

# Fact Sheet 1

## Mental Health & Well Being in Lesbian Gay Bisexual Transgender (LGBT) Communities

### LESBIAN GAY BISEXUAL TRANSGENDER

Queenslanders make up 5%-10% of the population over 15 years of age. These 340,000 citizens experience the same life pressures, experiences and positive influences on mental health and well being all Australians do - genetic predisposition, early development, traumatic life events and pressures, lifestyle and environmental impacts as well as the things that support resiliency, coping and recovery. Having a different sexual or gender identity is not a choice, but a healthy difference. It means simply belonging to a different minority culture and having some specific needs for mental health and well being.

- Expression of sexuality and gender identity is fundamental for good mental health
- Queensland's suicide prevention strategy identifies sexual/gender identity
- Sexual/gender identity in services is rarely recorded or discussed
- There are no specialised public sector services, only LGBT community services and private LGBT practices
- 27% LGBT Queenslanders experienced depressive illnesses and 40 % experienced anxiety disorders, much greater than the rate in the heterosexual community
- Thinking/attempting suicide is greater than in the heterosexual community, as well as self-harm
- Sexual and gender identity are not mental health risk factors per se
- Higher rate of drug and alcohol use

### HOMO-BI-TRANS PHOBIA & HETERONORMATIVITY (HETEROSEXISM) and its effects in creating SOCIAL EXCLUSION

are they key social risk factors for problems and mental illness in LGBT people. How these factors and their trauma and stressors affect a person forming their sexual or gender identity is complex and living their life is complex. Points to consider are -

- Heteronormativity creates a chronic 'minority stress'
- Stereotyping, negative images and negative role models are powerful
- Social exclusion affects the development of relationships and participation in normal life roles
- Direct trauma and lack of safety is common (physical and verbal abuse and discrimination)
- The dual stigma's of mental illness and sexual difference create double problems
- Internalised homo-trans-bi-phobia (poor self image, guilt, self hatred, low self esteem) creates a 'negative identity'
- Being outed is a common stress
- Social isolation is a major risk factor
- Loss and lack of support from family and friends is common
- Physical LGBT health inequalities compound mental health issues
- LGBT people with other aspects to their life and lifestyle, such as being ethnic, disabled or living in the country, may experience more chance of risks and problems
- Struggles with spirituality and religion
- Career issues and workplace discrimination
- Lack of legal rights and protection
- Times of risk change across life - coming out, entering or leaving new relationships, periods of major identity changes or change of social role, transitioning, experiences of abuse, violence, discrimination and social exclusion, loss of attachment to LGBT community
- Homophobic behaviour itself may reflect unresolved/repressed sexual or gender identity
- Biological and environmental risk factors interact with these social factors in complex ways
- The impact of constant self censoring and modifying behaviour to maintain safety

A **'SOCIAL & EMOTIONAL WELL BEING'** focus is fundamental for LGBT people. A limited focus on 'problems, clinical perspectives and illness' can reinforce the old false connections between sexual/gender identity and psychopathology - simply being LGBT and 'having to' access a mental health service. Holistic-ness and 'well being' approaches help understand mental health as one part of LGBT peoples broader lives and culture. This is especially for people recovering from major mental illness and it is critical for regaining positive mental health. The importance of relationships, community attachment and meaningful work to the concept of wellbeing for LGBT people show -

- The most positive things in life for LGBT Australians are friends, relationships and work/study. The strength and stability of relationships and friendships within LGBT communities (and outside of it) and the value placed on these indicates a real capacity to live optimistically and well
- Positive relationships, attachment and participation in LGBT community is a major predictor of physical and mental well being

**POSITIVE MENTAL HEALTH** and wellbeing in LGBT people comes from increased legitimation and acceptance of their lives, their relationships and of the positive contribution they make to society. Just like mental illness in LGBT community is rarely discussed, neither is wellness and positive mental health, yet research shows half the LGBT community experiences good health and well being. Positive mental health is the resource for living and valuing a meaningful life. For LGBT people, positive mental health is centrally related to having a positive identity of themselves, their communities and culture to be able to develop relationships and personal potential, participate equally in society, develop resiliency, coping and have a sense of belonging. An LGBT definition of positive 'mental health' is 'the opportunity to find and express ones unique sexual or gender identity and express that identity with respect and value from others'.

