Gay, Lesbian & Bisexual People:

A Good Practice Guide for Mental Health Nurses

The Irish Institute of
Mental Health Nursing

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EQUALITY
RESPECT
PROGRESS
gay + lesbian equality network

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive
National Office for Suicide Prevention

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Introduction

This good practice guide has been developed by the Irish Institute of Mental Health Nursing (IIMHN) in collaboration with GLEN (Gay and Lesbian Equality Network) to inform mental health nurses of what they need to know when providing a service to a lesbian, gay or bisexual (LGB) person.

In recent years, a number of national policies have highlighted the need for lesbian, gay and bisexual people's needs to be considered by health professionals and for health care providers to be more inclusive of lesbian, gay and bisexual people in their practice.[1,2,3,4,5,6] There are specific issues that mental health nurses need to be aware of when providing a services to LGB people. By being aware of these issues nurses can help to reduce or eliminate the barriers to accessing support services that LGB people face. This guide is intended to support mental health nurses to provide services that are accessible for LGB people and one that is appropriate to their needs.

A large body of empirical research has demonstrated that the stigmatisation, harassment and discrimination that LGB people face can have negative mental health effects. Fear of coming out, questioning and disclosing one's sexual orientation, homophobic bullying in school or work, and fear of negative reactions from people around them, are examples of some of the stressors LGB people face related to their sexual orientation. In addition to this, recent Irish research[7] has shown that many LGB people have had negative experiences when using health and social services and feel that healthcare professionals needs more understanding of LGB issues.

Significant progress has been achieved in recent years in achieving equality for lesbian, gay and bisexual people in Ireland. This has had a positive impact on the lives of LGB people and has allowed them to live more openly in society. It has also resulted in a growing willingness among LGB people to disclose their sexual orientation to family, friends and colleagues as well as to professionals providing services to them. While LGB people will frequently present to mental health nurses with issues unrelated to their sexual orientation, this guide will provide information on the LGB-specific issues and needs that mental health nurses should be aware of.

The guide has three main sections which will address the commonest questions and information gaps that mental health nurses may have in relation to providing a service to lesbian, gay and bisexual people. These are:

1. Sexual orientation – language and concepts
2. Mental Health and Well-Being of Lesbian, Gay and Bisexual People
3. Guide to good practice.

The guide also includes a glossary of terms, a services directory, useful resources and references.

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1. Sexual Orientation – Language and Concepts

In order to support mental health nurses responding appropriately and effectively to the needs of lesbian, gay and bisexual service users, in this section terms and concepts relevant to the LGB people and their sexual orientation will be clarified.

1.1 Sexual Orientation

Sexual orientation is one of the four components of sexuality and is distinguished by an emotional, romantic, sexual or affectionate attraction to individuals of a particular sex. The three other components of sexuality are biological sex (whether we are born as a male or female), gender identity (the psychological sense of being male or female) and social gender role (the extent to which people conform to what is regarded in our society as feminine and masculine behaviour).[8]

While sexual orientation exists along a continuum from exclusive attraction to the opposite sex to exclusive attraction to the same sex, three sexual orientations are commonly recognised. Heterosexual people are attracted to people of the opposite sex, homosexual people are attracted to people of the same sex and bisexual people are attracted to both sexes. Women with a homosexual orientation generally prefer to be referred to as lesbian and men with a homosexual orientation prefer to be referred to as gay. Many lesbian, gay and bisexual people do not like the use of the term homosexual to describe their sexual orientation because of the association this word has with the historical criminalisation and pathologisation of homosexuality.

Sexual orientation is different from sexual behaviour. Sexual orientation refers to which sex one is attracted to and has relationships with. It also refers to the relationships one forms to meet the need for intimacy, attachment and love. This is different from sexual behaviour, which only refers to how one behaves in a sexual situation. There is no consensus among scientists as to why an individual develops a heterosexual, lesbian, gay or bisexual orientation.[8] Most people experience no sense of choice about their sexual orientation. Sexual orientation is integral to a person's life and their identity rather than being a lifestyle and being lesbian, gay or bisexual is as normal as being heterosexual. A clear understanding of the concept of sexual orientation can help mental health nurses avoid making incorrect assumptions about LGB people and thus limit the effect these could have on services provided to LGB people.

