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promoting lesbian and gay health and wellbeing

CHANGING FAMILIES

Lesbian, gay, and bisexual identity work in mental health

An evidence-based guide for people who work with families

*Heterosexuality isn't normal, it's just common
(Derek Jarman 1994 – At Your Own Risk: A
Saint's Testament)*

Supported by Child and Adolescent Mental Health Services in Brighton and Hove and

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1. Introduction

I went along to the Lesbian and Gay Family Therapy Service with my daughter and it helped me to look at my parenting skills – I wouldn't have trusted the mainstream services because they would only focus on my sexuality and I was worried they might see my difficulties as a child protection issue and try to take her away from me ... because they weren't focused on the gay thing, I felt that what was happening was what happens in families – it wasn't because I was inadequate and then it felt more normal and then I could get a grip and found a better way of managing my daughter's behaviour (Roisin)

Research evidence shows that lesbians, gay men and bisexual people do not feel confident about using mental health and counselling services [1-4]. Recent research also shows that discrimination and prejudice (homophobia) towards lesbians and gay men is still prevalent in the United Kingdom [5, 6]. This booklet presents some guidelines for best practice for counsellors, therapists and other people working with families where sexual identity (sexual orientation) is an issue. The guidance draws on research evidence and the expertise of PACE, a London wide agency which provides advice, counselling and education for and by lesbians, gay men and bisexual people¹. PACE was funded by a Home Office Family Support Grant Programme to develop a Family Therapy Service and to produce guidance for professionals working in mainstream services. This booklet also draws on comments made by service users² during the independent evaluation [1] of the Family Therapy Service.

In order to understand the specific needs of such families this guidance explores the research evidence about mental health vulnerability and the mental health care experiences of lesbians, gay men and bisexual³ people before going on to look at how practice can be developed. Further resources for professionals and service users are provided on the back cover. The aim of this guidance is to help practitioners to develop and monitor their practice in order to provide culturally competent care to lesbians, gay men, bisexual people and their families.

This guidance provides an evidence base and action points about how to monitor and audit practice. It cannot however be used as a substitute for the real work which occurs in supervision and training. Practitioners and supervisors may consider the need to take this work further through training opportunities. Such training should allow counsellors, therapists and supervisors to explore the subtle and complex ways in which sexual identity work needs to be done in order to overcome the effects of homophobia.

¹ PACE provides a specialist service for lesbians, gay men and bisexual people. Increasingly transgender people are accessing the service. Where transgender people also have a lesbian, gay or bisexual identity this guidance will be of relevance. However, specialist comprehensive guidance about the needs of transgender people is not given here. The Press for Change website (<http://www.pfc.org.uk>) has information about the nature of legal and other discrimination affecting transgender people.

² All quotes from service users are indented and shown in italics

³ Some research studies do not include bisexual people in the sampling frame. Others are unclear about whether or not bisexual people have been included. Thus in this guidance some of the evidence refers only to lesbians and gay men.

2. What do we mean by family?

When we went to the mainstream service for help they didn't seem to be able to make it OK to talk about our family relationships. We felt we had to keep explaining ourselves and it made our family setup feel more different and more complex than it needed to be (Lorraine)

Many lesbians, gay men and bisexual people who use mainstream services say that their family patterns are not recognised or valued. This may be the effect of enduring myths that lesbian and gay relationships are unstable and do not last. It is also the result of greater diversity in family structure within lesbian, gay and bisexual communities. Heterosexual people who are unfamiliar with the lives of lesbians, gay men and bisexual people may simply fail to recognise the existence and value of family and friendship networks in these communities. The following kinds of families may benefit if this area of practice is developed:

- Families where a young person is “coming-out” as lesbian, gay or bisexual.
- Families where one partner in a heterosexual relationship is “coming-out” as lesbian, gay or bisexual.
- Reconstituted families where children are being step-parented by the same-sex partner of their birth mother or father.
- Families where children have been born, adopted or fostered to same-sex couples who are co-parenting.

This list is not exhaustive but typifies the variety of family setups where sexual identity may be an issue for families presenting for support, therapy or counselling.

I don't get much support from my family – it helps to have the Lesbian and Gay Family Therapy Service and feel that someone is on my side and not against me (Marcia)

A further point to consider is that many same-sex couples, including those with children, receive less support from their family of origin than most heterosexual couples [7]. This makes support from lesbian, gay and bisexual communities vital. Those who are isolated may need support and information in order to access such communities of interest [1].

It is important to remember that many lesbians, gay men and bisexual people find that their family relationships, friendships and kinship structures are not recognised. This experience is often repeated during routine assessment and admission procedures. An inclusive way of assessing all people would be to ask a question like “Who is family to you?”

