Mindful
Continuing Education

Behavioral Health Considerations in the LGBTQ Community

Demographics 3
Behavioral Health Issues 3
Risk Factors 5
  Coming Out 5
  Rejection 6
  Trauma 6
  Substance Use 6
  Eating Disorders 7
  Homelessness 8
  Suicide 8
  Inadequate Mental Health Care 9
Health Disparities & Barriers 9
Professionals Awareness Considerations 10
  Historical Considerations 10
  Conversion Therapy 10
  Creating Safe Spaces in Schools 11
  Building Resilience 12
Youth Risk/Protective Factors & Mental Health 13
  Risk Factors 13
  Protective Factors 14
Effective Treatment Strategies 15
  Addressing Systemic Stigma 15
  Creating Affirming Behavioral Health Care 17

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Additional Affirming Care Suggestions 18

Appendix 1: Terminology 20

References 23

Demographics

Lesbian, gay, bisexual, and transgender individuals, or those who may be questioning their sexual orientation or sexual identity, experience behavioral health struggles at a higher rate than heterosexual individuals, and they are more likely to experience stigma, face risk factors for mental illness, and be exposed to health disparities at greater rates. To improve access to and quality of mental health care for those who identify as LGBTQ, it is important for clinicians to understand the unique experiences of these individuals and communities. It is very difficult to know the exact number of people who consider themselves LBGTQ. Stigma and the fear of bias or discrimination contribute to an underreporting of actual sexual orientation. Some people may also self-identify one way even if their internal desires or sexual behaviors imply a different orientation. Identify issues may be especially pronounced for LBGTQ people from particular racial and ethnic minority groups (Cabaj, 2021).

The UCLA School of Law Williams Institute has compiled the following statistics about the LGBTQ population in the United States (Mallory, et al., 2019):

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- There are 13,042,000 LGBTQ people over the age of 13
- There are 1.4 million transgendered adults and 150,000 transgendered youth (age 13-17)
- There are 700,000 cohabitating same-sex couples, 357,000 of them are married
- 114,000 couples are raising children under the age of 18, of which 24% are foster or adopted

The 2020 United States Census was the first one to have individuals identify if they were living with a same-sex or opposite-sex relationship as well as if they were married or unmarried. While the final results of the census are pending, in 2019 the census bureau reported that there were 543,000 married same-sex households and 469,000 unmarried same-sex households (Census, 2019). The census does not track the sexual orientation of single people.

Behavioral Health Issues

The truth is that mental health challenges in the LGBTQ community are largely due to stigma, discrimination and bias in all of its forms. These inequities can be experienced as microaggressions from other individuals or can be as significant as legal

discriminations. It wasn't until 2003 that the Supreme Count struck down sodomy laws across the county with their decision in Lawrence vs. Texas. In 2013, the Supreme Court decision on United States vs. Windsor led to the same sex couple being allowed to share the same federal benefits as opposite sex couples, ending the Defense of Marriage Act. And in June 2015, the Supreme Court's decision on Obergefell vs. Hodges led to same-sex marriage becoming legal in all 50 states (Cabaj, 2021).

The Human Rights Campaign Foundation's (2017) research found stigma drives the higher rates of mental health problems in LGBTQ communities.

- LGBTQ people who live in communities with more stigmatizing attitudes about their sexual orientation die an average of 12 years earlier than LGBTQ people in the least-prejudiced communities.
- After 16 states passed bans on marriage equality in 2004-2005, the prevalence of mood disorders increased more than 30 percent among LGBTQ respondents in these states, compared with a 20 percent decrease in states without such bans.
- Numerous studies have shown that transgender people who experience more stigma and discrimination are more likely to experience mental health problems or suicidality.
- Transgender adults living in states with more LGBTQ-affirming environments are less likely to have attempted suicide.

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According to the National Alliance for Mental Illness, LGBT adults are more than twice as likely as heterosexual adults to experience a mental health condition. Transgender individuals are nearly four times as likely as cisgender individuals (people whose gender identity corresponds with their birth sex) individuals to experience a behavorial health condition. The most frequently experienced mental health conditions are depression and anxiety disorders (NAMI, 2021).

Research from the Human Rights Campaign Foundation (2017) states:

- In 2015, the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health (NSDUH) found that one in three LGBTQ adults experienced mental illness, compared with only one in five heterosexual adults.
- According to the National Center for Transgender Equality's U.S. Transgender Survey, 40 percent of transgender adults reported serious psychological distress

in the month before they took the survey, dramatically higher than the five percent of the US population who say the same.