1.2 Coming Out

Open disclosure that one is lesbian, gay or bisexual is commonly referred to as coming out. However, there is more to coming out than disclosure of one's sexual orientation. Coming out is an important and affirmative developmental stage in the lives of lesbian, gay and bisexual people.[7,9] It involves accepting one's lesbian, gay or bisexual orientation, choosing to share this information with others and developing a positive LGB identity. It is important to emphasise that coming out is a process rather than a once-off event. Coming out does not mean you are choosing to be lesbian, gay or bisexual but rather that you are accepting that you are lesbian, gay or bisexual. While some people have negative experiences when they come out, the majority of LGB people experience great relief when they come out and are

increasingly met with support and acceptance from family and friends. This reflects the more positive social attitudes towards lesbian, gay and bisexual people. However, it is important to note that coming out can be a time of heightened stress for LGB people which may result in them presenting to mental health services.[9]

1.3 Professional Anti-Gay Bias

Professional anti-gay bias results in lesbian, gay and bisexual people receiving sub-optimal care and experiencing direct or indirect discrimination or exclusion when they use health services. The characteristics of professional anti-gay bias are:

- Presuming service users are heterosexual
- Pathologising, stereotyping and stigmatising LGB service users
- Failing to empathise with or recognise LGB service users' health concerns
- Denigrating any non-heterosexual form of behaviour, identity, relationship, family or community
- Attempts to change a person's sexual orientation.[10]

Since the declassification of homosexuality in 1973, mental health professionals have played a leading role in trying to reduce the stigma and prejudice created by the pathologisation of homosexuality.[11] This has largely been achieved through the establishment of a more evidence-based view of human sexuality, challenging the unscientific basis of anti-gay bias and by establishing standards for being LGB-inclusive and affirmative in service provision.

In keeping with the high standard of professional behaviour required by An Bord Altranais in its *Code of Professional Conduct for each Nurse and Midwife*,[12] any of the above forms of professional anti-gay bias are not in keeping with the required standard of professional practice. While such lapses are often due to a lack of awareness of contemporary research on human sexuality or from a lack of familiarity with LGB issues, it is prudent for mental health nurses to challenge any anti-gay bias they may have to ensure they avoid any of the above behaviours. Even the most subtle or indirect expressions of anti-gay bias may have an adverse effect on the therapeutic relationship and the willingness of an LGB person to disclose relevant personal information and concerns to a mental health nurse or to derive benefit from the mental health service.

1.4 Reparative (Conversion) Therapy

As the name suggests, reparative (or conversion) therapy is based on the belief that homosexuality is an illness and aims to cure LGB people by converting them to heterosexuality. It is an unscientific approach based on a religious ideology that all people should be heterosexual. Extensive empirical research has been carried out on the use of reparative therapy with LGB people and this research has demonstrated that reparative therapy does not work and can be damaging to the mental health of LGB people who undergo it.[13] The IIMHN does not support referral to or the practice of reparative therapy or any approach aiming to change a person's sexual orientation and instead promotes inclusive practice that is gay-affirmative (see the good practice guide for more information on gay-affirmative practice).

1.5 Inclusive Practice

Inclusive practice means that mental health nurses should:

- Expect diversity among their service user population, colleagues, students and research participants and respect this diversity
- Provide an accessible and appropriate service within their area of competence
- Understand the issues facing diverse groups and be able to respond to their specific mental health needs.

Inclusive practice applies to many forms of diversity, including sexual orientation. The IIMHN recognises the negative impact that social exclusion, discrimination and inequality can have on the health and psychological well-being of LGB people. To ensure professional practice is underpinned by the principle of equality, the IIMHN expects inclusive practice among mental health nurses in all their professional roles. This principle applies equally in direct service provision, education, training and research. Section two and three of this guide will help mental health nurses appreciate the experiences and circumstances of LGB people in Ireland as well as the specific mental health and well-being issues facing LGB people. The guide will also help mental health nurses be aware of the potential impact of minority stress on the mental health of LGB people and the possible role it may play in their presentation to mental health services. The guide will describe the principles of good practice when working with LGB people, which will support mental health nurses to practice with due sensitivity to LGB people's needs.

2. Mental Health and Well-Being of LGB People

For the most part, lesbian, gay and bisexual people face the same mental health issues as heterosexual men and women. However, there are a number of specific mental health and well-being issues which mental health nurses should be aware of in relation to lesbian, gay and bisexual people. A good understanding of these issues is the foundation of providing an inclusive service to LGB people.

2.1 Minority Stress

Although social attitudes towards lesbian, gay and bisexual people have changed markedly in recent years, nevertheless LGB people can still experience stigma, discrimination, harassment and exclusion in their everyday lives.[7] A large body of published empirical research clearly supports the view that a lesbian, gay or bisexual orientation *per se* is not indicative of or correlated with psychopathology. However, given the stresses created by stigma, inequality and harassment, LGB people are at a heightened risk of psychological distress related to these experiences.[14,15,16,17,18] This is often referred to as *minority stress,*[19] a term used to describe the mental health consequences of stigmatisation, social exclusion, discrimination and harassment of minority groups such as the LGB people.

