, gay and bisexual people's specific needs to be considered by health professionals and for health care providers to be more inclusive of lesbian, gay and bisexual people in their practice.[1,2,3,4,5,6] There are specific issues that psychiatrists need to be aware of when providing their service to LGB people. By being of aware of these issues psychiatrists can help to reduce or eliminate the barriers to accessing support services that LGB people can face. This guide is intended to support psychiatrists to provide a mental health service that is accessible for LGB people and one that is appropriate to their mental health needs.

A large body of empirical research has demonstrated that the stigmatisation, harassment and discrimination that LGB people face can have negative mental health effects. Fear of coming out; questioning and disclosing one's sexual orientation; homophobic bullying in school or work; and fear of negative reactions from people around them, are some of the sexual orientation-stressors LGB people face. Recent Irish research[7] has shown that many LGB people have had negative experiences when using health and social services and feel that healthcare professionals need more understanding of LGB issues.

Much progress has been achieved in recent years in gaining equality for LGB people in Ireland. This has had a positive impact on the lives of LGB people and has allowed them to live more openly in society. It has also resulted in a growing willingness among LGB people to disclose their sexual orientation to family, friends and colleagues as well as to professionals providing services to them. While people will frequently present to psychiatrists with issues unrelated to their sexual orientation, this guide will provide information on the LGB-specific issues and needs that psychiatrists should be aware of.

The guide has three main sections which will address the commonest questions and information gaps that psychiatrists may have in relation to providing a mental health service to lesbian, gay and bisexual people. These are:

1. Sexual orientation – language and concepts
2. Mental health of lesbian, gay and bisexual people
3. Good practice guidelines

The guide also includes a glossary of terms, a services directory, useful resources and references.

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1. Sexual Orientation – Concepts and Language

In order to support psychiatrists to respond appropriately and effectively to the needs of lesbian, gay and bisexual patients, this section will clarify terms and concepts related to sexual orientation and LGB healthcare.

1.1 Sexual Orientation

Sexual orientation is one of the four components of sexuality and is distinguished by an emotional, romantic, sexual or affectionate attraction to individuals of a particular sex. The three other components of sexuality are biological sex (whether we are born as a male or female), gender identity (the psychological sense of being male or female) and social gender role (the extent to which people conform to what is regarded in our society as feminine and masculine behaviour).[8]

While sexual orientation exists along a continuum from exclusive attraction to the opposite sex to exclusive attraction to the same sex, three sexual orientations are commonly recognised: heterosexual, homosexual and bisexual.[8] Heterosexual people are attracted to people of the opposite sex, homosexual people are attracted to people of the same sex and bisexual people are attracted to both sexes. Women with a homosexual orientation generally prefer to be referred to as lesbian and men with a homosexual orientation prefer to be referred to as gay. Many lesbian, gay and bisexual people do not like the use of the term homosexual to describe their sexual orientation because of the association this word has with the historical criminalisation and pathologisation of homosexuality.

Sexual orientation is different from sexual behaviour. Sexual orientation refers to which sex one is attracted to and has relationships with. It also refers to the relationships one forms to meet the need for intimacy, attachment and love. This is different from sexual behaviour, which only refers to how one behaves in a sexual situation. There is no consensus among scientists as to why an individual develops a heterosexual, lesbian, gay or bisexual orientation.[8] Most people experience no sense of choice about their sexual orientation. Sexual orientation is integral to a person's life and their identity rather than being a lifestyle and being lesbian, gay or bisexual is as normal as being heterosexual. A clear understanding of the concept of sexual orientation can help psychiatrists to avoid making incorrect assumptions about LGB people and thus limit the effect these could have on services provided to LGB people.

1.2 Coming Out

Disclosing to others that one is lesbian, gay or bisexual is often referred to as 'coming out'. Coming out is an important and affirmative developmental process in the lives of LGB people.[7,9] The first stage of coming out, called discovery, is when an LGB person realises their sexual orientation. This is followed by disclosure, where one first tells others about being LGB. There can be a significant period of time between discovery and disclosure. The third stage is called living openly and involves getting comfortable with expressing one's LGB identity and living openly as a gay person. It also includes disclosing to family

and friends and developing a positive sexual identity. Research has shown that feeling positively about one's sexual orientation and integrating it into one's life fosters greater well-being and mental health.[8]

Recent research in Ireland[7] found that the most common age that LGB people discovered their sexual orientation was age 12 (mean was 14) and the most common age that they first disclosed this to anyone was age 17 (mean was 21). This indicates that there is a 5 to 7 year period where LGB young people conceal their identity from family and friends and this period coincides with puberty, school and a critical period of social, emotion and vocational development.

