CONSIDERATIONS WHEN PROVIDING MENTAL HEALTH FIRST AID TO AN LGBTIQ PERSON

Understanding LGBTIQ experiences

So that you can better support an LGBTIQ person with mental health problems, learn as much as you can about the LGBTIQ community, including the way culture and religion impact on LGBTIQ people, e.g. shame due to cultural or religious norms.

Sexuality and gender lie on a spectrum, rather than falling within rigid categories, e.g. not everybody identifies as male or female. Sexuality and gender may also change over time. There is great diversity among people using any particular LGBTIQ label and an LGBTIQ person may hold a range of identities, e.g. queer and transgender.

Do **not** make assumptions about:

- The person's sexuality or gender identity based on the way they look, act, talk, dress, or who their friends are, or whether they have children
- The way the person is likely to behave or think based on your knowledge of the person's LGBTIQ experience
- The person's sexuality based on their gender identity, and vice versa.

If you are interacting with a same-sex attracted person who is of the same gender as you, do not assume that the person is sexually attracted to you, just as you would not assume that all heterosexual members of the opposite sex are attracted to you.

If you are an LGBTIQ person, you should not make assumptions based on your own experience or understanding of being LGBTIQ.

CONSIDERATIONS WHEN PROVIDING MENTAL HEALTH FIRST AID TO AN LGBTIQ PERSON

Definitions used in these guidelines

The definition of terms and the way they are used changes over time, and can vary depending on location and culture. While acknowledging this, the terms used in these guidelines are defined below.

LGBTIQ traditionally stands for lesbian, gay, bisexual, transgender, intersex, and queer or questioning. In these guidelines, it is expanded to include the full range of sexual and romantic attractions (e.g. asexual, polysexual, pansexual), and all gender identities.

LGBTIQ experience refers to the way an LGBTIQ person experiences sexual or romantic attraction, sexual behaviours, gender identity or intersex variation.

Gender identity describes someone's own understanding of who they are with regards to their gender-related identity (e.g. woman, genderqueer, man, no gender, etc.), as distinct from their physical characteristics. This includes the way people express or present their gender and recognises that a person may not identify as either a woman or a man.

- **Transgender** is a broad term for people whose gender identity, expression or behaviour is different from those typically associated with their assigned sex at birth. 'Trans' is shorthand for 'transgender'. Transgender is correctly used as an adjective, not a noun, thus 'transgender people' is appropriate but 'transgenders' or 'transgendered' is often viewed as disrespectful. A person with a transgender experience may not identify as 'transgender', but rather as male, female, binary, etc.
- **Transsexual** is an older term for transgender.
- **Transvestite** (or cross-dresser) is a term for people who dress in clothing traditionally or stereotypically worn by the other sex, but who generally have no intent to live full-time as the other gender. The term 'transvestite' may be considered derogatory.
- **Cisgender** refers to people whose gender identity is typically associated with their biological sex at birth.

Sexuality describes a person's emotional, romantic, or sexual attractions towards others, often describing the gender of people with whom someone builds sexual or romantic relationships, e.g. lesbian, gay, etc. Some people experience sexuality as fluid and changing across the lifespan, therefore we choose not to use the term 'orientation'.

- **Asexual** is used to describe a person who does not experience sexual attraction.
- **Bisexual** is sexual attraction to both males and females. It is a sexuality in its own right, and should not be viewed as 'a phase' or 'on the way to being gay'.
- **Pansexual** is derived from the Greek prefix 'pan', which means 'all'. Pansexual people may be attracted to a person of any gender.
- **Polysexual** is used to describe a person who is attracted to some, but not all genders.

Intersex variation is an umbrella term for people with physical characteristics that are seen as different from what is typically thought of as 'female' and 'male' bodies. These physical characteristics are present at birth and may become more noticeable during physical development. Intersex variation is distinct from sexuality and gender identity. Therefore, intersex people may identify as male, female or another gender, and gay, lesbian, bisexual, heterosexual, etc.

Queer is an umbrella term used by some people who are sexual or gender minorities to describe themselves.

Definitions based on those from MindOut and the National Centre for Transgender Equality.

How common are LGBTIQ experiences in the community?