3. The specific mental health needs of lesbians, gay men and bisexual people

There is a high incidence of attempted suicide, self-harm, depression, substance misuse and other mental health issues amongst the lesbian, gay and bisexual population [8]. It is thought that this is associated with the stress of coming-out and the effects of homophobia. The younger people are when they first become aware of their sexual identity, and the younger they are when they “come-out” to other people, the more vulnerable they are. There is also a very high incidence of homophobic bullying towards youth which can have immediate and long term consequences in relation to mental health [9]. This minority stress is associated with a higher degree of homelessness [10].

Some practitioners find the concept of “internalised homophobia” useful. This explains how homophobia damages the self esteem of people who identify as lesbian, gay or bisexual. Some practitioners believe that internalised homophobia creates added strain as lesbian, gay or bisexual people struggle to be perfect in order not to fulfil ideas based on negative stereotypes. This is illustrated in the following case:

It was good to go as a couple and talk about our family in a lesbian and gay environment – we were under a lot of strain and most of the people we mix with are heterosexual couples – we didn’t feel able to show them that we were making mistakes in the way we parented our daughter – we always felt that we had to do as well as or better than those around us – the Lesbian and Gay Family Therapy Service was a godsend to us – we didn’t have to worry about whether or not they understood us or feel like we were going through a translator so we could get on with addressing the issues we needed to address (Margaret)

Many lesbian, gay or bisexual people say that they feel unable to explore negative feelings about their sexual identity in mainstream settings as they feel that they have to defend themselves against the potential homophobia of other people. What was shown consistently in the evaluation of the PACE Family Therapy Service [1] was that people do not feel safe to explore these difficult issues unless they feel that their practitioner has an acceptance of lesbian, gay and bisexual identities:

When we went to the Lesbian and Gay Family Therapy Service our family setup was normalised and that actually made it easier for me to talk about the hang-ups that I did have about being a lesbian (Lorraine)

4. Previous experiences of health care, counselling and therapy

Homosexuality was only declassified as a mental illness in the United Kingdom in 1992 in spite of decades of empirical research which showed that homosexuality did not necessarily equate with psychological maladjustment [11]. However, in spite of this some of the most prestigious psychoanalytical training institutions in the United Kingdom bar lesbian and gay candidates from training [12], psychiatric textbooks continue to list homosexuality as a perversion or illness [13] and a significant number of health care practitioners hold negative views about lesbians and gay men [14-17]. It is not surprising then that studies show that lesbians, gay men and bisexual people experience homophobia in mental health care. This homophobia takes many forms including sexual, physical and verbal abuse from health care practitioners but the most common form is in the pathologisation of lesbian, gay and bisexual identities [2, 3]. When this occurs, many lesbian, gay and bisexual service users find that other life events which may have contributed to their mental illness are ignored by their therapist or counsellor.

Young people who seek counselling are particularly likely to be pathologised in relation to their sexual identity. They are often told that they are going through an immature phase and that they are really heterosexual. Young lesbian, gay and bisexual people who have been sexually abused are also often told that this has caused their homosexuality. These forms of pathologisation are harmful and cause further damage to the self esteem of lesbian, gay and bisexual youth.

Many other lesbian, gay and bisexual youth and older people do not disclose their sexual identity to counsellors and therapists because they fear being pathologised as the following quote shows:

I had counselling for 2 years but I was very suspicious and closed. I never said that I was concerned about my sexuality for the whole 2 years. Then I had another crisis and I went to the Lesbian and Gay Family Therapy Service and everything came flooding out from my past including the way I'd repressed my sexuality (Miguel)

Many lesbian, gay and bisexual people who have mental health problems find that, instead of being pathologised, stress relating to homophobia is ignored as a potential factor in relation to their mental health. Sometimes this may result from a counsellor or therapist taking a liberal approach which overlooks the importance of difference.

Counsellors and therapists need to take account of this history and expectation of pathologisation that people bring with them. These experiences will make many people feel anxious or defensive. When people feel unsafe they look for cues in the environment. Services can be made more accessible by ensuring that lesbian, gay and bisexual service users are visibly welcomed through the use of appropriate images and literature. This is explored further throughout this guidance.

