

## **Basic Steps toward LGBT-Affirmative Mental Health Practice**

### **To develop LGBT-affirmative therapeutic relationships, mental health staff and programs need to know ...**

- That culturally competent practice (including LGBT-affirmative) is an on-going process, not something static to be achieved and finished.
- About common prejudices, many of which come from historical, invalid assumptions within mental health professions and U.S. society at large.
- That LGBT-affirmative staff and programs must be non-homophobic and informed about the professional literature, communities and cultures relevant to clients' lives, but need not be LGBT themselves.
- That even well-informed, mental health consumers and providers live in heterosexist environments. Therefore, like other prejudices, awareness and active affirmation does not preclude homophobia cropping up in one's views and behavior.
- Of the complexities of human sexuality and social identities, there may be misunderstanding and friction about LGBT and other issues. Programs and staff should state this forthrightly while beginning therapeutic relationships and to remain active and open to discussing it.
- That LGBT-affirmative mental health workers may nonetheless not meet a consumer's needs in other ways. Consumer preferences should be respected as much as possible in all areas, not just LGBT issues.
- That mental health providers who themselves are LGBT may be able to draw from this commonality in working with LGBT clients, but they may also face challenges such as higher expectations, conflicting views or identities, assumed agreement and common prejudices in some LGBT communities about each other.
- That due to the small size of many LGBT communities, an LGBT staff-person and an LGBT client may find themselves in the same (social, political, cultural) circles, may encounter each other in community settings, and may be acquainted with more of each other's associates than a therapy dyad of differing sexual orientations/identities or one in which both are heterosexual.
- Of the tendency of some healthcare providers (and some consumers) to view LGBT identities as beleaguered or tragic because of the challenges of living as LGBT in current society – thereby ignoring or discounting many of the very positive aspects of these identities.

*Taken from "Raising Issues: Lesbian, Gay, Bisexual and Transgender People Receiving Services in the Public Mental Health System" by, Alicia Lucksted, PhD. November 2004*