

mental health
*lesbians and
gay men*

Developing Strategies to Counter the
Impact of Social Exclusion and
Stigmatisation

Report prepared for
Gay HIV Strategies
and
The Northern Area
Health Board

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by

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Foreword

"Mental Health, Lesbians and Gay Men - Developing Strategies to Counter the Impact of Social Exclusion and Stigmatisation" is the first Irish report to concentrate solely on the experience of gay men and lesbians with regard to mental health.

The impetus for this research initiative came from a number of representations made to both Gay HIV Strategies and the Northern Area Health Board (NAHB) in 1999. The NAHB had been contacted by members of the Gay Community about concerns regarding the rate of suicide amongst this group. The work completed by Gay HIV Strategies on areas such as HIV prevention and education also identified mental health as a key area of concern.

A partnership developed between Gay HIV Strategies and the NAHB that began with the organisation of a number of information seminars. We began to review the literature on this issue and decided that additional information was required on the nature of the problem in an Irish context. Suicidality is very much linked with mental health difficulties so we decided that a broader project examining the mental health issues of the Gay Community was required and set about seeking funding to realise this objective.

We were fortunate to bring together a committed multi-agency Advisory Group for the initiative that took the time to deliberate over the complexity of the issues involved and helped resource the thinking of the researchers. This multi-agency group was made up of representatives from the Irish College of General Practitioners, The Eastern Regional Health Authority, The Northern Area Health Board, The Department of Health and Children, academics working in the area of psychology and representatives of the gay community working in the area of community development and health promotion.

It was our intention that the final report would be an accessible document for a wide audience and that it would clearly outline areas for action. We are indebted to the National Suicide Review Group for financial support for this piece of work. The Northern Area Health Board is also to be congratulated for sanctioning the other half of the finance for this initiative.

We are satisfied that the research initiative undertaken by the Nexus Research Co-operative meets an important information need in our current knowledge about these matters and importantly gives us practical ways forward in addressing the mental health needs of this sizeable group of the population who often remain invisible to service providers. We believe that the partnership between the Northern Area Health Board and Gay HIV Strategies will continue and can work with other agencies to realise the recommendations identified in this report.

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Mental Health Promotion and Suicide Prevention
Northern Area Health Board

Will Peters
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Executive Summary

This document aims to support developments at local and national level to address the mental health needs of the gay community. It is well established that the experience of marginalisation has consequences for emotional and physical health. Utilising an action research methodology this report aims to outline and increase understanding of the key issues with regard to sexual orientation and mental health. It also hopes to explore the potential to meet the needs identified and propose some mechanisms through which positive action could take place. A multidisciplinary, cross-sectoral Advisory group met on three occasions to inform the research process. The research was undertaken in four stages.

1. A literature review, the outcome of which is presented throughout the chapters of the report. The information is organised into the areas of:
 - Gay people and mental health (Irish and international literature)
 - General policy context for Gay people in Ireland
 - The mental health policy context in Ireland
2. An analysis of the data from the literature review resulted in the identification of two specific areas for more in-depth consideration through the research process.
 - The identification of opportunities within the health care system to address issues relating to gay mental health
 - The possibility of developing the capacity of gay and lesbian N.G.O.s to refer to mainstream service providers and influence policy and service development in this area.
3. A number of consultation meetings were held with key stakeholders to discuss the two issues. The stakeholders including health service providers and policy makers, representatives from the education sector and a number of relevant voluntary organisations.
4. The final stage of the research involved the design of a developmental strategy to address the needs identified. This is presented in Chapter 5 in terms of actions to build awareness in mainstream service and actions to increase the capacity of gay front-line organisations. The report advocates the establishment of a post, at national level, to progress the actions identified in the report as well as a partnership approach between key agencies to realising the actions.

1. Introduction

"Considerable progress has been made in the area of health promotion interventions with the emphasis on the creation of supportive environments and the strengthening of community action with a focus on the gay and lesbian community. These partnerships must be maintained and consolidated to achieve a holistic approach to health that addresses lifeskills, self-esteem and positive mental health". The National Health Promotion Strategy 2000-2005.