- Even among adults with mental illness, LGBQ adults may experience more serious symptoms. Among LGBQ adults living with mental illness, thirteen percent had a serious mental illness that substantially interfered with major life activities. The same was true for only four percent of heterosexual adults living with mental illness.
- According to the U.S. Transgender Survey, 40 percent of transgender adults have attempted suicide during their lifetime, compared to less than five percent of the US population as a whole.
- The NSDUH found that 15 percent of LGBQ adults had an alcohol or drug use disorder in the past year, compared to eight percent of heterosexual adults.

The Human Rights Campaign Foundation analyzed data from the most recent Behavioral Risk Factor Surveillance System (BRFSS) and observed that: 59% of LGB adults and 60% of transgender adults are battling poor mental health today. As a result of poor mental and physical health, 19% of LGB adults and 28% of transgender adults say they have sustained periods of time in which they are unable to complete usual activities, such as self-care, work or recreation, compared to 15% of non-LGBTQ adults. Only 39% say they have been diagnosed with a depressive disorder, despite the high prevalence of depressive symptoms among the entire community (HRC, 2021).

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Risk Factors

Coming Out

Positive changes in societal acceptance of lesbian, gay, bisexual, transgender, queer, questioning and intersexed (LGBTQI) people act as a protective factor for behavioral health. However, this shift in acceptance has meant that many LGBTQI youth “come out” or share their sexual orientation or gender identity at younger developmental ages, which can impact their social experiences and relationships. This can have negative mental health impacts, particularly for youth who are not in supportive environments (NAMI, 2021).

Rejection

For many in the LGBTQI community, coming out can be a difficult or even traumatic experience. It can be very painful to cope with rejection of something as personal as one's identity from family or close friends, within the workplace, or in a faith community.

According to a 2013 survey, 40% of LGBT adults have experienced rejection from a family member or a close friend. A 2019 school climate survey showed that 86% of LGBTQ youth reported being harassed or assaulted at school, which can significantly impact their mental health (NAMI, 2021).

Not only may stigma be exhibited by the surrounding society, but even from within the LGBTQ community. For example, some gay and lesbian people have a difficult time accepting bisexuals. Transgender people have been excluded from some gay organizations, and have only recently received more consideration and acceptance throughout the country (Cabaj, 2021).

Trauma

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Homophobia, biphobia, transphobia, bullying and feeling identity-based shame is often traumatic for people.

The LGBTQI community faces many forms of discrimination, including: labeling, stereotyping, denial of opportunities or access, and verbal, mental and physical abuse. Their community is one of the most targeted by perpetrators of hate crimes in the country (NAMI, 2021). According to the FBI's 2019 Hate Crime Data, 16.7% of hate crime victims were targeted due to their sexual orientation and 2.7% due to their gender identity (FBI, 2019).

Such discrimination can contribute to a significantly heightened risk for PTSD among individuals in the LGBTQI community compared to those who identify as heterosexual and cisgender (NAMI, 2021).

Substance Use

Substance misuse or overuse, which may be used as a coping mechanism or method of self-medication, is a significant concern for members of this community. LGBTQ adults are nearly twice as likely as heterosexual adults to experience a substance use disorder.

Transgender individuals are almost four times as likely as cisgender individuals to experience a substance use disorder. Illicit drug use is significantly higher in high school-aged youth who identify as LGB or are unsure of their identity, compared to their heterosexual peers (NAMI, 2021).

Data from the 2018 National Survey on Drug Use and Health (NSDUH), suggests that substance use patterns reported by sexual minority adults (in this survey, sexual minority adults includes individuals who describe themselves as lesbian, gay, or bisexual) are higher compared to those reported by heterosexual adults. More than a third (37.6 percent) of sexual minority adults 18 and older reported past year marijuana use, compared to 16.2% reported by the overall adult population. Past year opioid use (including misuse of prescription opioids or heroin use) was also higher with 9% of sexual minority adults aged 18 or older reporting use compared to 3.8% among the overall adult population. Additionally, 9% of sexual minority adults aged 26 or older reported past year misuse of prescription opioids—an increase from the 6.4% who reported misuse in 2017. However, there was a significant decline in past year prescription opioid misuse among sexual minority adults aged 18-25 with 8.3% reporting use in 2018 (SAMSHA, 2021).

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Eating Disorders

Research reveals that LGBTQ individuals are at increased risk of eating disorders. Consider these statistics reported by the National Eating Disorders Association (2021):

- Transgender individuals have higher rates of eating disorders
- Approximately 42% of men with eating disorders identify as gay
- Elevated rates of binge-eating and purging by vomiting or laxative abuse was found for both males and females who identified as gay, lesbian, bisexual, or “mostly heterosexual” in comparison to their heterosexual peers
- A sense of connectedness to the gay community was related to fewer current eating disorders, which suggests that feeling connected to their community may have a protective effect against eating disorders
- 15% of gay and bisexual men and 4.6% of heterosexual men had a full or subthreshold eating disorder at some point in their lives.