- More focus and awareness of positive mental health in LGBT community is needed to avoid a 'problem bias' in research and services and create positive community 'narratives' or stories
- Creatively expressing positive aspects of LGBT culture and identity is critical
- There's a need to portray real images and stories, not just stereotypes or negative images about LGBT people and their lives
- Media is a powerful influence on mental well being both positively and negatively

**PROFESSIONALS, PROVIDERS & SERVICES** have mostly focused on the 'individual' and their different sexual or gender identity as being the source of problems. This means conventional approaches have either 'medically treated' or 'psychologically helped' the 'problems and symptoms' caused by culturally created social exclusion, rather than focusing on addressing their causes. Good practice means using approaches that are based on social justice and human rights, affirmative action, empowerment and 'post structural thinking' (the idea that there are multiple 'truths', meanings and possibilities, not just one). These frameworks help understand how a person's sexual or gender identity is formed and how they cope and live in a 'straight world' in relation to their social experiences and culture, using ideas from social constructivism, gender and queer theory, for example. Such approaches acknowledge the diversity and complexity of people's identities and positively affirm a person's sexual or gender identity from the perspective that hetero-sexism, homo-bi-trans phobia and social exclusion are major causes of LGBT people's distress. Good practice also means using practical strategies that proactively address removing these barriers and their impact on LGBT people's daily lives such as homelessness, school or workplace bullying and helping them to cope with these stresses. This includes supporting LGBT people to access their human rights and anti-discrimination laws and becoming involved in their local LGBT community. This is critical for achieving mental health outcomes for LGBT people. Consider -

- Existing LGBT practice guidelines
- Counselling is a major model of support/service accessed by LGBT people because of its unconditional positive regard, affirmation of identity and non-judgmental style
- Self-Help is widely used by LGBT people
- Lack of cultural understanding and awareness could mean prescribed medications and levels of use, especially for depression and anxiety, may be much higher
- LGBT people may request psychiatric medications, such as benzodiazepines and anti-depressants, to manage anxiety around repressed identity and coming out, especially in rural areas when they also need social support
- Practices/programs that use post structural approaches such as specialised identity-based, queer, gender narrative and other holistic therapeutic practices
- Gay men may use Illicit drugs such as speed/crystal meth for helping their depression due to social exclusion
- Recovery, particularly from severe mental illness, is an especially vulnerable period. It may take longer due to experiences homo-bi-trans phobia and hetero-sexism, for example from care givers or the compounding effects of social isolation

**SUPPORTING LGBT PEOPLE IN TREATMENT, INTERVENTION OR RECOVERY** for mental health issues means understanding that homo-bi-trans phobia, heterosexism and stereotyping creates social exclusion from the services they most need. LGBT people often under-use and are reluctant to access mental health services due to their expectations of prejudice and discrimination, especially when they are vulnerable, or because they feel services will not understand their specific issues and needs. The stigma of being 'mentally ill' in the LGBT community further isolates access to their own LGBT services and their community attachment, reinforcing their isolation, delaying their help and limiting any real opportunities for prevention. This means their problems are often more severe or chronic. The type of professional/practice discipline can also strongly influence how sexual/gender identity is 'viewed' in its relation to mental health ; for example as a 'medical' or a 'psychological/helping issue' which are limited or a 'critical, equality and human rights' issue that addresses root causes. Queensland research shows -