While some people have negative experiences the majority of LGB people experience great relief when they come out and are met with support and acceptance from family, friends and colleagues. This is reflective of more positive social attitudes towards LGB people in Ireland. However, coming out can be a time of heightened stress which may result in LGB people presenting to mental health services.[8]

1.3 Professional Anti-Gay Bias

Anti-gay bias among professionals, while often unwitting or unintentional, results in LGB patients receiving sub-optimal care and experiencing direct or indirect discrimination or exclusion when they use mental health services.[10]

According to the Group for Advancement of Psychiatry the characteristics of professional anti-gay bias are:

- Presuming patients are heterosexual
- Pathologising, stereotyping and stigmatising LGB patients
- Failing to empathise with or recognise LGB patients' concerns
- Failing to appreciate any non-heterosexual form of behaviour, identity, relationship, family or community
- Attempts to change a patient's sexual orientation[10]

While such lapses are often due to a lack of awareness of contemporary research on human sexuality or from a lack of familiarity with LGB issues, it is prudent for psychiatrists to challenge any anti-gay bias they may have to ensure they avoid any of the above behaviours. Even the most subtle or indirect expressions of anti-gay bias may have an adverse effect on the therapeutic relationship and the willingness of an LGB person to disclose relevant personal information and concerns to a psychiatrist or to derive benefit from the mental health service.

Since the declassification of homosexuality in 1973, mental health professionals have played a leading role in trying to reduce the stigma and prejudice created by the pathologisation of homosexuality. This has largely been achieved through the establishment of a more evidence-based view of human sexuality, challenging the unscientific basis of anti-gay bias and by establishing standards for being LGB-inclusive and affirmative in mental health service provision.[11]

1.4 Inclusive Practice

Inclusive practice applies to all forms of diversity, including sexual orientation and it means that psychiatrists:

- Recognise diversity among their patient population, colleagues, students and research participants and respect this diversity
- Understand the issues facing diverse patient groups (such as LGB patients) and be able to respond to their specific mental health needs
- Provide an accessible and appropriate service within their scope of practice[12]

By understanding the specific mental health issues that may affect LGB patients and knowing how to provide an accessible and appropriate service to them, psychiatrists can be confident that they are practicing inclusively and delivering a professional service to all patients regardless of their sexual orientation.

Section two and three of this guide will help psychiatrists appreciate the experiences and circumstances of LGB people in Ireland as well as the specific mental health issues they face. The guide will also help psychiatrists be aware of the potential impact of minority stress on the mental health of LGB people and the possible role it may play in their presentation to mental health services. The guide will describe the principles of good practice when working with LGB people, which will support psychiatrists to practice with due sensitivity to LGB people's needs.

1.5 Reparative (Conversion) Therapy

As the name suggests, reparative (or conversion) therapy is based on the belief that homosexuality is an illness and aims to cure LGB people by converting them to heterosexuality. Extensive empirical research has been carried out on the use of reparative therapy with LGB people and this research has demonstrated that reparative therapy does not work and can be damaging to the mental health of LGB people who undergo it.[13] The College of Psychiatry of Ireland does not support referral to or the practice of reparative therapy or any approach aiming to change a person's sexual orientation and instead promotes inclusive practice that is gay-affirmative (see the good practice guide for more information on gay-affirmative practice).

2. Lesbian, Gay and Bisexual Mental Health and Well-Being

2.1 Minority Stress

Although social attitudes towards lesbian, gay and bisexual people have changed markedly in recent years, nevertheless LGB people can still experience discrimination, harassment and exclusion in their everyday lives. A large body of published empirical research clearly supports the view that homosexuality *per se* is not indicative of or correlated with psychopathology. However, given the stresses created by stigma, inequality and harassment, LGB people are at a heightened risk of psychological distress related to these experiences.[14,15,16,17,18] This is often referred to as *minority stress,*[19] a term used to describe the mental health consequences of stigmatisation, social exclusion, discrimination and harassment of minority groups such as the LGB people.

The concept of minority stress is based on the understanding that alienation from social structures, norms and institutions can create mental health problems and even increase the risk of suicide among members of minority groups. This concept is particularly useful when explaining additional mental health risks among the LGB population because it is centred on an understanding that alienation from social structures, norms and institutions can create psychological distress and even increase the risk of suicide.[19,20]

International research on LGB mental health and suicidality has demonstrated that:

- Minority stress can lead to elevated levels of suicidal behaviour and self-harm among LGB people[21,22,23,24,25,26,27,28,29]
- LGB people are at increased risk of psychological distress compared to heterosexual people[16,19,29,30,31,32]
- LGB people are at increased risk for depression, anxiety and substance use disorders related to minority stress[16,20,23,27,29]
- Lack of social support at the time of coming out can increase the risk of suicidal behaviour among LGB people[24,25,33]
- Elevated levels of alcohol consumption have been found among LGB people when compared to heterosexual peers[31,34,35,36,37]
- Elevated levels of recreational drug use have been found among LGB people when compared to heterosexual peers[32,36,37,38,39,40]

While it is certainly not the case that all LGB people are at elevated risk of poor mental health, the findings of this research have been consistently interpreted as resulting from the aforementioned minority stress. This research also demonstrates that the increased risk of psychological distress and suicidality among LGB people is strongly associated with external stressors such as presumed heterosexuality, homophobia, prejudice and victimisation as well as internal stressors such as anxiety about coming out. The table below summarises these research findings.