5. Supporting lesbian, gay and bisexual youth and their families

My daughter knew when she was 11 and she started having panic attacks – she was referred to CAMHS but they didn't pick up on it even though she said things to them about feeling that she was disgusting. When she was a teenager she came out to us but she was really struggling with it and was suicidal. I took her to the GP who referred her to a counsellor. The counsellor was useless and said to her "if your family are supporting you , you shouldn't have a problem". She didn't get any proper help till she was in her twenties when we found the Lesbian and Gay Family Therapy Service – it was like manna from heaven (Pauline)

This case shows quite clearly that young people may struggle with their lesbian, gay or bisexual identity even if their family is supportive. Many families however, are not so supportive and there is a high incidence of rejection and physical and verbal abuse towards lesbian, gay and bisexual youth from members of their own family [8]. Many lesbian, gay and bisexual youth struggle with their sexual identity because they fear being rejected by their family and peers. Young people may be certain about their sexual identity but say they are "confused" when they mean they don't know how to cope. Most have grown up in a homophobic and heterosexist society; they have been exposed to negative stereotypes and lack positive role models making the task of managing their identity all the more difficult. Homophobic bullying from teachers and pupils is rife in schools throughout the United Kingdom [18]. Lesbian, gay and bisexual youth need support, affirmation and access to positive images, positive role models and peers with whom they have their sexual identity in common. Parents and families have also been subjected to homophobic images and stereotypes – they too need support and accurate information.

Practitioners can support lesbian, gay and bisexual youth in the following ways:

- Make positive images of lesbians, gay men and bisexual people visible in their practice. These images need to take account of the cultural diversity within lesbian, gay and bisexual communities.
- Ask questions in such a way that heterosexuality is not assumed e.g. if you are asking about relationships, ask a young person: "Do you have a girlfriend or a boyfriend?" rather than only giving them the option of an opposite sex partner. If this feels too threatening at least ask the question in a neutral way i.e. "are you having a relationship with anyone at the moment?"
- Refer young people to a range of youth groups or support services making sure that lesbian, gay and bisexual ones are included. This ensures that all lesbian, gay and bisexual youth are reached without them necessarily having to disclose.
- Use the term "questioning your sexuality" rather than talking in terms of being "confused about sexuality". Use of the terms confusion or suggesting it is a phase is potentially pathologising; talking in terms of "questioning sexuality" is more empowering and allows for uncertainty and exploration.

6. Supporting adults who are “coming-out” as lesbian, gay or bisexual

I had a deep-seated problem about my sexuality and I couldn't get help with it when I went for relationship counselling with my wife. But I had specialist help with that from the counsellors at the Lesbian and Gay Family Therapy Service. I don't need counselling now but I do need support. I worry about telling the children that I'm bisexual and I imagine there's not many gay or bisexual dads out there like me who have their children from a previous marriage. It's hard to find other people in similar situations and the internet is full of wackos (Ollie)

People who “come-out” as lesbian or gay when they are in an established heterosexual relationship may have a particularly difficult set of challenges. Some may have always known about their sexual identity and others may have become aware of it whilst in a heterosexual relationship. In either case they may be faced simultaneously with the ending of a relationship, “coming-out”, perhaps entering a new same-sex relationship and any associated new step-parenting configurations [1]. Such people may find it difficult to establish supportive connections with lesbian and gay communities, especially if they have parenting commitments. Any children and heterosexual (ex) partners will also need support. For those who are “coming-out” after being in a long term relationship, and perhaps already having had children, isolation can be particularly problematic.

Some lesbians and gay men, particularly if there are married and have children and a lifestyle which depends on being heterosexual, may seek a “cure for their homosexuality”. Although attempts to “cure” homosexuality are less common than they were in the United Kingdom, such treatments may still be offered outside the National Health Service. Although it is known that such “treatments” are damaging and ineffective [19], there is a strong movement towards so called “reparative therapy” in the United States. There are also reports of continued lobbying within the psychiatric profession for the re-introduction of homosexuality as a disease category [20].

Some lesbian or gay couples may be in long term relationships but have not come out to their families or not come out at work. This situation can often arise where people have occupations where people who identify as lesbian or gay can be discriminated against by their employers or the people they work with. Many school teachers worry about the consequences of disclosure but “passing” or living in a closeted relationship over a long period of time can cause severe emotional strain [21]. Lesbians, gay men and bisexual people may present for relationship counselling because of such strain.