Eating disorders can be devastating, but there are effective treatments. Disordered eating can also be driven by an underlying mental health condition, and recovery is often more difficult for people with untreated behavioral health disorders (Gasior, 2021).

Homelessness

It is estimated that LGBTQI youth and young adults have a 120% higher risk of experiencing homelessness — often the result of family rejection or discrimination based on gender identity or sexual orientation. This risk is especially high among Black LGBTQI youth. Many members of the LGBTQI community face the added challenge of finding homeless shelters that will accept them, and experience elevated rates of harassment and abuse in these spaces (NAMI, 2021).

Suicide

Actual suicide rates among LGBTQ people are not known because sexual orientation and gender identity are not reported in death records. What we do know about suicidality among LGBTQ people is through surveys in which people self-report suicide attempts and ideation. According to a number of regional and national studies, LGBTQ adults and youth face an extraordinarily elevated risk of suicidal thoughts and behavior. LGBQ adults have a two-fold excess risk of suicide attempts compared to other adults and among transgender adults, the lifetime prevalence of suicide attempts is 40% (LGBTQIA Health Education, 2018).

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Many LGBTQI people struggle in silence — and face worse health outcomes as a result, as indicated by:

- The LGBTQI population is at a higher risk than the heterosexual, cisgender population for suicidal thoughts and suicide attempts.
- High school students who identify as lesbian, gay or bisexual are more than four times as likely to have attempted suicide compared to their heterosexual peers.
- 40% of transgender adults have attempted suicide in their lifetime, compared to less than 5% of the general U.S. population (NAMI, 2021).

LGBTQ adults have double the risk of suicide attempts, and the risk of suicide is even greater in LGBTQ teens and young adults. The 2020 survey from The Trevor Project found that shockingly, 40% of LGB youth seriously considered suicide in the past year (Gasior, 2021).

Research has found multiple factors associated with suicidal behavior among LGBTQ people, including isolation from family and peers, a history of mental health issues (e.g., depression and anxiety), substance use disorders, and victimization (e.g., being the target of bullying; being abused). All of these risk factors stem from the stress created by living as a stigmatized minority (often referred to as minority stress). Even today, with increased awareness and social acceptance in the U.S., many LGBTQ people find they must contend with harassment, discrimination, and bias enacted by peers, family, colleagues, workplaces, houses of worship, schools, places of public accommodation, and health care settings. Anti-LGBTQ attitudes can become internalized, leading to further stress and potential for suicidal thoughts (LGBTQIA Health, 2018).

Inadequate Mental Health Care

The approach to sexual orientation and gender identity in mental health care often groups together anyone in the LGBTQI community, when these populations are considered at all. This situation can be problematic as each sub-community faces unique challenges, rates of mental illness and experiences.

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The LGBTQI community encompasses a wide range of individuals with separate and overlapping challenges regarding their behavioral health. Other identity factors including race and economic status can affect the quality of care they receive or their ability to access care.

Additionally, members of this community may face harassment or a lack of cultural competency from potential providers. These experiences can lead to a fear of disclosing sexual orientation and/or gender identity due to potential discrimination or provider bias.

Confronting these barriers and mental health symptoms with an LGBTQI-inclusive mental health provider can lead to better outcomes, and ultimately recovery (NAMI, 2021).

Health Disparities & Barriers

HRC Foundation observed in BRFSS that 18% of LGBTQ adults currently have no health insurance and nearly one-quarter (24%) have needed to see a doctor but could not due to costs. Nearly one in ten (9%) of LGBQ people and one in five (21%) of transgender individuals said that they have encountered harsh or abusive language from a doctor or

other health care provider when receiving care. More than one-fifth (22%) of LGBTQ people are living in poverty compared to 16% of non-LGBTQ people. (HRC, 2021).

Romenelli & Hudson (2017) found there were barriers to access healthcare both at a system level and an individual level. The root causes of system-level impediments were all attributed to social-structural factors that worked to exclude and erase LGBT people from the institutions that shape the health and behavioral health systems. Individual-level barriers were attributed to both individual and social-structural factors, such as health literacy and stigma. Concerningly, participants reported that because of these obstacles and challenges, they would frequently forego health & mental health care.

Professionals Awareness Considerations

Historical Considerations

It is important for mental health professionals to be aware, and able, to acknowledge the historical discrimination mental health providers have placed onto the LGBTQ population.