2.2 The *Supporting LGBT Lives* Study

The *Supporting LGBT Lives* study[7] was the first major study of the mental health and well-being of Irish lesbian, gay, bisexual and transgender people. The study was funded by the

HSE National Office for Suicide Prevention as part of *Reach Out,*[4] the national suicide prevention strategy. Below is a summary of the findings from this study which gathered quantitative data from 1,110 participants and qualitative data from 40 interviewees.

2.2.1 Mental Health Resilience

Happiness and life satisfaction was high overall among respondents as was self-esteem. In addition to this, 81% of respondents reported that they were now comfortable or very comfortable with their LGB identity. These findings support the view that negative events and experiences related to coming out and being out were the key LGB-specific stressors impacting on the mental health of participants. These findings also suggest that despite the often difficult social circumstances, within which LGB people live their lives, most people feel good about themselves and their lives and many have developed the ability to be resilient to the aforementioned minority stress.

Two processes of becoming resilient to minority stress were identified; through sourcing social support and developing personal resilience. Sources of social support for LGB people include supportive friends, accepting family, belonging to LGB community groups and organisations; and positive school and work relationships. The sources of personal resilience which supported positive mental health and buffered the effects of minority stress were forming a positive LGB identity, developing good self-esteem, positive turning points (such as the transition out of secondary school where many experienced homophobic bullying) and developing coping strategies.

2.2.2 Depression

The period prior to coming out was consistently identified as one when LGB people were particularly susceptible to depressed feelings linked to anxiety about coming out. A number of themes related to LGB identity underpinned the experience of depression, including feelings of inadequacy and isolation; perceived 'outsider' status; and the denial and concealment of self. Following coming out, reporting a history of depression was linked with the following experiences:

- Fear of or actual experience of homophobic bullying and other forms of victimisation
- Strained relationship with parents and siblings after coming out
- Loss experienced with the breakdown of an intimate relationship and the resulting loss of support

2.2.3 Self-Harm

27% of respondents indicated that they had self-harmed at least once in their life, with over 85% reporting at least two self-injurious acts and 46% reporting six or more acts of self-harm. The average age of onset of self-harm was 15.87 years. Respondents who were female were twice as likely to report a history of self-harm with almost 40% of female respondents reporting a history of self-harm. Just over 50% of those who had self-harmed sought no form of help for their self-harm, through either formal or informal means.

Reporting a history of self-harm was linked to the following experiences:

- A history of being verbally or physically threatened or physically hurt because of one's LGB identity (i.e. LGB victimisation)
- Feeling alone and socially isolated particularly in school
- Fear of rejection or non-acceptance of significant others (friends and family) when considering coming out
- Experiencing a lack of acceptance and support from family members and parents, in particular, after coming out

The cessation of self-harm was linked to a positive turnabout or life event, such as the transition out of secondary school, and LGB people's efforts to manage their psychological distress in a more self-affirming, constructive ways.

2.2.4 Suicidal Behaviour

17.7% of respondents had attempted suicide, just under two thirds of whom had tried to end their lives on more than one occasion. 85% of those who had attempted suicide saw their first attempt as in some way related to their LGB identity and almost 50% saw it as very or very much related to their LGB identity. A quarter of all female survey participants and fifteen percent of male participants had attempted suicide at least once in their lifetime.

A higher proportion of those identifying as bisexual (25%) had attempted suicide than those who identified as gay or lesbian (17%). 13% of participants had actually made a suicide plan during the previous twelve months and almost a fifth of these had gone on to attempt suicide.

The average age of first attempted suicide was 17.46 years (with an age range of 8 to 42 years), which supports existing evidence that it is young LGB people who are most at risk of suicidal behaviour. Over half of those aged 25 or younger admitted to ever having given serious consideration to ending their own lives while just under a fifth admitted to ever having attempted suicide. Over a third of those aged 25 years and under had thought seriously about ending their lives within the past year. This indicates that a significant sub-group of young of LGB young people in particular are at risk for suicidality

Those with higher alcohol consumption (as measured on the CAGE) were more likely to have thought seriously about taking their own life in the previous twelve months. ¼ of respondents who sought medical treatment after attempting suicide were not offered follow-up assessment with a mental health professional.

