

# Lesbian Trans Guida in Me

LGBT Service Users: Guidance for staff working in mental health services  
This guide was developed by GLEN to assist the Mental Health Commission in promoting, encouraging and fostering high standards and good practices in the delivery of mental health services to LGBT people.

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# KEY TERMS

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**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.

**Lesbian** A lesbian is a woman who is romantically, sexually and/or emotionally attracted to women.

**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 the word lesbian to refer to their sexual orientation. Most gay people don't like to be referred to as homosexual because of the negative historical associations with the word.

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

**Gender Identity** refers to whether one feels male or female regardless of sex assigned at birth. Gender expression refers to outwardly expressing one's gender identity through mannerisms, grooming, physical characteristics, social interactions and speech.

**Transgender** is a term used to describe people whose gender identity or gender expression, differ from the sex assigned to them at birth. Not everyone whose feelings, appearance or behaviour is gender-atypical will identify as a transgender person. Many transgender people live full-time or part-time in their preferred gender.

**LGBT** is an acronym for lesbian, gay, bisexual and transgender.

**Coming Out** is a term that refers to LGBT people's discovery, acceptance and disclosure of their sexual orientation or gender identity.

**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'.

**Transsexual** refers to people whose gender identity is opposite to the sex assigned to them at birth. Transsexual people may seek medical interventions, such as hormones and surgery, to make their bodies fit as much as possible with their preferred gender. The process of changing from one gender to another is called transitioning. Biological females who wish to live and be recognised as men are called female-to-male (FTM) transsexuals or trans men. Biological males who wish to live and be recognised as women are called male-to-female (MTF) transsexuals or trans women. DSM-5 uses the term *Gender*

*dysphoria* instead of transsexual and this replaces the term gender identity disorder which was used in DSM-IV.

**Transitioning** is the process of changing the way someone's gender is lived publicly. People who wish to transition often start by expressing their gender identity in situations where they feel safe. They typically work up to living full-time in their preferred gender by making gradual changes to their gender expression. Connecting with other transgender people through peer support groups and transgender community organisations is also very helpful for people when they are going through the transition process. Transitioning typically involves changes in clothing and grooming, a name change, change of gender on identity documents, hormonal treatment, and surgery.

# INTRODUCTION

This guide has been produced by GLEN – Gay and Lesbian Equality Network – in consultation with the Mental Health Commission (MHC) to provide staff working in mental health services with information to assist them in their day to day interactions with lesbian, gay, bisexual and transgender (LGBT) people availing of services. The need for this guidance arose from Irish research<sup>1</sup> that identified increased mental health risk among LGBT people, and younger people in particular, as well as the need to increase awareness amongst health professionals of LGBT people's mental health needs.

The national mental health policy *A Vision for Change* highlighted the need for mental health services to be delivered in an inclusive manner and for LGBT people's specific needs to be considered by those delivering services. While there is greater visibility and inclusion of LGBT people in Irish society in recent years, many still feel they need to hide their sexual orientation or gender identity for fear of negative reactions from people, including from service providers. Indeed, a study on LGBT people's experiences of accessing health services in Ireland including mental health services found:

- » 76.9% of participants felt healthcare providers need to have more knowledge of and sensitivity to LGBT issues;
- » Healthcare providers were only aware of respondents' LGBT identity in 44% of cases;
- » Only 40% felt respected as an LGBT person by healthcare providers;
- » 45% actively sought out LGBT-friendly healthcare professionals because of bad experiences that they had with providers in the past.

The MHC's *Quality Framework for Mental Health Services* (2007) provides clear guidance for service users and members of the public as to what they can expect from a mental health service. Standard 2.1 of the Quality Framework states that service users should receive services in a manner that respects and acknowledges their specific values, beliefs and experiences. In line with this standard, Criteria 2.1.6 of the Quality Framework highlights that "service users experience receipt of care that is in compliance with equality legislation" (p 26) and prohibits discrimination on grounds including sexual orientation and gender.

Furthermore, Standard 5.1 of the Quality Framework states that mental health services should be accessible to the community and Criteria 5.1.1 highlights that "the mental health service ensures equality in accessing a service" (p 38) regardless of service user characteristics such as sexual orientation or gender.