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Examples of this include (HRC Foundation, 2017):

- Until 1973, homosexuality was labeled a mental health disorder by the American Psychiatric Association.
- Until 2013, being transgendered was considered an identity disorder.
- Conversion Therapy has done significant damage; to the people who were forced to participate and in the trust-worthiness of mental health professionals.
- Gender-affirming hormone treatment or surgery often requires the sign off of a mental health professional

Conversion Therapy

According to William Institute (2021) research, 698,000 people have undergone Conversion Therapy and 350,000 experienced this “treatment” while they were under the age of 18.

The American Academy of Child and Adolescent Psychiatry has the following policy regarding Conversion Therapy: “AACAP finds no evidence to support the application of any ‘therapeutic intervention’ operating under the premise that a specific sexual

orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such 'conversion therapies' (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, 'conversion therapies' should not be part of any behavioral health treatment of children and adolescents. However, this in no way detracts from the standard of care which requires that clinicians facilitate the developmentally appropriate, open exploration of sexual orientation, gender identity, and/or gender expression, without any pre-determined outcome" (2018).

Most other mental health professional associations have just as forceful, if not more forceful statements, against the use of conversion therapy or other therapies attempting to change a person's sexual orientation. Unfortunately, as of June 2019, conversion therapy was only banned in 18 states and Washington D.C.. To further complicate monitoring and protection of LGBT youth, many individuals who offer change efforts are not licensed mental health practitioners, so it is unclear what, if any, training or education they may have received to represent themselves as qualified (Mallory, et al., 2019).

By acknowledging and being aware of the hurtful historical practices therapists have participated in, we can work together with LGBTQ clients to build cooperative and affirming mores.

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Creating Safe Spaces in Schools

Sometimes the way to build safe spaces can be by the smallest of means, particularly when working in a school setting. It can be as simple as displaying an HRC [Human Rights Campaign] 'equal' sign in school offices or a small rainbow flag somewhere. Although that seems like a minor gesture, model symbols can signify something important and meaningful to students (Meyers, 2017).

Other school setting suggestions include having resources and organizations to meet the diverse needs of students. GLSEN [formerly the Gay, Lesbian, and Straight Education Network] has a Safe Space Kit that provides curriculum and activities, as well as stickers that can be displayed to indicate safe spaces. Additionally, counselors can provide programming that is LGBTQ inclusive or sponsor organizations like a Gay-Straight Alliance. There are activities or weeks that counselors can help organize, such as No Name-Calling Week, Ally Week, and Day of Silence (Meyer, 2017).

Building Resilience

Building resilience in LGBTQ people can set them on a path to better mental health and more positive life adjustment. Factors that strongly protect LGBTQ individuals, especially youth, against spiraling into depression and suicidal behavior include (LGBTQIA Health, 2018):

- Acceptance by their family of origin (e.g., parents, siblings, grandparents, children)
- Having a supportive social network made up of LGBTQ friends, allies, and family of choice (close relationships with people who are not biologically related but who act as a family)
- Access to and use of LGBTQ inclusive medical and mental health

Fortunately, resiliency factors can be enhanced through access to LGBTQ-affirming counseling and therapy, medical care, and LGBTQ-specific resources. Behavioral health providers can use "minority stress treatment principles" when caring for LGBTQ youth and adults as a way to minimize the impact of stigma and discrimination, including (LGBTQIA Health, 2021):

- Normalize the adverse impact of minority stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate unique strengths of LGBTQ people
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of sexuality and gender

Although a high percentage of LGBTQ people think about or attempt to take their lives in reaction to stigmatization and stressful life experiences, it is also important for providers to keep in mind that most LGBTQ people find inner resilience, social support, and other ways to cope, and do not become suicidal. In addition to behavioral health providers, all other health center employees, including clinical and non-clinical staff, should learn to provide LGBTQ-affirming care. LGBTQ individuals are more likely to access care in

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environments that make intentional efforts to be inclusive and welcoming (LGBTQIA Health, 2018).

Youth Risk/Protective Factors & Mental Health

The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling President Tonya Hammer shares: “The most important thing to focus on when working with LGBTQ students is the counselor-client relationship. Listen to them with respect and treat them with dignity and not as if they are abnormal. Let them know that they matter — to you, to their families, and to the world” (Meyer, 2017).

Risk Factors

LGBTQ youth experience a greater risk for mental health conditions and suicidality. In addition, they are more than twice as likely to report experiencing persistent feelings of sadness or hopelessness than their heterosexual peers. Transgender youth face further disparities, as they are twice as likely to experience depressive symptoms, seriously consider suicide, and attempt suicide compared to cisgender lesbian, gay, bisexual, queer, and questioning youth (NAMI, 2021).