Reporting a history of attempted suicide was linked to the following experiences:

- A history of being verbally or physically threatened or physically hurt because of one's LGB identity (i.e. LGBT victimisation)
- Experiencing homophobic bullying in school
- Fear of rejection by family and friends prior to coming out
- Lack of acceptance or support from family (parents in particular) after coming out
- The experience of alienation and being regarded as different

The most common protective factor for those with a history of suicidal behaviour was the presence of supportive significant others in their lives, including parents, siblings and/or friends.

SUMMARY OF LGB MENTAL HEALTH		
Mental Health Issue	**Evidence Grade (REF)**	**References**
Minority stress can lead to elevated levels of suicidal behaviour and self-harm among LGB people	Ib	21, 22, 23, 24, 25, 26, 27, 28, 29
LGB people are at increased risk of psychological distress compared to heterosexual people as a result of minority stress	Ib	16, 19, 29, 30, 31, 32
LGB people are at increased risk for depression, anxiety disorders and substance use disorders as a result of minority stress	Ia	16, 20, 23, 27, 29
Lack of social support at the time of coming out can increase the risk of suicidal behaviour among LGB people	Ib	24, 25, 33
Elevated levels of alcohol consumption have been found among LGB people when compared to heterosexual peers	IIa	31, 34, 35, 36, 37
Elevated levels of recreational drug use have been found among LGB people when compared to heterosexual peers	IIa	32, 36, 37, 38, 39, 40

3. Guide to Good Practice with LGB Patients

This section describes the steps that psychiatrists can take to ensure that their practice is inclusive of the needs of lesbian, gay and bisexual patients. Given that approximately 6 per cent of the population identify as LGB, it follows that a similar percentage of patients attending a given mental health service will also identify as LGB.

The *Supporting LGBT Lives* study also examined LGB people's experience of using health services including mental health services. Key findings were:

- 76.9% felt healthcare professionals need to have more knowledge and sensitivity to LGB issues
- 45% of respondents actively seek out LGB-friendly healthcare professionals because of bad experiences they had with providers in the past
- Only 40% felt respected as an LGB person by healthcare professionals
- 28% admitted to hiding the fact that they were gay for fear of negative reactions from health professionals[7]

These findings indicate that a very significant number of LGB people perceive that health professionals do not have the necessary knowledge and understanding to provide a service appropriate to their needs. In addition to this, professionals typically presumed that their patients were heterosexual, leading to reluctance on the part of these patients to disclose their sexual orientation and their associated mental health issues or concerns. These findings indicate the need to provide mental health professionals with resources that can support them in understanding and meeting the needs of LGB patients.

The remainder of this section describes the good practice guidelines recommended by the College of Psychiatry of Ireland when providing a mental health service to LGB people.

1. Be aware of LGB mental health issues and gay-specific stressors

While LGB people are as diverse and varied a group as heterosexual people, these patients can face a number of barriers to receiving a quality mental health service, including:

- Professionals' assumption that patients are heterosexual
- Professionals' hesitancy to inquire about sexuality and sexual orientation
- Professionals' lack of understanding of LGB health issues
- LGB patients' fear of negative reaction when disclosing their sexual orientation or previous experience of negative responses from practitioners
- LGB patients' discomfort discussing their sexuality[7,41]

Section two of this guide will help psychiatrists appreciate the experiences and circumstances of LGB people in Ireland as well as the specific stresses these patients may experience. Section two will also help psychiatrists be aware of the potential impact of minority stress on the mental health of LGB people and the possible role it may play in their presentation to mental health services.

Psychiatrists are likely to engage with LGB people with the usual range of mental health issues and the routine assessment and treatment will be used.[42,43] However, psychiatrists

need to be mindful of the specific stressors that can and do impact on the health and well-being of this group. The following is a brief summary of these stressors:

- Questioning sexual orientation
- Rejection of or difficulty accepting one's LGB sexual orientation
- Fear of coming out or unable/not wanting to come out
- Lack of acceptance or support from family and friends
- Homophobic bullying or harassment in school, workplace or other environments
- Being exposed to negative messages about being LGB including stigmatisation, prejudice and stereotyping, and the potential impact this can have on self-concept, self-identity and self-esteem
- Older LGB people – lack of social support, isolation and fears about long-term placement (e.g. ethos of nursing home)
- Loss, e.g. loss of opportunities and experiences because of lack of rights and recognition, not coming out, bereavement or relationship break-up
- Bereavement, e.g. when person loses a partner but is not 'out' to family or others
- Isolation and loneliness, e.g. no contact with LGB community, living in non-urban area or absence of long-term relationship
- Parents who are LGB, e.g. LGB parents may be anxious about the level of support they will receive from family and friends, their community, schools and service providers. LGB parents may also be anxious about the impact that openness about their sexual orientation may have on their children or their access to or custody of their children
- Hiding and secrecy, e.g. an LGB person who is in heterosexual marriage
- Being exposed to harmful 'reparative' or 'conversion' therapy – an unscientific intervention that attempts to change a person's sexual orientation but has been proven to be harmful to LGB people's mental health[7,41]

