The Road to Recovery for GLBT Consumers:

The Role of the Provider

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DILEMMA FOR LGBT PATIENTS WITH MAJOR MENTAL ILLNESS

1973

APA DECLASSIFIES HOMOSEXUALITY AS A MENTAL ILLNESS

-

37% OF PSYCHIATRISTS OPPOSED THE DECISION

A 2001 Survey of Therapists

- 1/3 OF 274 THERAPISTS SAID G/L PATIENTS HAD A RIGHT TO A GAY THERAPIST
- ONLY 1 OF 218 THERAPISTS SAID THEY WERE GAY

(Bartlett A, King M, Phillips P (2001) Straight talking, Br J Psych, 179:545-9)

HOW DO GAY AND LESBIAN CLIENTS RATE THEIR MENTAL HEALTH PROVIDERS?

Gay and Lesbian Clients' Ratings of Psychiatrists, Psychologists, Social Workers, and Counselors

By

Becky J Liddle, PhD

1999

Journal of Gay and Lesbian Psychotherapy, Vol 3, Number 1

Therapist Not Afraid to Address S.O. when Relevant

Psychiatrist	64%
Psychologist	82%
Social Worker	85%
Counselor	81%

Therapist discounts, argues against, pushes you to renounce L/G identity

Psychiatrist	11%
Psychologist	1%
Social Worker	1%
Counselor	1%

HELPFULNESS OF THERAPIST

	Psychiatrist	Other Professionals
Very Helpful	50%	70%
Not Helpful Or Destructive	24%	8%

- LGBT people feel that the health practitioner's attitude about their sexual identity is important
- Many LGBT people report that their health provider assumed they were heterosexual

Neville S, Henrickson M (2006) J Advanced Nursing. 55:407-15

TRUST

COMFORT

TYPES OF THERAPEUTIC RELATIONSHIPS

- THE PARALLEL RELATIONSHIP
- THE CROSSED RELATIONSHIP
- THE PROGRESSIVE RELATIONSHIP
- THE REGRESSIVE RELATIONSHIP

Evaluation

- TREATMENT IS ONLY AS GOOD AS THE DIAGNOSTIC ASSESSMENT
- THE DIAGNOSTIC ASSESSMENT IS ONLY AS GOOD AS A PROVIDER WHO IS TACTFUL, NON-JUDGMENTAL AND EMPATHIC
- ASSURANCE OF CONFIDENTIALITY

ASSESSMENT IN LGBT POPULATIONS

- Sexual history including sexual orientation
- Adjustment to sexual orientation
- Stress of being open or hidden about sexual orientation
- Social, romantic, and sexual relationships
- Experience of homophobia and heterosexism

SPECIALIZED KNOWLEDGE

- IMPACT OF MENTAL ILLNESS ON SEXUAL IDENTITY AND SEXUALITY
- IMPACT OF SEXUAL IDENTITY AND SEXUALITY ON MENTAL ILLNESS

IMPACT OF MENTAL ILLNESS ON SEXUAL IDENTITY AND SEXUALITY

- To what extent is the LGBT person stigmatized by mental illness?
- Regarding sexual identity, what has been the attitude of previous clinicians, staff, residences, other patients?
- How open and comfortable is the LGBT person with mental health providers regarding sexual identity and sexual issues?
- Sexual side effects of medication?
- Does the mental health setting acknowledge the need for private, safe and responsible sexuality?
- Does it protect from sexual exploitation?

IMPACT OF SEXUAL IDENTITY AND SEXUALITY ON MENTAL ILLNESS

- How open and comfortable is the LGBT person in the mental health setting?
- Is social stress from sexual minority status recognized as separate from the mental illness?
- Does sexual minority social stress trigger symptoms of major mental illness or complicate it?

ROLE OF THE PROVIDER: LIMITATIONS

- THE PSYCHIATRIC PROVIDER IS ONE OF SEVERAL KEY RELATIONSHIPS
- OTHER GLBT PATIENTS
- OTHER STAFF THAT PROVIDE SOCIAL, CULTURAL, EDUCATIONAL, OCCUPATIONAL OPPORTUNITIES
- KEY PERSONNEL IN RESIDENCES, INPATIENT UNITS, ETC

DOES IT MAKE A DIFFERENCE?

Hellman, RE, Klein, E, Uttaro, T: Update on a program for LGBT persons with major mental illness. Psychiatric Services 59:447-448, 2008

- **75 RESEARCH PARTICIPANTS DIAGNOSED WITH MAJOR MENTAL ILLNESS**
- **ATTENDING A CULTURALLY FOCUSED SERVICE FOR LGBT PATIENTS**
- **IN PSYCHIATRIC TREATMENT AN AVERAGE OF 16 YEARS**

WHAT PARTICIPANTS REPORTED AS A RESULT OF ATTENDING THE PROGRAM (1):

- ***54% WERE MORE ADHERENT TO PSYCHIATRIC TREATMENT***
- ***80% REPORTED THAT PSYCHIATRIC SYMPTOMS WERE 'BETTER' OR 'MUCH BETTER'***
- ***78% REPORTED IMPROVED SELF-ESTEEM***

WHAT PARTICIPANTS REPORTED AS A RESULT OF ATTENDING THE PROGRAM (2):

- ***61% REPORTED IMPROVED RELATIONSHIPS***
- ***63% REPORTED BETTER ABILITY TO MANAGE STRESS***
- ***78% REPORTED IMPROVED SENSE OF HOPE***

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GLBT CONSUMERS WITH SERIOUS MENTAL ILLNESS AND THE ROLE OF THE MENTAL HEALTH PROVIDER

KEY POINTS:

1. The GLBT community is generally not equipped to manage serious, chronic mental illness

2. GLBT people with serious mental illness generally receive treatment in mainstream mental health settings where they are a minority among other patients and staff

3. As a minority, they are less likely to identify with the treatment setting, and they are less likely to feel comfortable and open in the mental health setting

4. This can have a negative impact on their adherence to treatment, increase health risks, and limit their psychological and cultural development

5. The mental health provider can help or hinder depending on their knowledge, comfort and experience with both GLBT issues in general, and the specific issues that the GLBT person with mental illness faces as a consumer in the mental health system