In developed English-speaking countries around 1-2% of people in the community identify as lesbian or gay, and a similar percentage identify as bisexual. A much higher percentage (6-13%) have had a same-sex experience in their lifetime, but may not identify as LGBTIQ. Approximately 1% of people identify as asexual or report a transgender experience, and up to 2% have an intersex variation.

Go to http://bit.ly/22e7HRZ for more details about the prevalence of LGBTIQ experiences.

Mental health problems in LGBTIQ people

LGBTIQ experiences and identities are not mental illnesses. However, LGBTIQ people are at an increased risk of depression, anxiety, substance use problems, suicidal thoughts and behaviours, and non-suicidal self-injury. You should also know that:

- Bisexual people are at an increased risk of mental health problems compared to gay men and lesbians.
- Transgender people are at an increased risk of eating and body image disorders.
- Same-sex attracted men are at an increased risk of eating and body image disorders.

LGBTIQ experiences do not, in themselves, cause mental health problems, rather they may be associated with specific stressors. There are a number of risk factors for mental health problems that are specific to or more common for LGBTIQ people. These include:

- Being in a minority group
- Discrimination, prejudice and abuse
- Actual or anticipated insensitive treatment or violence
- Intersex people receiving 'corrective' surgery they did not consent to, often in infancy (see Box for more information about surgical interventions relating to sex and gender).

CONSIDERATIONS WHEN PROVIDING MENTAL HEALTH FIRST AID TO AN LGBTIQ PERSON

However, not all people experience distress about their LGBTIQ experience. Therefore, do not assume that LGBTIQ experiences are related to any mental health problems a person may have or distress they are experiencing.

Surgical interventions on sex characteristics and risk of mental health problems

Gender affirmation surgery aims to align a transgender person's physical body to their gender identity. This is not the same as 'corrective' surgery which is intended to assign one gender to a person with an intersex condition, where genitalia may be mixed or ambiguous. You should know that:

- **Gender affirmation surgery is not necessary in order to prevent mental health problems in transgender people.**
- **'Corrective' surgery is not necessary in order to prevent mental health problems in intersex people.**
- **Intersex people may experience distress due to 'corrective' surgery that they did not consent to (e.g. in infancy), and the related shame and secrecy.**

Talking with the LGBTIQ person

Language and terminology

It can be difficult for a person to disclose that they are LGBTIQ because of the language people use to ask questions, especially when language assumes heterosexuality and cisgender experiences, e.g. asking a woman if she has a boyfriend or husband, or asking someone if they are male or female. By using appropriate and inclusive language you can help the person to feel safe and comfortable about disclosing information that may be relevant to their distress. Any attempts to get language and terminology correct are likely to be appreciated by the LGBTIQ person.

Use the same terms that the person uses to describe themselves, their sexual or romantic partners, relationships, and identity. If you are uncertain about what terms to use, you should ask the person. Make your questions as open as possible, to give the person room to describe and express themselves in a way they are comfortable with, e.g. instead of asking "are you straight, gay or bisexual?", ask "how do you describe your sexuality?".

You should **'not':**

- Use the term 'homosexual' unless the person refers to themselves in this way, as this term can carry negative connotations for some people.
- Use the term 'hermaphrodite' or 'disorders of sex development' (DSD) to refer to intersex people, because these terms are misleading and stigmatising.
- Use terms such as 'tranny', 'transsexual', 'transvestite', or 'cross-dresser' when referring to a transgender person, as this may be offensive.

Be aware that the person may use terms to describe themselves or others that have historically been derogatory (this is called 'reclaimed language'), e.g. 'fag' or 'dyke'. However, do not assume that it is acceptable for you to use these terms.

Pronouns

Using the wrong gender pronouns when interacting with an LGBTIQ person can be very embarrassing or humiliating for them. Some people choose not to use gendered pronouns to refer to themselves, as they may identify themselves as having a gender other than male or female, having more than one gender identity, or having no gender at all.