Depending on their families and where they live, LGB people may have to struggle against prejudice and misinformation about their sexual orientation and often fear being rejected by family and friends if they come out. This can be compounded by rural isolation for those living outside of urban areas.[7,9,41] However, research has found that coming out and acceptance of one's LGB sexual orientation is strongly related to good psychological adjustment, i.e. the more positive one's LGB identity is, the better one's mental health and the higher one's self-esteem.[7,34]

Young people may be affected by homophobic bullying, resulting in psychological distress and feelings of isolation. This is particularly true for people becoming aware of their lesbian, gay or bisexual orientation as a young person, which is increasingly common.[30,31,32,33] Psychiatrists working in liaison services and child and adolescent mental health services have an important role in identifying stressors related to sexual orientation when young people in particular present through A&E departments with a range of issues from self-harm to somatic complaints.[7]

2. Don't assume everyone is heterosexual

Any person who uses your service may identify as lesbian, gay or bisexual or have a history of relationships with members of the same sex. Such patients may or may not have come out. By keeping an open mind and not assuming patients are heterosexual,

you can demonstrate to LGB patients that they are welcome to disclose their sexual orientation to you or to discuss issues related to being LGB that may be relevant on their presentation to your service. Asking open and inclusive questions when taking a patient's history is the easiest way to indicate your openness.

Be aware that you already have lesbian, gay and bisexual service users, even if you don't know who they are. Use the terms lesbian, gay and bisexual instead of the term homosexual when talking to patients as many LGB people do not like the term homosexual because of negative historical associations with this word. Using open language demonstrates to patients that you are not assuming they are heterosexual. The following are some examples:

EXAMPLES OF INCLUSIVE QUESTIONS	
Instead of:	**Use:**
Are you married?	Do you have a partner?
Do you have a girlfriend/ boyfriend?	Are you in a relationship?
What is your husband/wife's name?	What is your partner's name?

If you do incorrectly assume a patient is heterosexual (e.g. asking a man if he has a girlfriend when he is gay), don't ignore this situation. It is good practice to give your apologies to the person and if necessary discuss this further with the person.

A situation that may arise is that you think a patient is struggling to disclose their sexual orientation to you. In this instance, as with any sensitive matter, you can support them by reassuring them that all personal information disclosed is confidential and that you provide a non-judgemental service. If it is appropriate to the conversation you are having with the patient you could enquire about relationships both current and past. If someone is hinting at an LGB issue, you could try asking something like:

> *"It sounds as if you are questioning your feelings/your orientation/your identity… has that been on your mind?"*

For some patients, using language like 'sexual orientation' or 'gay' may be too threatening. The above is an example of how you can hint at these without stating them explicitly. You can also explain to the patient the importance for you as their psychiatrist of understanding issues that are relevant to their mental health so that you can identify the appropriate treatment or supports that they may need.

Parents of LGB children also use your service. For most parents whose son or daughter comes out as LGB, they can accept and support their child and adapt to the new awareness of their child's LGB identity.[44] However, some parents may have a harder time coming to terms with their son or daughter's disclosure. They may express concerns about their child's well-being and feel a sense of loss of the assumed heterosexuality of their child. They may be upset about a perceived loss of grandchildren and other aspects of what they imagined for their child's future. Most parents come to realise over time that despite the challenges LGB people can face, most live lives that are satisfying and fulfilling as their heterosexual brothers and sisters.

Often the partner of a lesbian, gay or bisexual person is not acknowledged as their next-of-kin when using health and social services. Unless an LGB patient indicates otherwise, psychiatrists should respect the patient's wishes in recognising their partner as their next-of-kin and involve them as appropriate in their treatment plan.

3. Respond supportively when patients disclose they are LGB

Coming out is an important time in LGB people's lives and asking LGB patients about their experience of coming out shows them that you understand the significance of coming out for them. Coming out is potentially also a time of heightened mental health risk, particularly for younger LGB people[20,21,29], so providing the patient with an opportunity to talk about coming out may provide them with much needed support. Young LGB people in particular may be questioning their sexual orientation or seeking help in clarifying romantic feelings. Helping people to feel safe and supported will facilitate their process of self-acceptance and coming out.