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Suicide risk in LGBTQ people is thought to be highest during the teen years and early 20s. In 2015, more than 4.5 times as many LGB-identified high school students reported attempting suicide in the past 12 months compared to non-LGB students (29.4% vs 6.4%); 42.8% of LGB youth seriously considered suicide. Youth who are bisexual or questioning their sexual orientation and/or gender identity are even more likely to experience depression or suicidality than their LG-identified peers (LGBTQIA Health, 2018).

In a 2016-2017 survey from HRC, 28 percent of LGBTQ youth — including 40 percent of transgender youth — said they felt depressed most or all of the time during the previous 30 days, compared to only 12 percent of non-LGBTQ youth (HRC Foundation 2017).

Basic issues like restroom access have a profound effect on transgender youth’s well-being. For instance, one study showed that transgender students denied access to gender-appropriate facilities on their college campuses were 45 percent more likely to try to take their own lives (HRC Foundation, 2017). Transgender students often face difficulty with coming out because their authentic selves are typically much more visible than [that of] LGBQ students. These students face bathroom and locker room barriers that may come from peers, teachers, administrators, and even state policies.

Transgender students also may be excluded from participating in many extracurricular activities such as sports teams because of their gendered nature (Meyer, 2017).

Bisexual youth also often find themselves struggling for acceptance and a sense of belonging, not just among heterosexual, cisgender students, but also within the greater LGBTQ community. Bisexual people are generally defined by who they are dating at a given time. For example, if a male student is dating a female student, then he is assumed to be heterosexual. If that same male student is dating a male student, the script flips, and he is now considered gay. Students do not often consider that this particular individual may actually be bisexual. These perceptions can result in a lack of identity, as these students may not feel ‘straight enough’ for the heterosexual kids or ‘gay enough’ for the gay kids (Meyer, 2017).

Survey results indicate that more than half of LGBTQ youth (54%), 61% of transgender youth and 61% of questioning youth are battling symptoms of depression, compared to 29% of non-LGBTQ youth. Unfortunately, only 41% of LGBTQ youth have received psychological or emotional counseling. In addition, 35% of LGBTQ youth, 45% of transgender youth and 40% of questioning youth have seriously considered attempting suicide, compared to 13% of non-LGBTQ youth. LGBTQ youth who have at least one accepting adult in their life were 40% less likely to attempt suicide. (HRC Foundation, 2021).

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The Human Rights Foundation also reports that 30% of youth in foster care and 40% of homeless youth are LGBTQ. When assessing school bullying, statisitcs show that 31% of LGBTQ youth, 43% of transgender youth and 40% of questioning youth have been bullied at school, compared to 16% of their non-LGBTQ peers (HRC Foundation, 2021). If physical bullying takes place on school grounds, counselors, teachers and administrators have the capability to take action. However, much of the torment occurs through cyberbullying, which is outside of their purview, as well as that of parents, and therefore it often goes unnoticed by adults. Cyberbullying — from Instagram to Snapchat — is growing significantly and, unfortunately, much harder to address and remedy (Meyers, 2017).

Protective Factors

Frequent themes in research on protective factors reveal the importance of family and school, as well as friend support and connection in LGBTQ youth lives. These include:

- School Connectedness: Feelings of belonging, engagement, and connection.

- Family Connectedness: Believing that their family cares about their feelings and perceived warmth and satisfaction from the family relationships.
- Friend Support: Feeling that friends care and support them.
- Social Support: Having people available for tangible, affectionate, positive interaction, and emotional social support (Veale et. al, 2017).

Statistics from the Human Rights Campaign acknowledge the importance of family and community supports as demonstrated by:

- Strong family bonds, safe schools, and support from caring adults can all protect LGBTQ youth from depression and suicidality.
- In a study published in the Journal of Child and Psychiatric Nursing, Dr. Caitlin Ryan and colleagues found that LGBTQ youth with affirming families reported higher levels of self esteem and overall health. Youth with the least accepting families were more than three times as likely to consider and attempt suicide compared to those with highly accepting families.
- For transgender children and youth, family and community support makes all the difference. Although research has repeatedly found that transgender children experience mental health problems, including suicidality, at high rates, a recent study found that transgender children whose families affirmed their gender identity were as psychologically healthy as their nontransgender peers (HRC Foundation, 2017).

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As mental health providers, we can find out from LGBT youth how their family has reacted to their identity and offer supportive counseling as needed. Supportive counseling may include helping the youth connect with community resources. It may also involve reaching out to families and educating them how they might be supportive of their child and the impact negative reactions can have on mental health.