- Lack of availability and access to affordable, informed mental health services was the major barrier to their mental health
- Mental health professionals do not understand the importance of social support for LGBT people. Such support is critical in assisting people overcome trans-bi-homophobia, cope with social pressures and discrimination
- Referral to LGBT support groups rather than mental health services for identity related issues is often preferred by LGBT people
- Cost and availability of 'LGBT understanding/friendly or experienced services' dictated choosing a service, most often a counsellor, psychologist or social worker
- Friends and referrals from mainstream services are a main source for contact
- Almost all transgender people report having accessed a mental health service, usually seeing a psychiatrist. QLD Trans-gendered people most accessed 'counselling' for questioning their identity and transitioning, with family stress, relationships and depression being the main indirect reasons due to trans-phobia
- Professional risks exist because sexual/gender identity is not 'on the radar' as accredited, routine demographics collection in services or research and 'bisexual' is often included with 'homosexual' in assessment/data collection
- Negative experiences generally are more likely in hospital settings such as acute-care, especially for patients with severe illness, who cannot communicate their needs regarding their identity. A & E services are especially culturally insensitive for LGBT people

- LGBT clients may be unnecessarily labelled 'complex' or given incorrect diagnoses simply due to lack of cultural understanding and providers may end up going down the 'wrong path'
- LGBT people do not relate well to the medical model of prevention. Some providers continue to 'pathologise' their identity or incorrectly use it to 'explain' other problems. Alternatively, it may be 'unconsciously avoided' or 'brought up' when it is actually relevant, because of implicit homophobia in the organisations culture or team

**GOOD PRACTICE** means understanding the most important contribution to improved health and wellbeing in LGBT people is increased legitimisation and acceptance of their lives, their relationships and of the positive contribution they make to society. Legislative reform to remove discrimination and stigmatisation are critical and legal delays such as to gay marriage/same sex relationships psychologically impact LGBT people and the affect well being of LGBT communities. An identity-based approach that prevents or reduces risk factors early by socially including LGBT people in services and helping them create strong relationships, see more positive images and get the friendships and social support when they need it in their communities, especially during times of stress due to experiences of homo-bi-trans phobia.

Approaches should be holistic, addressing homo-bi-trans phobia and the minority stress from life long heteronormativity together. Good prevention mean intervening earlier across people lives, especially in at risk groups (young people, trans gendered people, bisexual married men, HIV positive gay men and people with more complex lives and identities) at the places and spaces where risk most occurs. Good practice and policy should to be developed at both the organisational and professional level and involve LGBT people's views. Participation itself promotes positive mental health, especially when it involves support from the local LGBT community. Good practice guidelines for working with LGB clients have been developed by several mental health and related professions, including formally for psychologists and counsellors (Australian Psychological Society, 2002 ; (Cass, 2004), medical practitioners and lesbian health (AMA, 2002), for Transgender people (Sinnott, 2005 ; Goldberg, 2006 ; \*Myer et al, 2001 ; Israel and Tarver, 1997) as well as inclusive practice for sexual and gender identity (QAHC, 2005) generally in Queensland.

## **SERVICES & ORGANISATIONS** should consider -

- Creating culturally inclusive LGBT practice at all service levels
- Using LGBT strategic and planning frameworks
- Collaboration to create a cross sectorial centre for excellence on LGBT mental health
- Placing LGBT people at the centre of their care/program planning with LGBT community support
- Collaboration to create LGBT specific prevention, clinical and general care pathways
- Co-developing mental health awareness/literacy and peer education initiatives with LGBT services to challenge stigma's and increase access from community to mainstream and LGBT services
- Co-developing a 'LGBT liaison mental health workers' role as an assessment, coordination and referral service between mainstream mental health and LGBT services
- Priority areas that include relationships and counselling services, clinical services, services that reduce social isolation and inclusiveness for mental health caregivers/support staff and reducing access barriers
- Supporting positive messages and cultural expression of peoples identity and through the arts, in media and public culture

## **PROFESSIONS & SERVICE PROVIDERS** should consider -

- Mental health issues may as well as may not be related to experiences of homophobia and heterosexism
- A different sexual and gender identity are not disorders to change, but someone's real identity to support
- Awareness of different LGBT 'cultural groups' and lifestyle issues
- A broader understanding of sexual/gender identity in relation to mental health
- Exploring a person's history of exclusion and abuse and never dismissing these experiences
- Using positive, non-stereotyping language when referring to sexual/gender identity
- Never pathologising, over or under assuming the importance of sexual/gender identity. Include it **with permission**, in any intake, assessment, individual planning or referral
- Always using your client's description of their sexual or gender identity and language
- Reflect on your personal, professional and organisational values about sexual/gender identity and how these may effect you working with LGBT people and their mental health
- Clients may not always connect their sexual/gender identity, experiences of homo-bi-trans phobia and hetero-sexism to their mental health. Many LGBT people will also clearly understand this connection