7. Supporting lesbian, gay and bisexual parents with dependent children

The Family Therapy Service restored my confidence as a parent and the parenting group made me realise there were other people in the same situation and that was OK – before that I thought that because I was a lesbian I was messing up my son's life and I thought I was the only one. I couldn't have talked to anyone else because I'd been sectioned before and I thought they might take my son away if they thought I wasn't coping. I'd been in a parenting group before but I dropped out. I couldn't understand why I didn't fit in. Then I went to the lesbian parenting group and then I realised how isolated I'd been and why I'd felt excluded. You don't realise what a difference peer support makes until you get it (Marcia)

I was always isolated – I never talked to another gay man who had a child on a level that would have been helpful or supportive. But the help I've had from the Lesbian and Gay Family Therapy Service has made me more aware of my daughter's needs and stopped me dumping on her (Miguel)

Some lesbians, gay men and bisexual people who have had their children within a heterosexual relationship may feel that they are damaging their children. This may be because of negative stereotypes about lesbians, gay men and bisexual people being unfit to parent and therefore feeling that their parenting is not good enough. They may also worry about their children being bullied. Such people are often isolated from peer support and may have a degree of internalised homophobia. Parenting support programmes have been shown to be effective in helping to overcome such isolation and improve confidence in parenting skills [1, 22].

Same-sex couples who are parenting children often experience counsellors and therapists using inappropriate models based on heterosexual relationship patterns with rigid and segregated gender roles [1, 23]. These models may feel inappropriate and pathologising as many same-sex couples have more flexibility than heterosexual couples in the roles they take within a family. However, assumptions about rigid gender roles are also often inappropriate for heterosexual couples. These models often build in assumptions about the effect of the parent's gender on child development. These models are not evidence based and can lead to further pathologisation of lesbian and gay parents and their children. Research evidence shows that the major impact of parenting on child development comes from the number of parents and the quality of the parenting that a child has – it is not related to the gender or sexual identity of the parents [24-26].

8. Supporting children who have lesbian, gay or bisexual parents

I was married and had a 14 year old son. My marriage broke up when I fell in love with a woman and I was concerned about how my “coming out” was going to affect my son. I needed support so that I could support him (Angie)

I went along to the Family Therapy Service with my daughter because she was having real difficulties about me being in a relationship with a woman. The relationship between me, my daughter and my partner was very tempestuous but my partner and I understand her reactions better now. Being in the parenting group with other lesbian mothers also helped us understand how my daughter was reacting – we were desperate before but now we’ve met other people in a similar situation we feel more hopeful and I’m more confident as a parent now (Evette)

For lesbians, gay men and bisexual people who have had their children within a heterosexual relationship, the process of “coming-out” has an impact on the lives of their children. Isolation affects minority groups with low visibility – this is the case for many lesbians, gay men and bisexual people and can be the case for their children. Parents are able to support their children better if they themselves have peer support which reduces isolation.

Some lesbians, gay men and bisexual people, including some with children, remain very closed. Most of the available evidence suggests that lesbians and gay men enjoy better mental health if they are open about their sexual identity [27]. Similarly, available evidence suggests that children of same-sex couples benefit from openness [28, 29].

I’d been in a relationship for 20 years with my woman partner and she’d always been there when the children were growing up. But we had never been open with anyone about our relationship and when we separated my teenagers couldn’t understand what was going on. I’d been leading a double life and I was really isolated. The Family Therapy Service wanted me to bring the children along and I began to realise the effect my life had had on them (Stella)

Children with lesbian or gay parents may be the victims of homophobic bullying in school. Many schools do not have well thought out policies on this and might benefit from developing their practice with advice and guidance from mental health service providers. As noted in section 7 it is the quality of parenting that makes a difference to child development. If children are suffering from mental health problems because they have been subjected to homophobic bullying, then the bullying needs to be addressed. A focus on the sexual identity and gender of the parents may not be appropriate and is potentially pathologising.

9. Monitoring sexual identity in service provision and auditing best practice

Monitoring is important with all disadvantaged and vulnerable groups and is especially important with groups that are hidden or have low visibility. Such low visibility of course makes monitoring difficult as we do not have reliable baseline figures from which to set targets. Furthermore the homophobia in services will make many lesbians, gay men and bisexual people reluctant to disclose information used for monitoring purposes. However, sensitively conducted monitoring can in and of itself help to reduce some of the barriers in health care by signalling a clear intention that the organisation, or your practice, is committed to equality of opportunity.

It is unclear what percentage of the overall population identifies as lesbian, gay or bisexual and most available figures are likely to be under-estimates. Even if we had a clear idea, it would be difficult to derive targets from this due to the higher incidence of mental distress in this population. For instance, it is estimated from a study using random household sampling techniques that gay and bisexually identified young men are 13.9 times more likely to have attempted suicide than heterosexually identified young men [30]. The Youth Risk Behavior Surveys in the United States suggest that at least 2.5% of 15-18 year old high school students identify as lesbian, gay or bisexual [31]. A randomised study of 18-27 year men showed a prevalence of 11% [32]. With regard to parenting, it is estimated from various sources that between 12 and 35% of lesbian women have children and between 5 and 10% of gay men have children and approximately 6-10% of the total population identify as lesbian, gay or bisexual [33].