The concept of minority stress is based on the understanding that alienation from social structures, norms and institutions can contribute to mental health problems and even increase the risk of suicide among members of minority groups. This concept is particularly useful when explaining additional mental health risks among the LGB population because it is centred on an understanding that alienation from social structures, norms and institutions can create psychological distress and even increase the risk of suicide.[19,20]

International research on LGB mental health has demonstrated that:

- Minority stress can lead to elevated levels of suicidal behaviour and self-harm among LGB people[21,22,23,24,25,26,27,28,29]
- LGB people are at increased risk of psychological distress compared to heterosexual people because of minority stress[16,19,29,30,31,32]
- LGB people are at increased risk for depression, anxiety and substance use disorders related to minority stress[16,20,23,27,29]
- Lack of social support at the time of coming out can increase the risk of suicidal behaviour among LGB people[24,25,33]
- Elevated levels of alcohol consumption have been found among LGB people when compared to heterosexual peers[31,34,35,36,37]
- Elevated levels of recreational drug use have been found among LGB people when compared to heterosexual peers[32,36,37,38,39,40]

While it is not the case that all LGB people are at increased risk of poor mental health, the findings of the above research have been consistently interpreted as resulting from the aforementioned minority stress. This research also demonstrates that the increased risk of psychological distress and suicidality among LGB people is strongly associated with external stressors such as stigma, presumed

heterosexuality, homophobia, prejudice and victimisation as well as internal stressors such as anxiety about coming out and fear of rejection.

2.2 The Supporting LGBT Lives Study

The *Supporting LGBT Lives* study[7] was the first major study of the mental health and well-being of Irish lesbian, gay, bisexual and transgender people. The study was funded by the HSE National Office for Suicide Prevention as part of *Reach Out,* the national suicide prevention strategy.[4] Below is a summary of the findings from this study which gathered quantitative data from 1,110 participants and qualitative data from 40 interviewees.

2.2.1 Mental Health Resilience and Well-Being

Happiness and life satisfaction was high overall among respondents in the *Supporting LGBT Lives* study as was self-esteem. In addition to this, 81% of respondents reported that they were now comfortable or very comfortable with their LGB identity. These findings suggest that despite the often difficult social circumstances within which LGB people live their lives, most LGB people feel good about themselves, are satisfied with their lives and many have developed the ability to be resilient to the aforementioned minority stress.

Two processes of becoming resilient to minority stress were identified; through sourcing social support and developing personal resilience. Sources of social support for LGB people include supportive friends, accepting family, belonging to LGB community groups and organisations; and positive school and work relationships. The sources of personal resilience which supported positive mental health and buffered the effects of minority stress were forming a positive LGB identity, developing good self-esteem, positive turning points (such as the transition out of secondary school where many experienced homophobic bullying) and developing coping strategies.

2.2.2 Depression

The period prior to coming out was consistently identified as one when LGB people were particularly susceptible to depressed feelings linked to anxiety about coming out. A number of themes related to LGB identity underpinned the experience of depression, including feelings of inadequacy and isolation; perceived 'outsider' status; and the denial and concealment of self. Following coming out, reporting a history of depression was linked with the following experiences:

- Fear of or actual experience of homophobic bullying and other forms of victimisation
- Strained relationship with parents and siblings after coming out
- Loss experienced with the breakdown of an intimate relationship and the resulting loss of support.

2.2.3 Self-Harm

27% of respondents indicated that they had self-harmed at least once in their life, with over 85% of these reporting at least two self-injurious acts and 46% reporting six or more acts of self-harm. The average age of onset of self-harm was 15.87 years. Respondents who were female were twice as likely to report a history of self-

harm with almost 40% of female respondents reporting a history of self-harm. Just over 50% of those who had self-harmed sought no form of help for their self-harm, through either formal or informal means.

Reporting a history of self-harm was linked to the following experiences:

- A history of being verbally or physically threatened or physically hurt because of one's LGB identity (i.e. LGB victimisation)
- Feeling alone and socially isolated, particularly in school
- Fear of rejection or non-acceptance of significant others (friends and family) when considering coming out
- Experiencing a lack of acceptance and support from family members and parents, in particular, after coming out.

The cessation of self-harm was linked to a positive turnabout or life event, such as the transition out of secondary school, and LGB people's efforts to manage their psychological distress in a more self-affirming, constructive ways.

2.2.4 Suicidal Behaviour

17.7% of respondents had attempted suicide, just under two thirds of whom had tried to end their lives on more than one occasion. 85% of those who had attempted suicide saw their first attempt as in some way related to their LGB identity and almost 50% saw it as very or very much related to their LGB identity. A quarter of all female survey participants and fifteen percent of male participants had attempted suicide at least once in their lifetime. A higher proportion of those identifying as bisexual (25%) had attempted suicide than those who identified as gay or lesbian (17%). 13% of participants had actually made a suicide plan during the previous twelve months and almost a fifth of these had gone on to attempt suicide.

The average age of first attempted suicide was 17.46 years (with an age range of 8 to 42 years), which supports existing evidence that it is young LGB people who are most at risk of suicidal behaviour. Over half of those aged 25 or younger admitted to ever having given serious consideration to ending their own lives while just under a fifth admitted to ever having attempted suicide. Over a third of those aged 25 years and under had thought seriously about ending their lives within the past year. This indicates that a significant sub-group of young of LGB young people in particular are at risk for suicidal ideation and attempting suicide.

Those with higher alcohol consumption, as measured on the CAGE[41] were more likely to have thought seriously about taking their own life in the previous twelve months. 25% of those who sought medical treatment after attempting suicide were not offered follow-up assessment with a mental health professional.