- LGBT people may really want to see a professional who is LGBT or LGBT friendly
- Not assuming someone's sexual/gender identity or they're heterosexuality. Always be aware of homo-bi-trans phobia as a potential risk factor acting complexly in many different areas of a persons life
- Critically reflect on the appropriateness of interventions, assessment tools and their hetero-normative or 'straight' cultural bias
- Sensitively understanding where an LGBT person 'is' in their own life stage of developing/ expressing their sexual/gender identity
- Positively acknowledging and understanding same sex and transgender relationships, particularly following the loss of a partner
- Being holistic and balance 'individual' and illness concepts with principles of social 'well being'
- Promoting anti-homophobia campaigns at work and engaging with Queensland's LGBT culture thru it's media, events and training
- Developing a list of LGBT or LGBT friendly professionals, services and mental health resources
- Include LGBT information, books and literature in the waiting area to give a powerful message to LGBT clients that they are included, welcomed and understood
- The personal, social and cultural issues that may block access to you or your service or at particular times
- Being aware of the similarities and differences exist between LGBT people and their generations
- How other aspects of diversity (age, disability, ethnicity, rural living etc) can interact with sexual/gender identity and mental health
- Reflecting on the potential positive roles illicit drugs and alcohol serves in an LGBT person life, balanced with understanding of harm minimisation and sexual risk taking
- Understanding confidentiality and privacy are extremely sensitive issues generally for LGBT people, especially when mentally ill
- The role of culture, family and friends in terms of disclosure and confidentiality of sexual/gender identity
- Challenging negative images or stereotyping about LGBT people or issues
- Feeling comfortable placing sexual/gender identity on 'the radar' at work as part of professional development in diversity and inclusive practice and as a area of specialisation in cross cultural mental health
- The particular issues regarding the families of LGBT people as well as those faced by LGBT people who are parents themselves

- Reflecting on your own sexual/gender identity, community involvement and its influences to the helping relationship and potential professional issues i.e. boundaries

## SERVICES

### YOUNG PEOPLE

OPEN DOORS YOUTH SERVICE Inc 3 Julia Street Fortitude Valley 4006 P.O. Box 194 07 3257 7660 07 3257 7680  
[www.opendoors.net.au](http://www.opendoors.net.au) [opendoorsd@opendoors.net.au](mailto:opendoorsd@opendoors.net.au)

### DRUG & ALCOHOL

There are few D & A LGBT specific groups, workers, resources or services available in Qld (and none outside Brisbane) – GLADS (Gay and Lesbian Alcohol and Drug Support Group) at the Stonewall Clinic 38571222

QUEENSLAND INJECTING DRUG NETWORK (QUIHN) - 89-101 Gipps St Fortitude Valley, QLD 4006 Postal: PO Box 2470 Fortitude Valley Business Centre QLD Australia 4006 (07) 3620 8111  
[www.quihn.org](http://www.quihn.org)

### PARENTS, FRIENDS and FAMILIES of LGBT PEOPLE

PFLAG (Parents, Families and Friends of Lesbians and Gays) - PO Box 3142 South Brisbane B C 07 3017 1739  
[www.pflagbrisbane.org.au](http://www.pflagbrisbane.org.au) [pflagbris@hotmail.com](mailto:pflagbris@hotmail.com)

### GENERAL LGBT WELFARE, SUPPORT and RELATED COUNSELLING

THE GAY and LESBIAN WELFARE ASSOCIATION - Counselling and Referral (07) 5017 1717 1800 184 527 (TOLL FREE)  
[www.glwa.org.au](http://www.glwa.org.au)

THE RAINBOW SERVICE (QUEENSLAND ASSOCIATION OF HEALTHY COMMUNITIES and RELATIONSHIPS AUSTRALIA) - 1300 364 277 [www.relationshipsaustralia.org.au](http://www.relationshipsaustralia.org.au)

