

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



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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

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