Reporting a history of attempted suicide was linked to the following experiences:

- A history of being verbally or physically threatened or physically hurt because of one's LGB identity (i.e. victimisation experiences)
- Experiencing homophobic bullying in school
- Fear of rejection by family and friends prior to coming out

- Lack of acceptance or support from family and parents, in particular, after coming out
- The experience of alienation and being regarded as different

The most common protective factor for those with a history of suicidal behaviour was the presence of supportive significant others in their lives, including parents, siblings and/or friends.

2.3 Loss and Grief

The loss of a loved one through death is a universal human experience and is considered to be one of the most stressful life events that a human being can experience.[42] Bereaved heterosexual people, frequently, have family members and friends willing to support them during the mourning period. In addition, the institution of marriage yields certain guarantees in terms of financial security and leave entitlements. It also allows the surviving partner to publicly display their grief and entitles them to access support and comfort from religious organisations, health care professionals, and conventional bereavement support groups.[43]

While not all bereaved gay or lesbian partners experience lack of social and emotional support, research indicated that many of GLB people experience the pain of 'silent mourning', often being deprived of the rituals of 'communal sorrow' and other social/psychological supports.[44,45,46] Doka[47] terms this 'disenfranchised grief'. 'Disenfranchised grief' occurs when the relationship, the loss and the griever is not recognised.

Mental health nurses need to acknowledge the significance of the LGB person's loss, not just as a friend but as a partner and lover, and demonstrate a willingness to develop the communicative space necessary to talk about their pain and loss as well as providing appropriate bereavement support services. For some people this may mean a preference for attending a gay or lesbian bereavement counsellor, or attending services provided by gay and lesbian support groups.

2.4 LGB Parents

Many lesbian, gay and bisexual people are also parents. Like heterosexual parents, LGB parents are a diverse group. Some LGB people may have had their children in the context of a heterosexual relationship. Many lesbians and gay men also have children outside the context of heterosexual relationships and marriage (e.g. fostering, adoption and assisted human reproduction).[48]

Unlike heterosexual parents, LGB parents are often subject to prejudice and negative assumptions about their parenting ability. However, studies comparing groups of children raised by homosexual and by heterosexual parents find no developmental differences between the two groups of children in their intelligence, psychological adjustment, social adjustment, popularity with friends, development of social sex role identity or development of sexual orientation.[48,49,50,51,52]

In a culture where heterosexuality is the assumed social norm, it is easy for mental health nurses to assume that LGB people are not parents and neglect the family context of their lives and the support needs of their children. It is important that

mental health nurses explore with LGB people their family/parent roles and responsibilities and provide them and their children with the support required.

2.5 General Health-Related Behaviours

Research on general health-related behaviours among LGB people has shown elevated levels of smoking, alcohol consumption and recreational drug use when compared to their heterosexual peers. There is also some evidence that lesbian women may be at more risk of obesity than their heterosexual peers. Little data exists to describe why these elevated levels exist but it's useful for mental health nurses to be aware of these findings and to explore LGB people's tobacco, alcohol and drug use. Where appropriate, referral to smoking, alcohol and drug cessation or weight management interventions should be offered to LGB service users.

Below is a summary of the research findings on LGB general health-related behaviours:

- Elevated levels of smoking have been found among LGB people when compared to heterosexual peers[31,34,53,54,55]
- Elevated levels of alcohol consumption have been found among LGB people when compared to heterosexual peers[31,34,35,36,37]
- Elevated levels of recreational drug use have been found among LGB people when compared to heterosexual peers[32,36,37,38,39,40]
- Lesbian women are more at risk of obesity than their heterosexual peers[56,57,58]

3. Guide to Good Practice with LGB Service users

This section describes the steps that mental health nurses can take to ensure that their practice is inclusive of the needs of lesbian, gay and bisexual service users. Given that approximately 6 per cent of the population identify as LGB, it follows that a similar percentage of service users attending a given service will also identify as LGB.

A number of research studies exploring lesbian, gay and bisexual people's experience of the mental health services in the UK have found that they can experience the same discrimination within the mental health service as they do in wider society.[59,60,61,62] Many participants in these studies did not feel safe to be 'out' in the mental health service and reported experiencing insensitivity, prejudice and discriminatory practices. Although participants identified examples of sensitive practice, there were many examples of overt homophobia and subtle forms of discrimination, ranging from lack of empathy and the presumption of heterosexuality, to an unwillingness to discuss sexual orientation.

Participants who reported discussing their sexual orientation with staff often received 'clumsy and ill informed responses'.[62] Both the researchers and participants emphasised the need for mental health nurses to create an environment where disclosure could take place and stressed the need for mental health professionals to educate themselves about lesbian, gay and bisexual issues.