This guide has been developed by GLEN to assist the MHC in promoting, encouraging and fostering high standards and good practices in the delivery of mental health services to LGBT people. It should be read in conjunction with MHC publications such as the *Quality Framework for Mental Health Services* and *A Recovery Approach within the Irish Mental Health Services* (MHC, 2008). There are also a number of guidance documents developed by Irish professional bodies for mental health professionals that complement this guide (see Resources section on page 7). GLEN would like to thank the MHC for their invaluable support in developing and distributing this guidance for staff working in mental health services.

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# WHAT IS THE ISSUE?

A number of national policies<sup>2,3,4,5,6</sup> have highlighted the need for mental health professionals and healthcare providers to be more inclusive of LGBT people in their practice and to consider the specific needs of LGBT people. The HSE (2009) in its report *LGBT Health* highlighted that LGBT people experience inequities in access to and within health services which can lead to reluctance to engage with mainstream health services. It also concluded that LGBT people are at a heightened mental health risk because of the stresses created by stigmatisation, marginalisation and discrimination.

*Reach Out*, the national suicide prevention strategy, identified LGBT people as one of a number of marginalised groups at risk of suicidal behaviour. It highlighted the need to conduct research on LGBT people's mental health and to develop resources to improve mental health service delivery to LGBT people.

The National Office for Suicide Prevention funded the *Supporting LGBT Lives* study, which examined for the first time LGBT mental health risk and resilience in an Irish context. A key finding of this study, in which 1,110 LGBT people participated, was that LGBT people, and young people in particular, are at risk of suicidal behaviour related to difficulties before and after coming out to their family and in school. One of the recommendations arising from the *Supporting LGBT Lives* report was that the Mental Health Commission ensures that mental health service standards include care policies for LGBT people.

This guidance document has been developed by GLEN in consultation with the Mental Health Commission to provide staff working in mental health services with information to assist them in their day to day interactions with LGBT people availing of services. It also aims to improve service providers' knowledge of and sensitivity to LGBT issues.

Some of the key findings related to **'coming out'**, **mental health** and **suicidality** from the *Supporting LGBT Lives* study are presented below which give an insight into the specific experiences of LGBT people in Ireland.



# Key Findings of the 'Supporting LGBT Lives' Study

## 'Coming Out'

- » **12 years of age** = the most common age to realise one's LGBT identity
- » **17 years of age** = the most common age to first disclose one's LGBT identity to anyone
- » **5 years** = the most common number of years that young LGBT people conceal their identity from others. This 5 year period coincides with puberty, school and a critical period of social, emotion and vocational development
- » The period prior to coming out was **particularly stressful** because of fear of rejection (by parents in particular) and because of isolation
- » The majority came out to **a friend or another trusted individual** before coming out to their family. Friends and family, but parents in particular, have a crucial role to play in supporting LGBT people as they come out and this support can act as a protective buffer against specific stresses LGBT young people may encounter such as homophobic bullying in school

## LGBT Mental Health and Suicidality

- » **27% had self-harmed** and 85% of these did so more than once
- » **16 years** was the average age of first self-harming
- » **40% of females and 20% of males** had self-harmed
- » **18% had attempted suicide** and 85% saw their first attempt as related to stresses associated with their LGBT identity (e.g. fear of rejection by family or friends)
- » **17.5 years** was the average age of first suicide attempt
- » **24% of females and 15% of males** attempted suicide at least once
- » Over a **third of those aged 25 years and under had thought seriously about ending their lives** within the past year and over 50% had done so at some time
- » The 3 most common LGBT-specific stresses identified were:
  - **fear of rejection** when considering coming out;
  - **negative school experiences**; and
  - experiences of **harassment and victimisation**



# WHAT CAN MENTAL HEALTH STAFF DO?

The following guidance has been structured under the themes of the MHC *Quality Framework for Mental Health Services*. It outlines the steps that those working in and providing mental health services can take to ensure that services are provided in an inclusive way to LGBT service users as well as their partners and families/chosen advocates.

