What LGBTQ+ People May Bring to Their Interactions with the Mental Healthcare System

LGBTQ+ People 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, biphobia, transphobia, 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 incidents.

- Be wary or reserved with others until they feel assured the person is both LGBTQ+-affirmative and respectful and knowledgeable about their other identities as well (race, ethnicity, disability, socioeconomic status, etc.)

- Not let mental health workers know they are LGBTQ+ 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 LGBTQ+-affirmative, especially if they rely on family support, come from cultural or personal background that emphasizes 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 connections in the LGBTQ+ community for belonging and validation, particularly if they are bisexual or transgender, are people of color, 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 LGBTQ+ identities.

- Have to work actively to develop a positive identity. Straight, cisgender people 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-LGBTQ+ 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 LGBTQ+.

- Be facing pressures or strengths unique to relationships between LGBTQ+ people in addition to those experienced in all relationships.

_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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