Effective Treatment Strategies

Addressing Systemic Stigma

According to The American Psychological Association (2021) best practice recommendations, LGBT people are members of a minority group that is the target of social stigma, and as such mental health facilities and their personnel who serve people

with serious mental illness face important challenges in addressing the needs of LGBT clients. These challenges include the following:

- Educating staff to foster inclusive behaviors
- Addressing harassment and intolerance of peers who are also in the treatment program
- Implementing training requirements for personnel
- Developing program policies that recognize the needs of LGBT clients
- Acknowledging the emotional and sexual lives of LGBT clients

Cabaj (2021) highlights the importance of creating an accepting and affirming environment with new clients by not assuming sexual orientation or gender identity. Specific recommendations include:

- Ask, "Do you have sex with men, women, or both?" and "How do you identify yourself?" Providers should be sensitive to patients in transition, and ask both how they'd like to be addressed as well as use the appropriate pronoun.
- Assess the level of openness and self-acceptance
- Be aware that there is NO basis for so-called "conversion or reparative" therapy which are unscientific attempts to change sexual orientation through shame-based efforts that result in depression, anxiety, and increased suicidality. All major health groups condemn such attempts. Refer to the APA's position statement on therapies focused on attempts to change sexual orientation for more information.
- Be aware that families can be helped to accept their gay or lesbian children and that in turn leads to greatly reduced suicidality and anxiety in such youth. Given the risk of suicide, be comfortable asking about risk and resilience factors (Cabaj, 2021).

Cabaj (2021) offers the following 7 Guiding Principles for Understanding Gender and Sexuality adapted from The Massachusetts General Hospital Textbook on Diversity and Cultural Sensitivity in Mental Health.

1. Gender and sexuality exist in continuums with infinite possibilities.
2. The gender and sexuality continuums are separate, yet interrelated realms.

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3. The gender continuum breaks down into separate, but not mutually exclusive masculine and feminine continuums.
4. Sexuality is composed of three distinct realms: orientation and attraction, behavior, and identity. These three realms are interrelated but not always aligned.
5. Gender may develop based upon biological sex, but this is not always the case (i.e., transgendered, intersex, androgynous individuals).
6. There are biological, psychological, social, and cultural influences at play in gender and sexual developmental trajectories. Social factors, such as family and peer relationships, robustly shape behavior during preschool and school-age years.
7. Each individual is unique and composed of multiple identities that exist within and interact with other sociocultural realms, such as socioeconomic status, geographic region, race and ethnicity, religious and spiritual affiliation, gender, and sexuality among others.

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Creating Affirming Behavioral Health Care

As we have seen in the presented research, LGBTQ populations of all ages disproportionately experience more instances of mental health and substance use disorders, suicidality, and poorer wellbeing outcomes compared to their heterosexual peers. We have also seen that barriers for accessing care for those in the LGBTQ community continue to exist. The following recommendations for creating an affirming behavioral health care setting come from The National LGBTQIA+ Health Education Center (2021).

Affirming Behavioral Health Care includes:

1. Using Affirming Communication Strategies
    a. Ask about and consistently use patients' affirmed names and pronouns
    b. Avoid making assumptions about a person's sexual orientation and gender identity
2. Tailor behavioral health treatment for LGBTQ individuals
    a. Treatment frameworks can be modified to affirm and include LGBTQ individual's unique experiences

b. Clinicians can adopt a core set of treatment principles to address minority stress pathways shared across co-occurring psychosocial health problems

    i. Normalize the adverse impact of minority stress

    ii. Facilitate emotional awareness, regulation, and acceptance

    iii. Reduce avoidance

    iv. Empower assertive communication

    v. Restructure minority stress cognitions

    vi. Validate sexual minority individuals' unique strengths

    vii. Build supportive relationships

    viii. Affirm healthy and rewarding expressions of sexuality

3. Approach care in a trauma-informed manner. Components of trauma-informed care are:

    a. Safety

    b. Trustworthiness and transparency

    c. Peer support

    d. Collaboration & mutuality

    e. Empowerment, voice, and choice

    f. Cultural, historical, and gender issues

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Additional Affirming Care Suggestions

If you make a mistake, and use the wrong name or wrong gender pronoun, simply apologize and acknowledge your mistake. You can say, "I apologize for using the wrong pronoun, I did not mean to disrespect you. I won't let that happen again." (NYC Health & Hospital, 2020).

There are many instances in which a provider may need to issue a referral to another practice for a client. When making these referrals, it is important to consider the many

instances of discrimination that LGBTQ clients and their families have experienced in healthcare settings. A good practice is to maintain a list of LGBTQ-friendly providers to refer clients to if and when the need arises (NYC Health & Hospital, 2020).