## THEME 1:

### Provision of a holistic seamless service and the full continuum of care provided by a multidisciplinary team

- » **All mental health services are likely to have LGBT service users** and/or family members or parents of services users who are LGBT. In a recent national study approximately 8% of people identified as lesbian, gay or bisexual therefore it follows that a similar percentage of mental health service users are LGBT<sup>7</sup>.
- » **Identify specific needs.** A person's LGBT identity may be unrelated to their need for the service. For some their experiences as an LGBT person will be closely related to their presentation. Therefore, in addition to routine assessment and treatment, where appropriate, consider the role of LGBT-specific stresses in the person's presentation to services, including *questioning their own sexual orientation/gender identity, fear of coming out, lack of support after coming out* or, for those who are already 'out', experiences such as *homophobic or transphobic bullying*. See the Key LGBT Mental Health Issues section on page 6 for more information.
- » **Training on LGBT issues** is available from a range of groups (see list of LGBT Organisations and Services in Resources section). An empowering approach to the care and treatment of LGBT service users will be based on mental health staff being aware of their specific needs and the range of LGBT community resources and organisations that can be used in recovery programmes.

## THEME 2:

### Respectful, empathic relationships are required between people using the mental health service and those providing them

- » **Provide an LGBT-inclusive service.** This is a service that is respectful of and values both its LGBT service users and service providers.
- » **Respond supportively** when service users disclose they are LGBT. Where appropriate ask the person about their experience of coming out and if there are any issues related to being LGBT that they would like to discuss or need help with.
- » **Familiarise yourself with LGBT issues.** LGBT specific stressors that can impact on mental health, include difficulties before or after coming out, isolation, homophobic or transphobic bullying and lack of family support. More in-depth information on these and other issues is available for mental health professionals (see Guidelines for Professionals in Resources section).
- » **Recognise when working with young people** that issues related to sexual orientation or gender identity can play a role in young people's presentation with emotional and behavioural difficulties. This is particularly important for those working in Child and Adolescent Mental Health Services (See MHC resources for further guidance on working with young people).
- » **Recognise when working with older people** that older LGBT people may have fears and anxieties related to historical approaches to LGBT people and their relationships.

## THEME 3:

### An empowering approach to service delivery is beneficial to both people using the service and those providing it

- » **Respect the rights of LGBT service users.** Do not discriminate on the basis of sexual orientation or gender identity. This is an important component in providing an inclusive mental health service that respects the rights of LGBT service users.

- » **Use language and questions that reflect openness;** it is important not to assume heterosexuality and recognise that gender identity may differ from presentation
- » **Offer person-centred care** which focuses on self determination and empowering relationships based on trust, understanding, respect and meaningful roles in society.

#### THEME 4:

A quality physical environment that promotes good health and upholds the security and safety of service users

- » **Display LGBT information.** Displaying an LGBT poster or including LGBT people's views and experiences in service literature can help create a friendly welcoming environment for LGBT service users.
- » **Create a Safe Environment.** Staff in inpatient and residential mental health services should be mindful of the safety and security of LGBT individuals who may be subjected to negative comments or behaviour related to their LGBT identity from other service users.

#### THEME 5:

Access to services

- » **Equal access.** Mental health services must ensure equality in access to their service regardless of the service user's gender, sexual orientation, civil status, family status, age, disability, ethnicity, social class, religion or membership of the traveller community.
- » **Include LGBT people** in the service ethos statement or equality policy. This demonstrates equality of access for all service users including LGBT people.

#### THEME 6:

Family/chosen advocate involvement and support

- » **Provide information, advice and support to the partners of LGBT service users** in the same way as you would to the spouses/partners of heterosexual people.

- » **Treat same-sex civil partnered or co-habiting couples** in the same way as you would married or co-habiting heterosexual couples in the context of their legal rights and entitlements (e.g. next of kin). This is required in line with Equal Status legislation.
- » **Involve advocates where acceptable to the person.** For some LGBT people, particularly those who have no contact with their family of origin, their advocates may include friends or staff from LGBT services.

