

What LGBT Consumers May Bring to their Interactions with the Mental Healthcare System

LGBT Consumers May ...

- Bring the effects of having experienced insensitivity from previous health providers. Such experiences have been tied to experiencing greater emotional distress *after* such services.
- Seem “hyper-vigilant” to homophobia or discomfort in others, due to finely tuned self-protective abilities to read subtle signs of other’s reactions – developed in order to avoid or prepare for potential and actual embarrassing and dangerous homophobia-related incidents.
- Be wary or reserved with others until they feel assured the person is both LGBT-affirmative and able to work with them in other areas as well (focal problems, culture, class, etc)
- Not let mental health workers know they are LGBT in order to avoid possible rejection or intolerant reactions, even if they are comfortable with their identity.
- Be distressed about discord their identity creates with family members who are not LGBT-affirmative, especially if they rely on family support, come from cultural or personal background that emphasize family harmony, honor, and/or filial loyalty, and/or already experience family conflict around their mental illness.
- Be isolated or lonely due to not having a community of similar others for belonging and validation, particularly if they are bisexual or transgender, are people of color, have other stigmatized “differences”, or don’t live in a large metropolitan area.
- Be conflicted or distressed about their sexual orientation, due to misinformation, cultural or religious values, and/or internalized negative messages about LGBT identities.
- Have to work actively to develop a positive identity. Heterosexuals usually do not have to engage so deliberately in their identity development, because they seldom encounter challenges to it.
- Be concerned about stressors related to anti-LGBT prejudice, such as losing one’s job or custody of one’s children.
- Need to address substance abuse or addiction that may or may not be tied to social isolation, stress, or personal conflict related to being LGBT.
- Be facing pressures (and joys) unique to same-gender relationships in addition to those experienced in all relationships.
 - Pressures: Lack of social sanction automatically afforded to mixed-gender relationships, pathologization of relationship patterns that do not follow heterosexual templates, lack of relationship models, overt discrimination.
 - Strengths: Deep degrees of friendship and flexibility, egalitarian roles, creative relationship models unconstrained by heterosexual templates, high levels of intimate and sexual communication.

Taken from “Raising Issues: Lesbian, Gay, Bisexual and Transgender People Receiving Services in the Public Mental Health System” by, Alicia Lucksted, PhD. November 2004

