

Reassessing our knowledge about mental health and LGBTQ+ practice



Dr. Shanéa Thomas, a training Specialist and Assistant Clinical Professor, argues that trainers are the key to inclusivity regarding mental health and LGBTQ+ practice

Many of us may still be recovering from instability from the last three years, figuring out the new landscape of need amongst the populations we serve, especially within mental health. Moving into a new year means taking the constructive lessons from the previous year and reimagining how our practices and skills can make a different impact in the future. One way has been therapeutic practices finding ways to increase their reach of services. A 2020 study found that audio and video telehealth services have risen 80 percent over the pandemic in the United States (Karimi et al., 2022). Worldwide, the need continues, as the World Health Organization (WHO, 2022) states there has been a 25% increase in anxiety and depression. When looking specifically at LGBTQ+ people during the pandemic, “LGBTQ+ adults have been twice likely to experience mental health challenges compared to non- LGBTQ+ adults” (File & Marley, 2022). In working with these populations, the volume and specificity of service delivery require professionals to find innovative ways to accommodate the need and range of demographics, in person or online.

As training is to be informative and provide skills to its audience, with organizational initiatives becoming more diverse and inclusive, we must also be affirmative in our practices. What sometimes turns LGBTQ+ people away from treatment are different levels of oppression, discrimination, and micro- and macroaggressions, experiences that increase what we refer to as minority stress. This differential treatment causes this population to isolate further and feel disconnected from the health and community care they deserve, and internalize these negative reactions as truth, all ultimately affecting

their mental health. What are some ways clinical and therapeutic trainers and educators can positively shift the impact of their work? Here are three tips to center the intersections of mental health and LGBTQ+ practice in your work:

1. Examine your own bias around LGBTQ+ people and mental health

Becoming a trainer around this subject first requires us to examine what are some our own bias and where did they come from. For yourself, what was your education around LGBTQ+ people? What did you witness in the media about this population? What were the conversations in your household about mental health?

The reactions to those questions are going to differ depending on who is answering them. This affects our ability to translate information which was learned and witnessed to another person or group of people. Sometimes our own personal thoughts and experiences prevents us from being able to be present within our practices. For those people who are also struggling with issues related to identity, they are also at risk of feeling minority stress, which may emotionally also affect their work. For anyone, finding support such as clinical supervision or a supportive group of colleagues can help navigate any feelings that come up to help our work remain unbiased by our own experiences.

2. Train from a place where we can all reach

When I train about Diversity, Equity, and Inclusion practices, I have noticed when speaking about race and ethnicity, there is always some level of debate around the relevancy of history, struggle and right to exist when it comes to power and privilege. Yet, with issues around sex, gender identity, gender expression, and sexual orientation, though we may not always agree on how a person shows up, we can all agree that we all have a sex and a gender (even validating those who are agender and asexual).

Though talking about sex and gender may be taboo in some sectors, the concept of inclusivity also means we are all affected by the gender binary no matter how we identify: it shows up in the insurance paperwork we sign, the bathrooms we provide, and services offered to clients. When training around mental health and LGBTQ+ issues, remember since sex and gender are on a spectrum throughout one's lifetime, we never know when there is a shift in who we are as we all evolve over time. Use inclusive language and concepts in trainings to reach audiences' current selves and who they could be in the future.

3. In training, it is always best practice is knowing our limits

Being an inclusive trainer means knowing our limitations in knowledge and practice. There is such a wide range of identities it would be impossible to know them all, mainly depending on cultural traditions, geographical regions, language, etc. For example, when you think of men, who comes to mind? What issues do they face? What happens if the person is masculine in appearance, but anatomy is of a person who is assigned female at birth? Does this shift your point of view of how you talk about the needs of those identifying as men? Understanding the limits of our knowledge in an ever-changing field

allows us to evaluate for ourselves where we need to grow. As we can't pour from an empty cup, we also can't teach new and inclusive methods from an old book. Training is not just about whom we serve but also an opportunity to learn (and unlearn) ourselves. It is ethically responsible for trainers to know when we just don't have the resources to give to those we serve.

Continue to also invest in workshops, training, or certificate programs to sharpen your skills and receive new and updated vocabulary and research. I also recommend trainers and educators update language and information about culture in training materials at least once annually. This can even be a staff, committee or community effort to ensure evergreen knowledge, practicability and accountability. This way, you will always be one step ahead into the new year.

References:

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