#### THEME 7:

Staff skills, expertise and morale are key influencers in the delivery of a quality mental health service

- » **A similar percentage of staff** working in mental health services are likely to be LGBT in the same way that approximately 8% of service users are LGBT.
- » **Provide LGBT awareness training** for staff as this can build their capacity to best meet the needs of LGBT service users.
- » **Make available existing guidance.** Guidance for mental health professionals has been developed by a number of professional bodies including the College of Psychiatry of Ireland, the Irish Institute of Mental Health Nursing and the Irish Association of Social Workers (see Resources on page 7).

#### THEME 8:

Systematic evaluation and review of mental health services underpinned by best practice, will enable providers to deliver quality services

- » **LGBT issues should be considered** by the mental health service when developing policy and services and LGBT service users should be consulted in service evaluation.
- » **Engagement with LGBT community groups** may facilitate LGBT service user involvement.



# SUMMARY OF KEY LGBT MENTAL HEALTH ISSUES

In addition to routine mental health assessment and treatment, where appropriate, consider the following with LGBT service users:

**Minority Stress** describes the mental health consequences of stigmatisation and harassment that members of minority groups such as LGBT people may face and the increased risk of psychological distress associated with these experiences. A significant body of research has demonstrated that *minority stress* results in increased risk of suicidal behaviour and self-harm among LGBT people as well as increased risk of depression, anxiety and substance misuse<sup>a</sup>.

**Coming Out** refers to LGBT people's discovery, acceptance and disclosure of their sexual orientation or gender identity. Most LGBT people now have a positive experience of coming out and the support of family, friends and colleagues is critical to this. Enquire if the service user has come out to family and friends? If yes, enquire if family and friends are supportive? If no, explore what supports the person could benefit from?

**Fear of Rejection** Irish research<sup>1</sup> has shown that the majority of LGBT people report the period prior to coming out is a particularly stressful one because of *fear of rejection and isolation*. For young people in particular stresses related to coming out are strongly associated with increased risk of depression, self-harm and attempted suicide.

**Disclosure** Irish research<sup>1</sup> also tells us that the most common age that LGBT people discover their LGBT identity is age 12 and the most common age that they *first disclose* this to anyone is age 17. This indicates that for most there is a 5 year period where LGBT 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 in their lives.

## Homophobic and Transphobic Bullying

Significant numbers of LGBT students experience *homophobic or transphobic bullying* in school and some adults still experience it in the workplace. This can result in psychological distress and feelings of isolation and this is particularly true for people becoming aware of their LGBT identity at a younger age, which is increasingly common.

**Resilience** Irish research<sup>1</sup> has identified factors that contribute to LGBT mental health resilience. Social sources of *resilience* include accepting family, supportive friends, contact with an LGBT community group and positive experiences of school or work. Personal sources of resilience include forming a positive LGBT identity, good self-esteem, positive turning points and developing positive coping strategies.

**LGBT-Specific Support** An LGBT-inclusive mental health service is one that is LGBT-affirmative and provides LGBT service users with appropriate support. Remember that LGBT service users may also benefit from referral to LGBT organisations or an LGBT Helpline for specific support and information (see the Resources section).

**Transitioning** This is the process of changing the way someone's gender is lived publicly. Transitioning typically involves changes in clothing and grooming, a name change, change of gender on identity documents, hormonal treatment and surgery. The *WPATH Standards of Care for the Health of Transsexual and Transgender People* provide specific guidance for professionals on transitioning (see Resources section). The Transgender Equality Network Ireland (TENI) provides support and information to transgender people and their families (see Resources section on page 7).