The *Supporting LGBT Lives* study[7] included an examination of LGB people's experience of using health services in Ireland, including mental health services. Some of the key findings were:

- 76.9% felt healthcare professionals need to have more knowledge and sensitivity to LGB issues
- 45% of respondents actively seek out LGB-friendly healthcare professionals because of bad experiences they had with providers in the past
- Only 40% felt respected as an LGB person by healthcare professionals
- 28% admitted to hiding the fact that they were gay for fear of negative reactions from health professionals.

These findings indicates that a very significant number of LGB people perceive that health professionals do not have the necessary knowledge and understanding to provide a service appropriate to their needs. In addition to this, professionals typically presumed that their service users were heterosexual, leading to reluctance on the part of these service users to disclose their sexual orientation and associated mental health issues or concerns. These findings also indicate the need to provide mental health nurses with resources that can support them in understanding and meeting the needs of LGB service users.

The remainder of this section describes the good practice guidelines recommended by the IIMHN for mental health nurses when providing a mental health service to LGB people.

1. Be aware of LGB mental health issues and gay-specific stressors

While LGB people are as diverse and varied a group as heterosexual people, these service users can face a number of barriers to receiving quality health care, including:

- Professionals' assumption that service users are heterosexual
- Professionals' hesitancy to inquire about sexuality and sexual orientation
- Professionals' lack of understanding of LGB health issues
- LGB people's fear of negative reaction when disclosing their sexual orientation or previous experience of negative responses from services.[7,63]

Mental health nurses are likely to engage with LGB people with the usual range of mental health issues and the normal assessment and recovery planning process will be used.[64,65] However, mental health nurses need to be mindful of the specific stressors that can and do impact on the health and well-being of this group. The following is a brief summary of these stressors:

- Questioning sexual orientation
- Rejection of or difficulty accepting LGB sexual orientation
- Fear of coming out or unable/not wanting to come out
- Lack of acceptance or support from family and friends
- Homophobic bullying or harassment in school, workplace or other environments
- Being exposed to negative messages about being LGB including stigmatisation, prejudice and stereotyping, and the potential impact this can have on self-concept, self-identity and self-esteem
- Older LGB people – lack of social support, isolation and fears about long-term placement (e.g. ethos of nursing home)
- Loss, e.g. loss of opportunities and experiences because of lack of rights and recognition, not coming out, bereavement or relationship break-up
- Bereavement, e.g. when person loses a partner but is not 'out' to family, etc.
- Relationship crisis, e.g. conflict or domestic violence
- Isolation and loneliness, e.g. no contact with LGB community, living in non-urban area or absence of long-term relationship
- Parents who are LGB, e.g. LGB parents may be anxious about the level of support they will receive from family and friends, their community, schools and service providers. LGB parents may also be anxious about the impact that openness about their sexual orientation may have on their children or their access to or custody of their children
- Hiding and secrecy, e.g. an LGB person who is in heterosexual marriage
- Being exposed to harmful 'reparative' or 'conversion' therapy – a religious-based therapy that attempts to change a person's sexual orientation but has been proven to be harmful to LGB people's mental health.[7,63]

Depending on their families and where they live, LGB people may have to struggle against prejudice and misinformation about their sexual orientation and often fear being rejected by family and friends if they come out. This can be compounded by rural isolation for those living outside of urban areas.[7,9,63] However, research has found that coming out and acceptance of one's LGB sexual orientation is strongly related to good psychological adjustment, i.e. the more positive one's LGB identity is, the better one's mental health and the higher one's self-esteem.[7,8,66]

LGB people may be affected by homophobic bullying, resulting in psychological distress and feelings of isolation. This is particularly true for people becoming aware of their LGB orientation at a younger age, which is increasingly common.[7,67,68,69] Mental health nurses working in liaison services and child and adolescent mental health services have an important role in identifying stressors related to sexual orientation when young people in particular present through A&E departments with a range of issues from self-harm to somatic complaints.

2. Don't assume all service users are heterosexual

Any person who uses a mental health service may identify as lesbian, gay or bisexual or have a history of relationships with members of the same sex.[59,60,61] Such service users may or may not have come out. By keeping an open mind and not assuming service users are heterosexual, you can demonstrate to LGB service users that they are welcome to disclose their sexual orientation to you or to discuss issues related to being LGB that may be relevant on their story of distress. Asking open and inclusive questions when talking to service users about their past and present context is the easiest way to indicate your openness.

Be aware that you already have lesbian, gay and bisexual service users, even if you don't know who they are. Use the terms lesbian, gay and bisexual instead of the term homosexual when talking to service users as many LGB people do not like the term homosexual because of negative historical associations with this word. Using open language demonstrates to service users that you are not assuming they are heterosexual. The following are some examples:

Examples of Inclusive Questions	
Instead of:	**Use:**
Are you married?	Do you have a partner?
Do you have a girlfriend/ boyfriend?	Are you in a relationship?
What is your husband/wife's name?	What is your partner's name?

If you do incorrectly assume a service user is heterosexual (e.g. asking a man if he has a wife or girlfriend when he is gay), don't ignore this situation. It is good practice to give your apologies to the person and if necessary discuss this further with the person.