Telehealth options increase access to cross-state licensures provided by LGBTQ+ competent providers. Regardless of geographic location, telehealth is seen as a viable option by transgender youth who have been prevented from receiving care from specialized clinics. Telehealth opens up avenues of affirming care for LGBTQ+ youth who reside in parts of the US where there are few or no LGBTQ+ competent providers. Telehealth is particularly favorable for youth who lack parental support, and those who need to receive ongoing care and monitoring (Klein et al, 2021).

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Appendix 1: Terminology

Retrieved from University of California San Francisco - Lesbian, Gay, Bisexual, Transgender Resource Center, December, 2021 https://lgbt.ucsf.edu/glossary-terms

Ally: A person who confronts heterosexism, sexism, homophobia, biphobia, transphobia, and heterosexual privilege in themselves and others out of concern for the well-being of LGBTQIA+ people.

Asexuality: Generally characterized by not feeling sexual attraction or a desire for partnered sexuality. Asexuality is distinct from celibacy, which is the deliberate abstention from sexual activity.

Biphobia: fear or hatred of people who are bisexual, pansexual, or omnisexual.

Bisexual: A person whose primary sexual and affectional orientation is toward people of the same and other genders, or toward people regardless of their gender.

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Coming Out: Refers to voluntarily making public one's sexual orientation and/or gender identity.

Cisgender: The prefix cis- means "on this side of" or "not across." A term used to call attention to the privilege of people who are not transgender.

Cross Dresser: A word to describe a person who dresses, at least partially, as a member of a gender other than their assigned sex; carries no implications of sexual orientation.

Drag King: A person (often a woman) who appears as a man. Generally in reference to an act or performance. This has no implications regarding gender identity.

Drag Queen: A person (often a man) who appears as a woman. Generally in reference to an act or performance. This has no implications regarding gender identity.

Gay: A sexual orientation toward people of the same gender.

Gender: A social construct used to classify a person as a man, woman, or some other identity. Fundamentally different from the sex one is assigned at birth; a set of social, psychological, and emotional traits, often influenced by societal expectations

Gender Expression: How one expresses oneself, in terms of dress, mannerisms and/or behaviors that society characterizes as "masculine" or "feminine."

Genderqueer: A person whose gender identity and/or gender expression falls outside of the dominant societal norm for their assigned sex, is beyond genders, or is some combination of them.

Heterosexism: The assumption that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of lesbian, gay, bisexual, and queer people while it gives advantages to heterosexual people. It is often a subtle form of oppression, which reinforces realities of silence and invisibility.

Heterosexuality: A sexual orientation in which individuals feel physically and emotionally attracted to people of a gender other than their own.

Homophobia: The irrational hatred and fear of LGBTQIA+ people. Homophobia includes prejudice, discrimination, harassment, and acts of violence brought on by fear and hatred. It occurs on personal, institutional, and societal levels.

Homosexual/Homosexuality: An outdated term to describe a sexual orientation in which a person feels physically and emotionally attracted to people of the same gender.

Internalized homophobia: The fear and self-hate of one's own LGBBTQIA identity, that occurs for many individuals who have learned negative ideas about LGBTQIA+ people throughout childhood. One form of internalized oppression is the acceptance of the myths and stereotypes applied to the oppressed group.

Intersex: People who, without medical intervention, develop primary or secondary sex characteristics that do not fit "neatly" into society's definitions of male or female. Many visibly intersex people are mutilated in infancy and early childhood by doctors to make the individual's sex characteristics conform to society's idea of what normal bodies should look like. Intersex people are relatively common, although society's denial of their existence has allowed very little room for intersex issues to be discussed publicly.

Lesbian: A woman whose primary sexual orientation is toward people of the same gender.

LGBT: Abbreviation for Lesbian, Gay, Bisexual, and Transgender. An umbrella term used to refer to the community as a whole.

Pansexual/Omnisexual: Terms used to describe people who have romantic, sexual or affectional desire for people of all genders and sexes.

Nonbinary: A gender identity that embraces a full universe of expressions and ways of being that resonate with an individual. It may be an active resistance to binary gender expectations and/or an intentional creation of new unbounded ideas of self within the world.

Queer: This can include, but is not limited to, gay, lesbian, bisexual, transgender, intersex, and asexual people. This term has different meanings to different people. Some still find it offensive, while others reclaim it to encompass the broader sense of history of the gay rights movement. Can also be used as an umbrella term like LGBT, as in "the queer community."

Sex: a categorization based on the appearance of the genitalia at birth.

Sexuality: The components of a person that include their biological sex, sexual orientation, gender identity, sexual practices, etc.

Sexual Orientation: An enduring emotional, romantic, or sexual attraction. Sexual orientation is fluid. Asexuality is also considered a sexual orientation (See above definition of asexuality).