Ways of asking a patient about coming out and their life experiences related to being LGB include:

- "Does anyone know you are lesbian/gay/bisexual?"
- "Have you come out to anyone in your family?"
- "How have things been for you since you came out?"
- "Who/what has helped you with coming out?"
- "Are there lesbian/gay/bisexual people you know that you can talk to? Are they supportive?"
- "Have you had any negative experiences since coming out?"

LGB patients who are presenting for reasons unrelated to their LGB identity may disclose their sexual orientation in the course of their meetings with you. Other patients may not have fully accepted their sexual orientation or may only be in the very initial stages of coming out and this should be dealt with in a sensitive manner. If a person tells you he or she may be or is lesbian, gay or bisexual, respond in an affirmative and supportive way. Try to avoid the assumption that young people are going through a phase or are too young to make such a declaration. Provide information that will support and reassure the young person and consider referring them to an LGB organisation for support.

Some LGB people may not want to come out and this should be respected. While you may assume that coming out would be the best thing for the person, this is not necessarily the case. Most people who are not out to some or all of the people in their life usually have very good personal reasons for this. For others, they may not be able to come out because they are married, they are part of a religious order or because they perceive it would be detrimental to their life in some way (e.g. homophobia in certain work environments).[7]

4. Challenge anti-gay bias and take a gay-affirmative approach

It is important to avoid doing any of the following when treating LGB patients:

- Presuming patients are heterosexual

- Pathologising, stereotyping and stigmatising LGB patients
- Failing to empathise with or recognise LGB patients' concerns
- Failing to appreciate any non-heterosexual form of behaviour, identity, relationship, family or community
- Attempts to change a patient's sexual orientation[10]

Instead psychiatrists should ensure that all treatment offered (including counselling, psychotherapy and psychosocial support) is client-centred and gay-affirmative. Gay-affirmative therapy takes the perspective that a culturally competent and affirmative approach should be taken to intervention with LGB clients. A gay-affirmative approach to treatment is based on the following key principles derived from scientific research:

- Same-sex sexual attractions, behaviour, and orientations *per se* are normal and positive variants of human sexuality and are not indicators of either mental or developmental disorders
- Homosexuality and bisexuality have historically been stigmatised, and this enduring stigma can have a variety of negative consequences throughout the life span for LGB people
- Lesbian, gay and bisexual people can live satisfying lives and form stable, committed relationships and families that are equivalent to heterosexuals' relationships and families in essential respects
- Same-sex sexual orientation is not linked to family dysfunction or trauma
- Sexual orientation cannot be changed and so called 'reparative/conversion therapy' does not work and can be damaging to the mental health of those who undergo it[13]

There is strong evidence from international research to support the practice of gay-affirmative therapy with all LGB clients, including those who are exploring and/or questioning their sexual orientation and those who express dissatisfaction with their sexual orientation.[13]

5. Demonstrate that your practice is inclusive of LGB people

There are a number of practical things you can do to demonstrate that your service is inclusive of LGB people:

- Ensure all documentation, assessment forms and information leaflets use language which is inclusive of LGB people and their families. For example, rather than just asking for *Marital Status* ask for *Marital/Relationship Status.*
- Be conscious of the physical environment and the imagery in posters and literature. Consider displaying LGB leaflets and/or a poster in your waiting room e.g. leaflets from your local LGB service, LGB helpline numbers or specific LGB information (available from your local LGB organisation – see section 5).
- Consider displaying a sign in your service that highlights your policy of being an inclusive practice. The following is a suggested wording for this:

This service recognises and values the diversity of all people using the service and does not discriminate on the basis of age, gender, sexual orientation, race, marital status, family status, religion, disability or membership of the Traveller community

- Include LGB people in general health information, e.g. in mental health leaflet for young patients include a reference to questioning sexual orientation, fear of coming out and homophobic bullying as possible stressors affecting this group.
- When engaging LGB service users in recovery planning and linking them with community groups, be mindful of the need to be inclusive of LGB social activities/events, LGB community resources and LGB organisations (see LGB services directory in section 5)
- Name LGB people in service ethos statement and where appropriate include LGB people in consultations on service design and evaluation.

The doctor-patient relationship is central to the quality of care provided and mental health outcomes achieved when treating all patients.[45] The steps recommended above are five different ways of communicating your openness, respect and understanding to LGB patients which will promote an optimum doctor-patient relationship between you and your LGB patients. By following these five steps you can ensure you are providing an accessible, sensitive and appropriate mental health service to all LGB patients.

4. Glossary of Terms [46,47]

Lesbian A lesbian woman is one who is romantically, sexually and/or emotionally attracted to women. Many lesbians prefer to be called lesbian rather than gay.