If monitoring of sexual identity is to be undertaken it must be done sensitively with regard to the following criteria:

- Monitoring should be accompanied by clear equality of opportunity policies which are embedded in information given routinely to all service users.
- Service users should be made aware that monitoring information will be kept confidential and will not adversely affect the quality of service they receive.
- Service users should be made aware that the purpose of monitoring is to make services accessible and appropriate to all.
- Monitoring should be done using language which is acceptable and non-pathologising. Whilst the terms lesbian, gay or bisexual are generally acceptable it should be recognised that not all lesbian, gay and bisexual people are comfortable using these terms to define themselves. Some may prefer to describe their sexual identity in behavioural terms (i.e. they may talk about their same-sex partner but not use the terms lesbian or gay) or use other terminology (such as queer).
- Monitoring should be done alongside a programme of training which equips clinical and support staff with the skills to communicate effectively with sexual minority groups.

Best practice can also be audited through supervision and service user consultations which use appropriate methods for targeting hard-to-reach groups. Such consultations should involve liaison with local lesbian, gay and bisexual organisations.

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11. Summary

- Mainstream services need to develop their practice to make services more accessible to lesbian, gay and bisexual service users and their families.
- All managers, frontline clinical and support staff should be provided with training in order to develop their practice.
- Such development needs to recognise that lesbian, gay and bisexual service users do not feel safe when accessing mainstream services.
- Lesbians, gay men, bisexual people and their families have specific mental health needs which arise from homophobia and heterosexism in society. Discrimination, prejudice, bullying and isolation cause stress and are linked to a high incidence of suicide attempts, depression, self-harm, substance misuse, and homelessness.
- Discrimination, homophobia and heterosexism impact on the whole family not just those within it who identify as lesbian, gay or bisexual.
- Services can be made more accessible by increasing visibility which makes clear statements that lesbian, gay and bisexual service users will be treated fairly and in a non-stigmatising manner.
- This guide and the action points in section 12 can be used as a framework for a team meeting in order to discuss the accessibility of your service and the expertise of staff in providing a service to lesbians, gay men, bisexual people and their families. Expert supervision is also required. Service users should be referred to specialist services if your organisation is currently developing its expertise.

12. Action points

- Give all service users information with equal opportunity statements which include sexual identity. Include this information in all initial correspondence.
- Display information which indicates that your service is aiming to improve access for lesbian, gay and bisexual service users in waiting rooms and consultation areas. Postcards to use for this purpose are enclosed with this guide.
- Find positive images of lesbians and gay men which reflect the diversity within lesbian, gay and bisexual communities i.e. not all lesbians, gay men and bisexual people are able-bodied and white. Display such positive and diverse images in your waiting rooms and consultation areas.
- Provide leaflets which give information about local and national support groups and information for lesbian, gay and bisexual service users in your waiting rooms.
- Designate a member of staff to make sure that resources and positive images are kept up to date and replenished.
- Design assessment/intake/admission forms or protocols which do not embed heterosexism (assumptions that people are heterosexual) e.g. ensure the possibility of a same-sex partner/relationship as an option when completing a form which might otherwise have only asked about "marital status".
- Monitor and audit the use of your service by lesbians, gay men and bisexual people. Be sensitive to the need for such information to be kept confidential.
- Keep lesbian, gay and bisexual equality issues on your agenda through regular supervision, team meetings and training events.

Further Resources

For Service Users

www.pacehealth.org.uk (includes information about PACE's services: Youthwork; Counselling; Group; Family Therapy Service; Advocacy; Employment project)

www.pinkparents.org

www.fflag.org.uk (Families and Friends of Lesbians and Gays)

For Professionals

www.pacehealth.org.uk (Information about training)

www.lesbianinformationservice.org

www.lesbianhealth.org.uk

www.virtualcity.com/youthsuicide/index.htm (Links to studies on attempted suicide rates in lesbian, gay and bisexual populations, and Youth Risk Behavior Surveys))

www.schools-out.org.uk (Useful resources to understand and combat homophobic bullying in schools)

www.llgs.org.uk (London Lesbian and Gay Switchboard can provide you with the number of your local switchboard from whom you can find out more about local resources - Tel: 020 7837 6768)

PACE provide training for mental health professionals – for a copy of the most recent training programme call 0207 700 1323 or log on to www.pacehealth.org.uk

PACE have also produced a training pack: Gildersleeve, C. and Platzner, H. (2003) *Creating a safe space: Good practice for mental health staff working with lesbians, gay men and bisexuals*, published by Pavilion, Brighton.