# WHAT RESOURCES ARE AVAILABLE?

## Guidelines for Professionals on Sexual Orientation

*Lesbian, Gay and Bisexual Patients: The Issues for Mental Health Practice*

College of Psychiatry of Ireland, 2010  
Available at: [www.glen.ie/attachments/CPsychI\\_LGB\\_Mental\\_Health\\_Guide.PDF](http://www.glen.ie/attachments/CPsychI_LGB_Mental_Health_Guide.PDF)

*Gay, Lesbian and Bisexual People: A Good Practice Guide for Mental Health Nurses*

Irish Institute of Mental Health Nursing, 2010  
Available at: [www.glen.ie/attachments/IIMHN\\_LGB\\_Mental\\_Health\\_Guide.PDF](http://www.glen.ie/attachments/IIMHN_LGB_Mental_Health_Guide.PDF)

*Lesbian, Gay and Bisexual People: A Guide to Good Practice for Social Workers*

Irish Association of Social Workers, 2011  
Available at: [www.glen.ie/attachments/IASW\\_LGB\\_Mental\\_Health\\_Guide.PDF](http://www.glen.ie/attachments/IASW_LGB_Mental_Health_Guide.PDF)

*Lesbian, Gay and Bisexual Clients: A Good Practice Guide for Psychologists*

Psychological Society of Ireland, 2013 (forthcoming)

*Appropriate Therapeutic Responses to Sexual Orientation*

American Psychological Association, 2009  
Available at: [www.apa.org/pi/lgbt/resources/therapeutic-response.pdf](http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf)

## Guidelines for Professionals on Gender Identity

*Standards of Care for the Health of Transsexual and Transgender People*  
World Professional Association for Transgender Health, 2011

Available at: [www.wpath.org/publications\\_standards.cfm](http://www.wpath.org/publications_standards.cfm)

*Guidance for GPs and Health Professionals on the Care of Gender Variant People*

Gender Identity Research and Education Society, 2008  
Available at: [www.gires.org.uk/assets/DOH-Assets/pdf/doh-guidelines-for-clinicians.pdf](http://www.gires.org.uk/assets/DOH-Assets/pdf/doh-guidelines-for-clinicians.pdf)

## Irish LGBT Research & Reports

*Supporting LGBT Lives: A Study of the Mental Health and Well-Being of LGBT People*

Mayock, Bryan, Carr & Kitching, 2009  
Available at: [www.glen.ie/attachments/Supporting\\_LGBT\\_Lives\\_Report.PDF](http://www.glen.ie/attachments/Supporting_LGBT_Lives_Report.PDF)

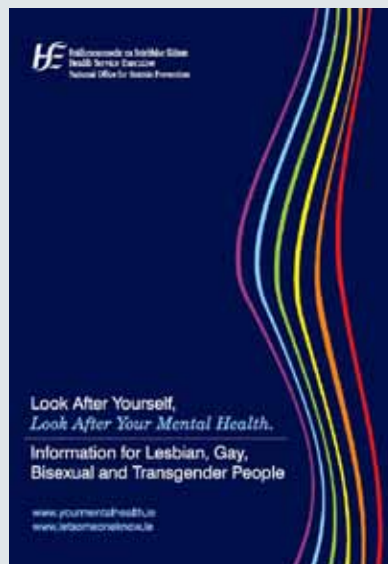
*Visible Lives: Identifying the Experiences and Needs of Older LGBT People in Ireland*

Higgins, Sharek, McCann, Sheerin, Glacken, Breen & McCarron, 2011  
Available at: [www.glen.ie/attachments/Visible\\_Lives\\_Report.PDF](http://www.glen.ie/attachments/Visible_Lives_Report.PDF)



*LGBT Health: Towards Meeting the Healthcare Needs of LGBT People*

Health Service Executive, 2009  
Available at: [www.glen.ie/attachments/HSE\\_LGBT\\_Health\\_Report.PDF](http://www.glen.ie/attachments/HSE_LGBT_Health_Report.PDF)



## Resources for Service Users & Families

*Answers to Your Questions for a Better Understanding of Sexual Orientation*

American Psychological Association, 2008  
Available at: [www.apa.org/topics/sexuality/orientation.pdf](http://www.apa.org/topics/sexuality/orientation.pdf)

*Answers to Your Questions about Transgender People and Gender Identity*

American Psychological Association, 2011  
Available at: [www.apa.org/topics/sexuality/transgender.pdf](http://www.apa.org/topics/sexuality/transgender.pdf)

*Look After Yourself, Look After Your Mental Health: Information for LGBT People*