If the person you are assisting is not familiar to you and you are unsure of the person's gender identity, you should:

- Communicate in terms that are gender and relationship neutral, e.g. using 'partner' rather than 'boyfriend' or 'girlfriend'.
- Use non-gendered pronouns (i.e. 'they', 'them', 'their', even though referring to an individual) or use the person's name in place of a gendered pronoun (i.e. instead of saying, "That belongs to her", say "That belongs to Sam").
- Ask about this in a respectful and inclusive way, e.g. "I use feminine pronouns to refer to myself. Can I ask what pronouns you use?".

Talking and asking questions about LGBTIQ experience

Unless it is relevant to assisting the person, do not ask the person if they are LGBTIQ. However, if it is relevant and you are in doubt about how to talk with the person about their LGBTIQ experience, ask them. If you have questions for the person about their LGBTIQ experience, seek permission from the person to ask these questions. Watch for subtle cues that indicate that the person may be uncomfortable with the questions you are asking. Do not focus only on their LGBTIQ experience, e.g. if a transgender person is undergoing gender affirmation, try not to focus only on this.

Do not ask any questions of the person that you would not ask a non-LGBTIQ person. For example, no one would think to ask a cisgender person, "Do you think this is just a phase?". Similarly, do not ask a transgender person what their 'real' name is (i.e. the name they were born with), as this may be offensive. Do not make jokes about sexuality, gender identity

CONSIDERATIONS WHEN PROVIDING MENTAL HEALTH FIRST AID TO AN LGBTIQ PERSON

or intersex variation or say things that involve stereotyping, e.g. "gay people are so…".

Do not ask questions about sex, sexuality, sexual partners, genitals or similar, unless it is relevant to assisting the person. However, you should make it clear that you are open to discussing any issue without asking for personal disclosure from the person, e.g. "I am not going to ask you to give me details of your LGBTIQ experience, but I am open to discussing anything you need to".

Difficulties you may encounter when talking to the person

If the person doesn't feel comfortable talking to you or vice versa, you should help them find someone more suitable to talk to, unless it is a crisis and you are the only person available. Try not to take it personally if the person does not feel comfortable talking to you.

If the person is experiencing a mental health crisis you should follow the guidelines for this specific crisis, e.g. First Aid Guidelines for Suicidal Thoughts and Behaviours. A range of crisis first aid guidelines can be found at: www.mhfa.com.au/resources/mental-health-first-aid-guidelines

Ask the person to tell you if you do or say anything that makes them uncomfortable and apologise if you do. After you apologise, move on, rather than focusing on the mistake or on what you have learned. Do not let the fear of saying the wrong thing prevent you from offering to help the person. It is more important to be genuinely caring than to say 'all the right things'.

Be aware that LGBTIQ people who have been marginalised may express anger and hostility. Try not to take this personally.

Supporting the LGBTIQ Person

Treat the LGBTIQ person as a person first and foremost, rather than defining them by their LGBTIQ experience.

Although no one is obligated to share their LGBTIQ experience, helping the person to feel comfortable in your presence may go a long way toward open exchange of feelings and thoughts. You can do this by:

- Appropriately and correctly acknowledging the person's LGBTIQ experience, which can also improve the person's sense of wellbeing.
- Asking the person what they think would help them, irrespective of the possible causes of their distress.
- Asking what help the person needs, rather than making assumptions about what they need based on their LGBTIQ experience.
- Showing your support in a concrete way by respecting the choices the person makes about clothing, name and pronouns, even if you don't understand or feel comfortable with it.
- Listening to the person and not feeling that you need to have answers or provide advice.

Sexuality and gender identity are not a choice, and any attempts to convince the person that they can change these can be harmful. It is also important that you do **not**:

- Offer your opinion on the person's LGBTIQ experience unless it is invited.
- Express judgement about the person's LGBTIQ experience when interacting with them.
- Refer to your own religious or moral beliefs about LGBTIQ people.
- Give the person the impression that being LGBTIQ is a 'deviation from the norm'.
- Say things that are intended to reassure but are mostly not helpful or patronising, e.g. "Some of my best friends are gay".

Some of the supports that non-LGBTIQ people use may not be appropriate for an LGBTIQ person. For example, if the person's family of origin has rejected them because of their LGBTIQ experience, encourage the person to seek support from other sources.