Gay A gay man is one who is romantically, sexually and/or emotionally attracted to men. The word gay can be used to refer generally to lesbian, gay and bisexual people but many women prefer to be called lesbian. Most gay people don't like to be referred to as homosexual because of the negative historical associations with the word and because the word gay better reflects their identity.

Bisexual A bisexual person is someone who is romantically, sexually and/or emotionally attracted to people of both sexes.

LGB is an acronym for lesbian, gay and bisexual

Coming Out is the term used by lesbian, gay and bisexual people to describe their experience of discovery, self-acceptance, openness and honesty about their LGB identity and their decision to disclose, i.e. to share this with others when and how they choose.

Sexual Orientation refers to an enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes. Sexual orientation also refers to a person's sense of identity based on those attractions, related behaviours, and membership in a community of others who share those attractions. Three sexual orientations are commonly recognised – heterosexual, homosexual (gay and lesbian) and bisexual.

Homophobia refers to fear of or prejudice and discrimination against lesbian, gay and bisexual people. It is also the dislike of same-sex attraction and love or the hatred of people who have those feelings. The term was first used in the 1970s and is more associated with ignorance, prejudice and stereotyping than with the physiological reactions usually attributed to a 'phobia'. While homophobic comments or attitudes are often unintentional, they can cause hurt and offence to lesbian, gay and bisexual people.

Heteronormativity refers to the assumption that heterosexuality and heterosexual norms are universal. Heteronormativity can manifest as the assumption that everyone is heterosexual or that lesbian, gay and bisexual orientations are a deviation from the 'heterosexual norm'.

5. Directory of Lesbian, Gay & Bisexual Services

Helplines

LGBT Helpline:	1890 929 539
Cork Lesbian Line:	021-4318318
Dublin Lesbian Line:	01-8729911
Dundalk Outcomers Helpline:	042-9353035
Gay Information Cork:	021-4271087
Gay Switchboard Dublin:	01-8721055
Limerick Gay & Lesbian Helpline:	061-310101
Outwest Helpline:	094-9372479
TENI Helpline (Transgender Support)	085-1477166

Up-to-date information and contact details for gay helplines and services nationally are available at www.lgbt.ie

Services in Republic of Ireland

Dundalk Outcomers
042-9329816
www.outcomers.org

L.inC (Lesbians in Cork)
021-4808600
www.linc.ie

Outhouse Community Centre Dublin
01-8734932
www.outhouse.ie

Rainbow Support Service Midwest
061-310101
www.rainbowsupportservices.org

Gay Kilkenny
083-4041321 (text only)
www.gaykilkenny.weebly.com

Transgender Equality Network Ireland
01-6334687
www.teni.ie

Gay Men's Health Service
01-8734952
www.gmhs.ie

Cork Gay Project
021-4304884
www.corkgayproject.com

Outwest Ireland
087-9725586
www.outwestireland.ie

South Waterford
086-2147633
www.southgroup.wetpaint.com

Gay Kerry
087-2947266
www.gaykerry.com

Gay Westmeath
086-0666469
www.gaywestmeath.com

Services in Northern Ireland

Lesbian Advocacy Services Initiative
(028) 27641463
www.lasionline.org

Rainbow Project Derry
(028) 7128 3030
www.rainbow-project.org

Rainbow Project Belfast
(028) 9031 9030
www.rainbow-project.org

Gay & Lesbian Youth N. Ireland
(028) 07707 216921
www.glyni.org.uk

Support for Young People

BeLonG To Youth Service
01-6706223 info@belongto.org

For a full list of LGBT youth supports see www.belongto.org

Support for Parents of LGB People

LOOK (Parent Support)
087-2537699 www.lovingouroutkids.org

Parent Support in Cork
021-4304884 info@gayprojectcork.com

Community and Social Activities

Check Gay Community News, the monthly LGBT magazine, at www.gcn.ie for a detailed list of LGB community and social groups and organisations as well as online forums.

Up-to-date information and contact details for lesbian, gay, bisexual and transgender helplines and services nationally are available at www.lgbt.ie

6. Further Reading and Useful Resources

Professional Bodies:

Group for the Advancement of Psychiatry: LGBT Issues Committee www.aglp.org/gap
Lesbian and Gay Child and Adolescent Psychiatric Association www.lagcapa.org
Association of Gay and Lesbian Psychiatrists www.aglp.org
American Academy of Child and Adolescent Psychiatry www.aacap.org
American Psychoanalytic Association (LGBT Committee) www.apsa.org

Sexual Orientation

American Psychiatric Association (2009). Let's talk facts about sexual orientation. Available at http://www.healthyminds.org/Document-Library/Brochure-Library/Lets-Talk-Facts-Sexual-Orientation.aspx

American Psychological Association. (2008). Answers to your questions: for a better understanding of sexual orientation and homosexuality. Available at: http://www.apa.org/topics/sexuality/sorientation.pdf

Mental Health:

Mayock, P., Bryan, A., Carr, N. & Kitching, K. (2009). Supporting LGBT Lives: a study of mental health and well-being. Available at: http://www.glen.ie

Psychotherapy:

Cabaj, R.P. & Stein, T.S. (1996). Textbook of homosexuality and mental health. Washington, DC: American Psychiatric Publishing.