### GENERAL LGBT MEDICAL SERVICES

THE STONEWALL CLINIC - 52 New Market Road (corner of Swan and New Market Road) Windsor (07) 3857 1222

CENTRAL BRUNSWICK MEDICAL CENTER – Cnr Brunswick and Martin St Fortitude Valley QLD 4006 (07) 3852 2733

GLADSTONE ROAD MEDICAL CENTER – 38 Gladstone Road, Highgate Hill (07) 3844 9599

LGBT COMMUNITY SERVICES – SEXUAL HEALTH PROMOTION, SOCIAL and SUPPORT GROUPS and REFERRALS

QUEENSLAND ASSOCIATION OF HEALTHY COMMUNITIES 30 Helen St Newstead Brisbane and Regional Offices in Cairns and Sunshine Coast (07) 3017 1777 [www.qahc.org.au](http://www.qahc.org.au), and [www.quac.org.au/referral/](http://www.quac.org.au/referral/)  
 (Referrals for many LGBT experienced services)

### PRIVATE COUNSELLORS/PSYCHOLOGISTS/PSYCHOTHERAPISTS

MICHELE LINDSAY, QUEER COUNSELLOR, Brisbane Holistic Health Center  
 - Level 1, 199 Elizabeth St, Brisbane 0439 157 422

CENTRE FOR HUMAN POTENTIAL - 2nd floor, Canegrowers Building 190, Edward St City QLD 4000  
 (07) 3211 1117 [www.centreforhumanpotential.com.au](http://www.centreforhumanpotential.com.au)