However, do not assume that the LGBTIQ community will be supportive of the person you are helping. Transgender or intersex people who identify as heterosexual may not feel part of either the LGBTIQ or straight communities, leading to reduced support. Similarly, a bisexual person may not feel part of either the LGBTIQ or straight communities, because they can face prejudice from both, leading to reduced support.

When the LGBTIQ person experiences discrimination and stigma

Most LGBTIQ people, even those who have grown up with supportive family and friends, will most likely have experienced some degree of discrimination or prejudice. They may also experience discrimination and prejudice from others with LGBITQ experience. LGBTIQ people can even begin to believe these negative attitudes about themselves, absorbed from the world around them (internalised stigma), which can cause them distress.

If the person is experiencing mental health problems due to bullying, harassment or discrimination related to their LGBTIQ experience, you should let the person know that they can:

- Report it to authorities, if it is safe to do so.
- Pursue their rights.
- Contact a support service for LGBTIQ people.
- Seek help from an LGBTIQ advocacy organisation.

You should also:

- Let them know they have a right to be safe at all times.
- Ask them what support they would like from you.
- Let them know of any available services where they can report it anonymously.
- Direct them to services that can help them pursue their rights.
- Encourage them to seek professional help.

However, you should not push the person to take action, but rather support them if they choose to.

CONSIDERATIONS WHEN PROVIDING MENTAL HEALTH FIRST AID TO AN LGBTIQ PERSON

When the LGBTIQ person comes out or discloses

*In these guidelines, the term **coming out** refers to the situation where an LGBTIQ person tells others with whom they have an ongoing relationship about their sexuality, gender identity or intersex variation for the first time. Coming out may refer to the first time a person shares their sexuality, gender identity or intersex variation with anyone, or it could be the process by which they begin to share this with others in their life. Be aware that not all transgender and intersex people will go through a 'coming out' process.*

*The term **disclosure** refers to the situation where an LGBTIQ person who is generally open about their sexuality, gender identity or intersex variation tells a new person for the first time. This might include telling the first aider or a mental health professional.*

In these guidelines, this distinction is made because the emotional cost of coming out may be greater than for disclosure.

Coming out

Be aware of the factors that may affect the risk of mental health problems during the coming out process, e.g. possibility of rejection, discrimination or abuse by family, friends, employer, co-workers, etc. However, you should know that coming out may have a positive effect on the person's mental health and wellbeing.

If the person comes out to you, be aware that it may be the first time the person has ever told anyone about their LGBTIQ experience. You should not express surprise or concern. Acknowledge that coming out may have been difficult and taken a lot of courage. If you ask the person follow-up questions, these should be to indicate support and care, rather than to satisfy your curiosity.

If the person wants to come out, but is distressed about how others may react, discuss strategies that will help to reduce the chance of negative reactions from others. This may include:

- Identifying the best person or people to come out to first, so that the likelihood of a positive first experience is optimised.
- Identifying two or more trusted people who can support the person during the coming out process.
- If there is no one available to support the person during the coming out process, you should help them to connect with a relevant organisation.

If the person has experienced negative reactions in response to their coming out, which are contributing to their mental health problems, you should:

- Listen to the person non-judgmentally rather than offer advice.
- Validate the person's feelings, e.g. "It's understandable that you are upset by your parent's reaction".
- Reassure the person that you accept and support them.
- Tell the person that it may take time for others to accept their LGBTIQ experience.
- Know about and inform the person of online resources that share others' experiences of coming out.
- Encourage the person to contact a support service for LGBTIQ people.

Disclosure

Some people may not want to disclose their LGBTIQ experience to you, or may not want to disclose until a good connection has developed. This may be due to actual or anticipated negative experiences that have led to a fear of discrimination or being treated insensitively.

If the person does disclose to you that they are or may be LGBTIQ, you should ask them:

- If they feel that their LGBTIQ experience is contributing to their distress
- If they are experiencing bullying or discrimination related to this
- Whether they want other people to know
- Who else knows about their LGBTIQ experience, so that you do not unintentionally 'out' them.

You should **not**:

- Express a negative reaction, because this may exacerbate the person's distress
- Tell the person that this was obvious or that you already knew, as this can be impolite or offensive.