Another situation that may arise is that you think a service user is struggling to disclose their sexual orientation to you. In this instance, as with any sensitive matter, you can support them by reassuring them that all personal information disclosed is confidential and that you provide a non-judgemental service. If it is appropriate to the conversation you are having with the service user you could enquire about relationships both current and past. If someone is hinting at an LGB issue, you could try asking something like:

"It sounds as if you are questioning your feelings/your orientation/ your identity… has that been on your mind?"

For some service users, using language like 'sexual orientation' or 'gay' may be too threatening. The above is an example of how you can hint at these without stating them explicitly. You can also explain the importance for you as a mental health nurse of understanding issues that are relevant to their mental health so that you can identify the appropriate intervention or supports that they may need.

Parents of LGB children also use your service. For most parents whose son or daughter comes out as LGB, they can accept and support their child and adapt to the new awareness of their child's LGB identity.[70] However, some parents may have a harder time coming to terms with their son or daughter's disclosure. They may express concerns about their child's well-being and feel a sense of loss of the assumed heterosexuality of their child. They may be upset about a perceived loss of grandchildren and other aspects of what they imagined for their child's future. Most parents come to realise over time that despite the challenges LGB people can face, most live lives that are as satisfying and fulfilling as their heterosexual brothers and sisters.

Often the partner of a lesbian, gay or bisexual person is not acknowledged as their next-of-kin when using health and social services. Unless an LGB service user indicates otherwise, mental health nurses should respect the service user's wishes in recognising their partner as their next-of-kin and involve them as appropriate in their recovery plan.

3. Respond supportively when service users disclose that they are LGB

Coming out is an important time in LGB people's lives and asking LGB service users about their experience of coming out shows them that you understand this. Coming out is potentially also a time of heightened mental health risk, particularly for younger LGB people,[24,25,33] so providing LGB service users with an opportunity to talk about coming out may provide them with much needed support. Young LGB people in particular may be questioning their sexual orientation or seeking help in clarifying romantic feelings.

Ways of asking a service user about coming out and their life experiences related to being LGB include:

- "Does anyone know you are lesbian/gay/bisexual?"
- "Have you come out to anyone in your family?"
- "How have things been for you since you came out?"
- "Who/what has helped you with coming out?"
- "Are there lesbian/gay/bisexual people you know that you can talk to? Are they supportive?"
- "Have you had any negative experiences since coming out?"

Helping service users to feel safe and supported will facilitate their process of self-acceptance and coming out.

LGB service users who are presenting for reasons unrelated to their LGB identity may openly disclose their sexual orientation in the course of their meetings with you. Other service users may not have fully accepted their sexual orientation or may only be in the very initial stages of questioning or coming out and this should be dealt

with in a sensitive manner. If a person tells you he or she may be or is lesbian, gay or bisexual, respond in an affirmative and supportive way. Try to avoid the assumption that young people are only going through a phase or are too young to make such a declaration. Provide information that will support and reassure the young person and consider referring them to an LGB organisation for support.

Some LGB people may not want to come out and this should be respected. While you may assume that coming out would be the best thing for the person, this is not necessarily the case. Most people who are not out to some or all of the people in their life usually have good personal reasons for this. For others, they may not be able to come out because they are married, they are part of a religious order or because they perceive it would be detrimental to their life in some way (e.g. homophobia in certain work environments).

4. Challenge anti-gay bias and take a gay-affirmative approach

It is important to avoid any of the following when providing a service to LGB people:

- Presuming service users are heterosexual
- Pathologising, stereotyping and stigmatising LGB service users
- Failing to empathise with or recognise LGB service users' concerns
- Failing to appreciate any non-heterosexual form of behaviour, identity, relationship, family or community
- Attempts to change a service user's sexual orientation.[10]

Instead mental health nurses should ensure that all nursing, psychosocial support and therapy provided is gay-affirmative. A gay-affirmative approach takes the perspective that a culturally competent and affirmative approach should be taken to intervention with LGB service users. A gay-affirmative approach is based on the following key principles derived from scientific research:

- Same-sex sexual attractions, behaviour, and orientations per se are normal and positive variants of human sexuality and are not indicators of either mental or developmental disorders
- Lesbians, gay men, and bisexual people can live satisfying lives and form stable, committed relationships and families that are equivalent to heterosexuals' relationships and families in essential respects
- Same-sex sexual orientation is not linked to family dysfunction or trauma
- Sexual orientation cannot be changed and attempts to change a person's sexual orientation do not work and can be damaging to the mental health of those who undergo it
- The historical stigmatisation of lesbian, gay and bisexual people can have can have a variety of negative consequences throughout the life span for LGB people and mental health nurses need to be proactive in challenging this stigmatisation among professional peers, society and service users.[13]

There is strong evidence from international research to support taking a gay-affirmative approach with LGB service users, including those who are exploring and/or questioning their sexual orientation and those who express dissatisfaction with their sexual orientation (APA, 2009).