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Transphobia: The fear or hatred of transgender people or people who do not meet society's gender role expectations.

Transgender: Used most often as an umbrella term, some commonly held definitions: 1. Someone whose gender identity or expression does not fit (dominant-group social constructs of) assigned birth sex and gender. 2. A gender outside of the man/woman binary. 3. Having no gender or multiple genders.

Transsexual: A person who lives full-time in a gender different than the person's assigned birth sex and gender. Some pursue hormones and/or surgery while others do not. Sometimes used to specifically refer to trans people pursuing gender or sex confirmation.

Transvestite: This is an outdated and problematic term due to its historical use as a diagnosis for medical/mental health disorders. Cross Dresser has replaced transvestite; see above definition.

References

American Psychological Association. (Retrieved, 2021). Best Practices for Mental Health Facilities Working With LGBT Clients. https://www.apa.org/pi/lgbt/resources/promoting-good-practices

Cabaj, R.P. (Retrieved December 2021). Best Practice Highlights Lesbian, Gay, Bisexual, Transgender and people who may be questioning their sexual orientation or sexual identity (LGBTQ). American Psychological Association https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Treating-Diverse-Populations/Best-Practices-LGBTQ-Patients.PDF

FBI. (2019). 2019 Hate Crime Statistics. https://ucr.fbi.gov/hate-crime/2019/topic-pages/victims

Human Rights Campaign Foundation. (2017). Mental Health and the LGBTQ Community https://suicidepreventionlifeline.org/wp-content/uploads/2017/07/LGBTQ_MentalHealth_OnePager.pdf

Human Rights Campaign Foundation (2021). The State of Mental Health in the LGBTQ Community. https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/documents/LGBTQ-MentalHealth-brief-022221.pdf

Klein, K., Woo, P, & Schneider, R. "Ensuring Access To Affirming Mental Health Care For LGBTQ+ Children And Teens", Health Affairs Blog, December 9, 2021. DOI: 10.1377/hblog20211203.985345

Mallory, C., Taylor, N.T., & Conron, K.J. (2019). Conversion Therapy and LGBT Youth. The Williams Institute, UCLA School of Law. https://williamsinstitute.law.ucla.edu/demographics/conversion-therapy-and-lgbt-youth/

Meyers, L. (2017). LGBTQ Issues Across the Lifespan. Counseling Today. https://ct.counseling.org/2017/03/lgbtq-issues-across-life-span/

National Eating Disorders (Retrieved December, 2021). Statistics & Research on Eating Disorders. https://www.nationaleatingdisorders.org/statistics-research-eating-disorders

National LGBTQIA+ Health Education Center. (2021). Behavioral Health Care for LGBTQIA+ People https://www.lgbtqiahealtheducation.org/courses/behavioral-health-care-for-lgbtqia-people/

Mindful CEUs.com

National LGBTQIA+ Health Education Center. (2018). Suicide Risk and Prevention for LGBTQ People https://www.lgbtqiahealtheducation.org/wp-content/uploads/2018/10/Suicide-Risk-and-Prevention-for-LGBTQ-Patients-Brief.pdf

National Alliance on Mental Illness (NAMI). (Retrieved, December 2021). https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQI

New York City Health & Hospital. (2020). Creating an LGBTQ Affirming Clinic A Guide for Practice Managers and Providers. https://hhinternet.blob.core.windows.net/uploads/2020/02/creating-an-lgbtq-affirming-clinic-resource-guide.pdf

Romanelli, M., & Hudson, K. D. (2017). Individual and systemic barriers to health care: Perspectives of lesbian, gay, bisexual, and transgender adults. American Journal of Orthopsychiatry, 87(6), 714–728. https://doi.org/10.1037/ort0000306

Substance Abuse and Mental Health Service Administration (SAMHSA). (2021). 2018 National Survey on Drug Use and Health: Lesbian, Gay, & Bisexual (LGB) Adults. https://www.samhsa.gov/data/sites/default/files/reports/rpt23252/7_LGB_2020_01_14_508.pdf

United States Census Bureau. (2019). Who is Living Together? Same-Sex Couples in the United States. https://www.census.gov/library/visualizations/2019/comm/living-together-same-sex.html

University of California San Francisco. Lesbian, Gay, Bisexual, Transgender Resource Center. Retrieved: December, 2021. https://lgbt.ucsf.edu/

Veale, J. F., Peter, T., Travers, R., & Saewyc, E. M. (2017). Enacted stigma, mental health, and protective factors among transgender youth in Canada. Transgender Health, 2(1), 207-216.

Williams Institute. (Retrieved: December, 2021). https://williamsinstitute.law.ucla.edu/quick-facts/lgbt-faqs/

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