Unless there is a risk of harm to the person or others, you should keep confidential anything they have told you. They may not wish to tell others or they may wish to tell others in their own way.

When the person is an adolescent

Some of the changes that occur during adolescence can be particularly challenging for an adolescent who is intersex, or questioning their sexuality or gender identity. Furthermore, adolescents who are gender diverse may have additional stressors around age of consent to seek treatment, cost of treatment and restrictive laws.

An adolescent may be uncertain about their sexuality or gender identity and, while these may change over time, this does not invalidate their current experience. If this is the case, you should not tell the young person that they have to be an adult before they can know they are LGBTIQ. Nor should you pressure the adolescent to commit to a sexuality or gender identity.

If an adolescent tells you about their LGBTIQ experience, you should be aware that how you react may influence their future decisions to seek help for mental health problems. Do not pressure the adolescent to 'come out' in order to deal with their distress.

You are not obliged to tell the adolescent's parents. You should not tell their parents, or other people, without the adolescent's permission, because to do so would be a breach of confidentiality and could possibly place the adolescent at risk. For example, LGBTIQ adolescents are at increased risk of isolation and homelessness if their family is not accepting of their LGBTIQ experience. Do not assume that the adolescent's friends or school are aware of their sexuality or gender identity.

When talking with the adolescent, let them know that you will not share anything they say with anyone else, except in the case of significant risk of harm to self or others. If you are going to breach confidentiality due to risk of harm, you should only share

the information necessary to keep the adolescent safe, and not their LGBTIQ experience. Follow any local mandatory reporting laws concerning mistreatment of minors, where applicable.

Treatment seeking for mental health problems

You should know about sources of information and resources relevant to the mental health of LGBTIQ people, including local services and professionals that specialise in the mental health of LGBTIQ people or are LGBTIQ-friendly. However, do not assume that all 'LGBTIQ-friendly' services are really appropriate for the person's specific LGBTIQ experience. Help the person find resources and services specific to their LGBTIQ experience, where available, e.g. transgender- or intersex-friendly services. Even if there is an LGBTIQ-specific service, the person may be reluctant to attend. If this is the case, help the person find an LGBTIQ-friendly 'mainstream' service.

You should be aware of the potential barriers limiting access to professional help for LGBTIQ people, e.g. actual or anticipated discrimination. If the person lives in a rural area, they may face additional challenges, such as geographical isolation, rural culture, limited access to culturally competent mental health services, and greater exposure to discrimination. You should ask the person about any barriers preventing them from receiving the support they need.

If appropriate services are not available, or the person is not comfortable accessing face-to-face services because of their LGBTIQ experience, consider recommending online resources, e.g. online counselling.

If the person is in a mental health crisis situation (e.g. if they are suicidal), you can enlist the help of others without sharing the person's LGBTIQ experience. You should also be aware of the possibility of family (family of origin or family of choice) or intimate partner violence and, if needed, offer contacts for appropriate services.

Purpose of these Guidelines

These guidelines describe how members of the public should tailor their approach when providing mental health first aid to an LGBTIQ person who may be developing a mental health problem, experiencing a worsening of an existing mental health problem or in a mental health crisis. The role of the mental health first aider is to assist the LGBTIQ person until appropriate professional help is received or the crisis resolves.

Development of these guidelines

These guidelines are based on the expert opinions of mental health professionals who are from the LGBTIQ community or work with people from this community. The experts were from Australia, Ireland, New Zealand, the UK and the USA.

How to use these guidelines

These guidelines are a general set of recommendations. Each individual is unique and it is important to tailor your support to that person's needs. Therefore, these recommendations may not be appropriate for every person. Also, the guidelines are designed to be suitable for providing mental health first aid in developed English-speaking countries. They may not be suitable for other cultural groups or for countries with different health systems.

These guidelines have been developed as part of a suite of guidelines about how to best assist a person with mental health problems. These other guidelines can be downloaded from:
mhfa.com.au/resources/mental-health-first-aid-guidelines

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Mental Health First Aid Australia. *Considerations when providing mental health first aid to an LGBTIQ person.* Melbourne: Mental Health First Aid Australia; 2016.

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