NOSP, GLEN & BeLonG To, 2010  
Available at: [www.glen.ie/attachments/NOSP\\_Mental\\_Health\\_Guide\\_for\\_LGBT\\_People.PDF](http://www.glen.ie/attachments/NOSP_Mental_Health_Guide_for_LGBT_People.PDF)

### *Coping with the Death of Your Same-Sex Partner*

Irish Hospice Foundation

6 GLEN, 2012

Available at: [www.glen.ie/attachments/Same-Sex\\_Partner\\_Bereavement\\_Leaflet.PDF](http://www.glen.ie/attachments/Same-Sex_Partner_Bereavement_Leaflet.PDF)

LGBT Mental Health Website

[www.lgbtmentalhealth.ie](http://www.lgbtmentalhealth.ie)

BeLonG To LGBT Youth Service  
(ages 14 to 24)

[www.belongto.org](http://www.belongto.org)

National LGBT Helpline

1890 929 539

[www.lgbt.ie](http://www.lgbt.ie)



## LGBT Organisations & Services

Gay & Lesbian Equality Network

01-6728650

[www.glen.ie](http://www.glen.ie)

BeLonG To Youth Service

01-6706223

[info@belongto.org](mailto:info@belongto.org)

Transgender Equality Network Ireland

01-6334687

[www.teni.ie](http://www.teni.ie)

LINC (Lesbian Service in Cork)

021-4808600

[www.linc.ie](http://www.linc.ie)

Dundalk Outcomers

042-9329816

[www.outcomers.org](http://www.outcomers.org)

Gay Men's Health Service

01-8734932

[gmhpoutreach@eircom.net](mailto:gmhpoutreach@eircom.net)

The Other Place (Cork)

021-4278470

[www.theotherplacecork.com](http://www.theotherplacecork.com)

Outhouse Community Centre Dublin

01-8734999

[www.outhouse.ie](http://www.outhouse.ie)

LOOK (Parent Support)

087-2537699

[www.lovingouroutkids.org](http://www.lovingouroutkids.org)

Greenbow Deaf LGBT Group

086 367 1375

[www.greenbowdeaf.com](http://www.greenbowdeaf.com)

Up-to-date information and contact details for LGBT services nationally are available at [www.lgbt.ie](http://www.lgbt.ie)



## MHC Resources

Mental Health Commission (2010).

*Headspace toolkit: for young people who are inpatients of mental health services.* MHC, Dublin.

[www.headspaceireland.ie/downloads.html](http://www.headspaceireland.ie/downloads.html)

Mental Health Commission (2008)

*The Recovery Journey: A recovery approach within the Irish Mental Health Services: Position Paper.*

Dublin: MHC.

Mental Health Commission (2007).

*Quality Framework for Mental Health Services.* MHC, Dublin.

Mental Health Commission (2006).

*Code of Practice relating to the admission of children under the Mental Health Act 2001.* MHC, Dublin.

All Mental Health Commission

publications and resources can be

found at [www.mhcirl.ie](http://www.mhcirl.ie)

# REFERENCES

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1. Mayock, Bryan, Carr & Kitching (2008). Supporting LGBT lives: a study of mental health and well-being. Dublin: GLEN
2. Equality Authority (2002). Implementing Equality for Lesbians, Gays and Bisexuals, Dublin: Equality Authority
3. National Economic & Social Forum, (2003). Equality policies for lesbian, gay and bisexual people: implementation issues. Dublin: National Economic & Social Forum
4. Health Service Executive, (2005). Reach out: national strategy for action on suicide prevention. Dublin: Health Service Executive
5. Department of Health & Children (2006). A vision for change - report of the expert group on mental health policy. Dublin: Department of Health & Children
6. Health Service Executive, (2009). LGBT health: towards meeting the healthcare needs of lesbian, gay, bisexual and transgender people. Dublin: Health Service Executive
7. Dooley & Fitzgerald (2012). My world survey: national study of youth mental health. Dublin: Headstrong
8. College of Psychiatry of Ireland (2011). Lesbian, gay and bisexual patients: the issues for mental health practice. Dublin: College of Psychiatry of Ireland



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