Group for Advancement of Psychiatry (2000). Homosexuality and the mental health professions: the impact of bias. Hillsdale, NJ: Analytic Press.

Young LGB People:

BeLonG To Youth Project – information on coming out for young people. Available at: http://www.belongto.org/resource.aspx?sectionid=192

Spunout – online information on sexuality for young people. Available at: http://www.spunout.ie/health/Sexuality

Parents of LGB People:

American Academy of Child and Adolescent Psychiatry (2006). Facts for families: gay and lesbian adolescents. Available at: http://www.aacap.org/galleries/FactsForFamilies/63_gay_and_lesbian_adolescents.pdf

LOOK – Loving Our Out Kids (formerly Parent Support). Frequently asked questions. Available at: http://www.lovingouroutkids.org/faq.html

7. Quick Reference Guide for Mental Health Staff

Lesbian, Gay & Bisexual (LGB) Patients: The Issues for Mental Health Practice

Improving Service Provision to LGB Patients:
• Be aware of LGB mental health issues and gay-specific stresses • Don't assume everyone is heterosexual • Be aware of and challenge anti-gay bias

In addition to routine assessment and treatment, where appropriate, consider the following with LGB patients:
• **Mental Health:** Assess the impact of gay-specific stresses on mental health (e.g. fear of coming out, parental/family rejection after coming out or experience of harassment) and screen for self-harm, suicidality, depression, anxiety and substance misuse • **Coming Out:** Is patient 'out' to family and friends? If yes, are family and friends supportive? If no, what supports could the patient benefit from? Has GP explored sexual orientation and any related issues? Where appropriate, consider referral to LGB support services and/or counselling or psychotherapy • **School/Work:** Has the patient experienced homophobic bullying in school or bullying/discrimination in work? Have attempts been made to address school or workplace issues? • **LGB-Specific Support:** An inclusive approach to practice that is gay-affirmative will provide LGB patients with optimal support. Patients may also benefit from referral to LGB organisations or helplines for support, advice and information (see directory below)

Use Inclusive Language and Questions	
Instead of:	**Ask:**
Are you married?	Do you have a partner?
Do you have a girlfriend/ boyfriend?	Are you in a relationship?
What is your husband/wife's name?	What is your partner's name?

Asking Patients about Sexual Orientation & Coming Out

- "It sounds as if you are questioning your feelings/your orientation/your identity… has that been on your mind?"
- "Have you come out to friends or anyone in your family?"
- "Are you concerned about how people might react when you come out to them?"
- "Are there lesbian/gay/bisexual people you know that you can talk to? Are they supportive?"
- "Have you had any negative experiences since coming out?"

Directory of Helplines & Support Services

LGB HELPLINES: (For LGB people, family/friends and professionals)

- LGBT Helpline: 1890 929 539
- Cork Lesbian Line: 021-4318318
- Dublin Lesbian Line: 01-8729911
- Dundalk Outcomers Helpline: 042-9353035
- Gay Information Cork: 021-4271087
- Gay Switchboard Dublin: 01-8721055
- Limerick Gay & Lesbian Helpline: 061-310101
- Outwest Helpline: 094-9372479
- Numbers for all gay helplines can be found at www.lgbt.ie

GENERAL HELPLINES: (All have experience of supporting LGB callers)

- Samaritans: 1850 60 90 90
- Teenline: 1800 833 634
- Aware (Depression): 1890 303 302
- Bodywhys (Eating Disorders): 1890 200 444

LGB SUPPORT & INFORMATION SERVICES:

- National Support & Information website: www.lgbt.ie
- BeLonG To Youth Service: 01-6706223 or www.belongto.org
- Cork Gay Project: 021-4304884 or www.corkgayproject.com
- Dundalk Outcomers: 042-9329816 or www.outcomers.org
- Gay Men's Health Service: 01-8734952 or www.gmhs.ie
- L.inC (Lesbian Service in Cork): 021-4808600 or www.linc.ie
- LOOK (Parents' Support): 087-2537699 or www.lovingouroutkids.org
- Outhouse (Community Centre): 01-8734932 or www.outhouse.ie
- Outwest (Support in the West): 087-9725586 or www.outwestireland.ie
- TENI (Transgender Support): 01-633 46 87 or www.teni.ie

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