5. Demonstrate that your practice is inclusive of LGB people

There are a number of practical things you can do to demonstrate that your practice is inclusive of LGB people:

- Ensure all nursing documentation, assessment forms and information leaflets use language which is inclusive of LGB people and their families. For example, rather than just asking for Marital Status ask for Marital/Relationship Status
- Be conscious of the physical environment and the imagery in posters and literature. Consider displaying LGB leaflets and/or a poster in your waiting room e.g. leaflets from your local LGB service, LGB helpline numbers or specific LGB information (available from your local LGB organisation – see section 5).
- Consider displaying a sign in your service that highlights your policy of being an inclusive service. The following is a suggested wording for this:

> **This service recognises and values the diversity of all people using the service and does not discriminate on the basis of age, gender, sexual orientation, race, marital status, family status, religion, disability or membership of the Traveller community**

- Include LGB people in general health information, e.g. in mental health leaflet for young people include a reference to questioning sexual orientation, fear of coming out and homophobic bullying as possible stressors affecting this group.
- When engaging LGB service users in recovery planning and linking them with community groups, be mindful of the need to be inclusive of LGB social activities/events, LGB community resources, and LGB organisations (see LGB services in section 5)
- Name LGB people in service ethos statement and where appropriate include LGB people in consultations on service design, evaluation and education.

The therapeutic relationship is central to the quality of service provided and the mental health outcomes achieved.[60] The steps recommended above are five different ways of communicating your openness, respect and understanding to LGB service users which will promote an optimum therapeutic relationship between you and your LGB service users. By following these five steps you can ensure you are providing an accessible, sensitive and appropriate service to LGB service users.

4. Glossary of Terms [8, 71]

Lesbian A lesbian woman is one who is romantically, sexually and/or emotionally attracted to women. Many lesbians prefer to be called lesbian rather than gay.

Gay A gay man is one who is romantically, sexually and/or emotionally attracted to men. The word gay can be used to refer generally to lesbian, gay and bisexual people but many women prefer to be called lesbian. Most gay people don't like to be referred to as homosexual because of the negative historical associations with the word and because the word gay better reflects their identity.

Bisexual A bisexual person is someone who is romantically, sexually and/or emotionally attracted to people of both sexes.

LGB is an acronym for lesbian, gay and bisexual

Coming Out is the term used by lesbian, gay and bisexual people to describe their experience of discovery, self-acceptance, openness and honesty about their LGB identity and their decision to disclose, i.e. to share this with others when and how they choose.

Sexual Orientation refers to an enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes. Sexual orientation also refers to a person's sense of identity based on those attractions, related behaviours, and membership in a community of others who share those attractions. Three sexual orientations are commonly recognised – heterosexual, homosexual (gay and lesbian) and bisexual.

Homophobia refers to fear of or prejudice and discrimination against lesbian, gay and bisexual people. It is also the dislike of same-sex attraction and love or the hatred of people who have those feelings. The term was first used in the 1970s and is more associated with ignorance, prejudice and stereotyping than with the physiological reactions usually attributed to a 'phobia'. While homophobic comments or attitudes are often unintentional, they can cause hurt and offence to lesbian, gay and bisexual people.

Heteronormativity refers to the assumption that heterosexuality and heterosexual norms are universal. Heteronormativity can manifest as the assumption that everyone is heterosexual or that lesbian, gay and bisexual orientations are a deviation from the 'heterosexual norm'.

5. Directory of Lesbian, Gay and Bisexual Services

LGB Helplines:

Cork Lesbian Line:	021 – 431 8318
Dublin Lesbian Line:	01 – 872 9911
Dundalk Outcomers Helpline:	042 – 935 2915
Gay Information Cork:	021 – 427 1087
Gay Switchboard Dublin:	01 – 872 1055
Limerick Gay & Lesbian Helpline:	061 – 310 101
Outwest Helpline:	094 – 937 2479
TENI Helpline (Transgender Support)	01 – 633 4687

Up-to-date information and contact details for gay helplines are available at **www.lgbt.ie**

Services in Republic of Ireland

Dundalk Outcomers
042-9329816
www.outcomers.org

L.inC (Lesbians in Cork)
021-4808600
www.linc.ie

Outhouse Community Centre Dublin
01-8734932
www.outhouse.ie

Rainbow Support Service Midwest
061-310101
www.rainbowsupportservices.org

Gay Kilkenny
083-4041321 (text only)
www.gaykilkenny.weebly.com

Transgender Equality Network Ireland
01-6334687
www.teni.ie

Gay Men's Health Service
01-8734952
gmhpoutreach@eircom.net

The Other Place (Cork)
021-4278470
www.theotherplacecork.com

Outwest Ireland
087-9725586
www.outwestireland.ie

South Waterford
086-2147633
www.southgroup.wetpaint.com

Gay Kerry
087-2947266
www.gaykerry.com

Gay Westmeath
086-0666469
www.gaywestmeath.com

Up-to-date information and contact details for gay services nationally are available at **www.lgbt.ie**