## REFERENCES

- Out in the Antipodes : Australian & New Zealand Perspectives on Gay & Lesbian Issues in Psychology.* Riggs, D.W and Walker, A.W (Eds) (2004)
- Cass, V (2004) *Sexual orientation, culture and the construction of gay and lesbian identities.* In : *Out in the Antipodes : Australian and New Zealand Perspectives on Gay and Lesbian Issues in Psychology.* Riggs, D.W and Walker, A.W. (Eds) (2004)
- Gay and Lesbian Issues Psychology Review (GLIP) (2008) Vol 4 (1-4)
- Swimming Upstream: making places welcoming.* A report on the needs of gay, lesbian, and bisexual people in 'hard to reach' groups October (2006) Gay and Lesbian Health Victoria. The Australian Research Centre in Sex, Health and Society, Latrobe University
- Queensland Association of Healthy Communities Strategic Plan 2009-2011*
- 2006 Census put QLD population at 3,197,997. Australian Study of Health and Relationships (2003) found 2.5 % of men and 2.2% of women (16 years and over) identity as gay, lesbian or bisexual (giving minimum) and 9% of men and 15% of women had ever had a same sex attraction or sexual experience (giving maximum)
- LGBT Young People: Mental Health and Well Being in Europe.* (IGLYO) International Gay Lesbian Bisexual Transgender Youth and Student Organisation on Mental Health. Farrington, D. (2006)
- Our Community Our Health (2005) The LGBT health systems community consultations report : Queensland Association for Healthy Communities.*
- The National Mental Health and Well Being Survey (2007)* Australian Bureau of Statistics (QLD statistical breakdown of sexual identity : Queensland Association of Healthy Communities, States of Mind Research Project, (2009)
- LGBT People's Access to Counselling Services in Queensland Report. The Queensland Association for Healthy Communities, April (2007)
- Queensland Association of Healthy Communities, Community Drug and Alcohol Survey (2007)*
- Queensland Association of Healthy Communities. 'Creating Inclusive Services' Training Program (2008/2009)*
- What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians : Mental health issues for GLBTI Victorians.* Research Paper Ministerial Advisory Committee on Gay and Lesbian Health
- Potential Approaches to Mental Health Work with Lesbian, Gay, Bisexual and Transgender (2002)Communities* (QLD) Queensland Association of Healthy Communities. Fact Sheet (2007)
- Beyond Perceptions: A report on alcohol and other drug use among gay, lesbian, bisexual and queer communities in Victoria* June (2000). ALSO Foundation
- Because Mental Health Matters (2008) - Policy Paper - Submission on behalf of Gay and Lesbian Health Victoria* Mitchel, A.
- Pitts, M., Smith, A., Mitchell, A. and Patel, S. 2006, *Private Lives: A Report on the Health and Wellbeing of GLBTI Australians*, Australian Research Centre in Sex, Health and Society, Melbourne.
- Goldberg, J. et al (2006). *Recommended framework for the training mental health clinicians in transgender care.* Transgender Health Program (2006) Improving access to Health Care Initiative (Canadian).
- Sinnott, V. (2005) *Best practice models for the assessment, treatment and care of transgender people and people with transsexualism: A discussion paper for Victoria (Australia)*
- Ethical Guidelines for Psychological Practice with Lesbian, Gay and Bisexual Clients.* Gay and Lesbian Issues and Psychology Interest Group of the Australian Psychological Society (2002)
- McNair R. *Lesbian health inequalities: a cultural minority issue for health professionals.* Medical Journal of Australia. (2003) ; 178 (12) : 643-5.
- Israel, GE and Tarver, DE 1997, *Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts*, Temple University Press, Philadelphia.
- Luran, S 1999, 'Case report
- Meyer, W, Bockting, W, Cohen-Kettenis, P, Coleman, E, Di Ceglie, D, Devor, H, Gooren, L, Hage, JJ, Kirk, S, Kuiper, B, Laub, D, Lawrence, A, Menard, Y, Monstrey, S, Patton, J, Schaefer, L, Webb, A, and Wheeler, CC 2001, 'The standards of care for gender identity disorders – Sixth Version', *International Journal of Transgenderism*, 5(1), [www.symposion.com/ijt/soc\\_2001/index.htm](http://www.symposion.com/ijt/soc_2001/index.htm) \* These standards have received criticism from transgender groups for several reasons. Please refer to Sinnott (2005) for a review
- Mental Health of Lesbian, Gay, Bisexual, and Heterosexual Siblings: Effects of Gender, Sexual Orientation, and Family.* K.F. Balsam, K.F. and T. P. Beauchaine, T.P Ruth M. Mickey, R.M and Rothblum. E.D. Journal of Abnormal Psychology (2005) The American Psychological Association 2005, Vol. 114, No. 3, 471-476
- 'Coming out about coming in' : *Exploratory research into Open Doors Youth Service practice strategies, same sex attracted young people's access to services and general well being. Action Research Report into the use of Drop In as an effective service delivery option for lesbian, gay, bisexual and transgender young people (2006)* Probert, M. Ackerman, N. Ackerman, M. Brandon, L. and Macintyre, C. Open Doors Youth Service Inc.
- Mapping Homophobia in Australia*, Flood, M. and Hamilton, C. (2004) Australia Institute Webpaper July (2005)
- Health and health care for lesbian, bisexual and same sex attracted women website* University of Melbourne [www.dialog.unimelb.edu.au/lesbian/guidelines/overview.html](http://www.dialog.unimelb.edu.au/lesbian/guidelines/overview.html)
- Australian Lesbian Medical Association Information about local lesbian doctors.* [www.almas.net.au](http://www.almas.net.au) Australian Medical Association. Position Statement on Sexual Identity and Gender Diversity, (2002) accessible at <http://www.ama.com.au/web.nsf/doc/WEEN-5GA2YX>
- Is homophobia associated with homosexual arousal?* Journal of Abnormal psychology 1996 Vol 104 No 3 440-445
- A study of the mental health attitudes of mental health professionals towards homosexuality.* De Crescenzo, T.A Journal of Social Work and Human Sexuality. (1984) Vol 2 No 2/3 (Eds) Schoenburg, R, Goldberg, R.S and Shore, D.A
- Hakala, T. QAHC Campaign *Swimming Upstream. Discussion paper Addressing Homophobia, Improving Health* (2006).

Queensland Association for Healthy Communities [www.qahc.org.au](http://www.qahc.org.au)

