

Guidelines for effective and culturally competent treatment with lesbian, gay, bisexual and transgender people living with mental illness

Excerpted from Rosenberg, S., Rosenberg, J., Huygen, C., and Klein, E. (2005). No need to hide: Out of the closet and mentally ill, *Best practices in mental health: An international journal*, 1, 72-85.

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The following are suggested guidelines toward effective and culturally competent treatment with LGBT mental health consumers.

- **Use inclusive language.** In many clinics and inpatient units, male patients are routinely asked, “Are you married, or do you have a girlfriend?” Many LGBT consumers will interpret this as a signal that the care provider is unwilling to hear about relationships that fall outside a heterosexual paradigm, and some of them will be silenced. Using more inclusive language, such as “Are you in a relationship right now?” or “What kind of people do you tend to have relationships with?” is a simple change that may have far-reaching results.
- **Be aware of subtle signals you may be sending.** Nearly all LGBT people at some point in their lives have lost or disrupted relationships with friends, family members, or religious communities over disclosure of their sexual or gender identity. As a result, many of them are hypervigilant toward possible clues as to whether a given person may or may not be accepting and supportive of them. The use of routine language such as that in the previous example can unintentionally telegraph a heterosexist point of view. Conversely, hanging even a small pro-LGBT flyer in your waiting room, or posting information about LGBT resources in your community, may make LGBT consumers feel that their disclosures are welcome.
- **Welcome and normalize LGBT disclosures.** A tentative disclosure of LGBT identity or experience can be welcomed with a simple “I’m glad you told me that.” This can be followed with the same kind of questions that would follow upon any consumer’s mentioning of a relationship or experience, such as “What’s he like?” or “Where did you meet her?” Showing a LGBT consumer that you are willing to put yourself in his or her shoes (e.g., “That must have really hurt,” or “That’s great, I’m happy for you!”) can have a tremendous effect on the working alliance and undo some of the estrangement from the mental health establishment that many LGBT consumers experience.

- **Utilize knowledge about consumer sexuality in discharge planning.** At Rainbow Heights Club, a number of consumers have a long history of decompensations and hospitalizations, and yet have long standing, supportive, monogamous relationships. If you are working with consumers, the person's romantic partner, as well as their network of friends, are all potential members of your treatment team. Partners, loved ones, friends, and family can provide crucial information, invaluable support for treatment compliance, and ongoing monitoring of the consumer's mental status. Welcoming these collateral contacts and taking them seriously can amplify the effectiveness of your work and generate improved outcomes.
- **Avoid overpathologizing – and underpathologizing.** Some care providers pathologize any aspect of a consumer's expression of sexual or gender identity, interpreting it as further evidence of the person's illness. But efforts to express sexuality and find connections with others are often the locus of a great deal of creativity, resilience, courage, and even playfulness. These qualities deserve our support and admiration. Conversely, however, it is not helpful to assume that every expression of a consumer's sexuality or gender identity is to be celebrated. Any such activity should be pragmatically evaluated in terms of its effects on the consumer's physical and emotional health, self-esteem, and relationships.

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