Services in Northern Ireland

Lesbian Advocacy Services Initiative
(028) 27641463
www.lasionline.org

Rainbow Project Derry
(028) 7128 3030
www.rainbow-project.org

Rainbow Project Belfast
(028) 9031 9030
www.rainbow-project.org

Gay & Lesbian Youth N. Ireland
(028) 07707 216921
www.glyni.org.uk

Support for Young People

BeLonG To Youth Service
01-6706223 info@belongto.org

For a full list of LGBT youth supports see www.belongto.org

Support for Parents of LGB People

LOOK (Parent Support)
087-2537699 www.lovingouroutkids.org

Parent Support in Cork
021-4304884 info@gayprojectcork.com

Social, Sports and Cultural Activities

Check Gay Community News, the monthly LGBT magazine, at www.gcn.ie for a detailed list of LGB social, cultural and sporting groups and organisations and online forums.

There are also a number of Irish websites detailing LGB groups and activities as well as online forums, including:

www.lgbt.ie
www.gaycork.com
www.queerid.com
www.gaire.com
www.angrypotato.net
www.gaelick.com
www.dublinpride.org
www.gaze.ie
www.gaytheatre.ie

6. Further Resources and Reading

Professional Bodies:

Group for the Advancement of Psychiatry: LGBT Issues Committee www.aglp.org/gap

Lesbian and Gay Child and Adolescent Psychiatric Association www.lagcapa.org

American Academy of Child and Adolescent Psychiatry www.aacap.org

Royal College of Nursing www.rcn.org.uk

American Psychological Association www.apadivision44.org

Sexual Orientation:

American Psychiatric Association (2009). Let's talk facts about sexual orientation. Available at www.healthyminds.org/Document-Library/Brochure-Library/Lets-Talk-Facts-Sexual-Orientation.aspx

American Psychological Association. (2008). Answers to your questions: for a better understanding of sexual orientation and homosexuality. Available at: www.apa.org/topics/sexuality/sorientation.pdf

LGB Mental Health:

HSE (2010). Look after yourself, look after your mental health: information for lesbian, gay, bisexual and transgender people. Available at: www.healthpromotion.ie/fs/doc/hpu_publications/HSP00631

Mayock, P., Bryan, A., Carr, N. & Kitching, K. (2009). Supporting LGBT Lives: a study of mental health and well-being. Available at: www.glen.ie/press/pdfs/Supporting%20LGBT%20Lives%20Report.pdf

Gibbons, M., Manandhar, M., Gleeson, C. and Mullan, J. (2008). Recognising LGB identities in health services. Available at: www.equality.ie/index.asp?locID=105&docID=711

LGB Psychotherapy:

Cabaj, R.P. & Stein, T.S. (1996). Textbook of homosexuality and mental health. Washington, DC: American Psychiatric Publishing.

Group for Advancement of Psychiatry (2000). Homosexuality and the mental health professions: the impact of bias. Hillsdale, NJ: Analytic Press.

Young LGB People:

BeLonG To LGBT Youth Project – various resources on young people available online at: www.belongto.org

Spunout – online information on sexuality for young people. Available at: www.spunout.ie/health/Sexuality

Parents of LGB People

American Academy of Child and Adolescent Psychiatry (2006). Facts for families: gay and lesbian adolescents. Available at: http://www.aacap.org/galleries/FactsForFamilies/63_gay_and_lesbian_adolescents.pdf

LOOK – Loving Our Out Kids (formerly Parent Support). Frequently asked questions. Available at: http://www.lovingouroutkids.org/faq.html

Lesbian & Bisexual Women's Health:

Hunt, R. & Fish, J. (2008). Prescription for change: lesbian and bisexual women's health check 2008 www.stonewall.org.uk/documents/prescription_for_change_1.pdf

Quiery, M. (2007). A mighty silence: a report on the needs of lesbian and bisexual women in Northern Ireland. www.lasionline.org/dls/A_MIGHTY_SILENCE.pdf

Gay & Bisexual Men's Health:

Devine, P., Hickson, F., McNamee, H. & Quinlan, M. (2006). Real lives: findings from the All-Ireland gay men's sex surveys, 2003 and 2004. www.gayhealthnetwork.ie/pdf/Real%20Lives%20Report%20June%202006.pdf

Sexual Health – various publications available on Gay Health Network website at: www.gayhealthnetwork.ie/public.html

Older LGB People:

Age Concern, (2001). Fact & figures on older LGB people available at: www.ageconcern.org.uk/AgeConcern/openingdoors_facts.asp

LAIN, (2001). The many faces of ageing: older lesbian, gay, bisexual and transgender people www.asaging.org/networks/LAIN/IntroAgingIssues_English.PDF

Sexual Orientation & Disability:

National Disability Authority, (2005). Disability & Sexual Orientation: A Discussion Paper. www.nda.ie/cntmgmtnew.nsf/0/6794373CD472D23D80257066004C9D32/$File/NDADisabilityandSexualOrientation.pdf

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