National and international research indicates that the high level of marginalisation, exclusion and discrimination experienced by lesbians and gay men can have negative effects for both physical and mental health.

In Ireland, the Health Promotion Strategy acknowledges that measures to promote the positive mental health of the lesbian and gay population are needed. It also recognises and endorses partnership approaches between the lesbian and gay communities and statutory agencies as a way of working towards developing appropriate responses.

However, the particular mental health needs of this section of the Irish population are not readily known or identified. Concern was expressed by a number of healthcare staff in the Eastern Region about this - with particular reference being made to the vulnerability of gay youth to suicide.

Neither is there detailed knowledge about current statutory and voluntary responses to these needs in the context of service provision or possible opportunities for making these more effective.

The research exercise on which this report is based was undertaken to:

- Help develop a better understanding of the particular issues impacting on the mental health of lesbians and gay men, including the barriers to accessing appropriate care and prevention services;
- Identify approaches to meeting mental health needs that might act as models of best practice in this context - in Ireland and elsewhere;
- Explore the potential to develop more effective and appropriate responses to the needs identified - taking into account existing opportunities and constraints within the relevant Irish service and policy contexts.

The report does not set out to provide an audit of psychiatric services or psychological support services or to identify gaps in such provision. Rather, the overall aim has been to document the particular issues faced by lesbians and gay people and to identify opportunities through which these can be addressed.

The work was commissioned jointly by the Northern Area Health Board (Suicide Resource Officer) and Gay HIV Strategies Ltd. (an NGO core-funded by the Department of Health and Children).

Approach and Methodology

An 'action research' approach was taken to the work: in the sense that attempts have been made to translate findings into practical and realisable strategies for future action and response. For this to be successful, the active involvement of relevant 'stakeholders' in consideration of strategic implications was seen as essential. With this in mind, an Advisory Group was established drawing representation from:

- The gay and lesbian community (from helpline services, health-related organisations and general community development);
- Health professionals (from general practice, psychiatric and psychological services and health promotion).

This group, the members of which are identified below, met three times during the course of the research: first to discuss and agree methodology; subsequently to review interim findings and consider possible implications for future policy and practice; and finally to consider a final draft report - with a focus on the challenges involved in carrying recommendations forward.

The work was carried out in four stages:

- The first stage involved a review of relevant Irish and international literature and research. The focus of analysis here was on linkages between mental health and sexual orientation: particularly highlighting where policy and practice may have combined to deliver effective and appropriate health service responses to the gay and lesbian communities. This stage also included some contact with individuals involved in providing advice, counselling and support to gay men and lesbians in Ireland.
- The second stage focused on an analysis of this data to help ascertain the particular challenges as they apply to current Irish service provision; and the relevance of international experiences to addressing challenges. An interim report (discussed with members of the Advisory Group) contained recommendations for more detailed and focused lines of enquiry in Ireland - based on this analysis. The intention here was to explore, in practical terms, the potential for developing service responses in a range of possible areas. It was agreed that this more strategically-oriented work should address the following questions:
 - Which opportunities might exist within health care provision through which particular challenges associated with sexual orientation could be taken up? Which are the most appropriate and feasible first steps in moving this forward?
 - What might be needed (and possible) to enhance the capacity of gay and lesbian NGOs in linking in with mainstream health service provision: both through more effective referral practice, and through a more meaningful interaction with policy formulation and service design?

In the third stage these questions were pursued through consultation with key stakeholders in each case.

Personnel consulted in this respect included:

- Teresa Mason, Suicide Resource Officer, Northern Area Health Board (Advisory group member);
- Ciarán Wallace, Gay Switchboard Dublin (Advisory group member);
- Arthur Leahy, Southern Gay Men's Health Project (Advisory group member);
- Dr. Conor Geaney, Irish College of General Practitioners (Advisory group member);
- Paul Rosbotham, Association of Chaplains at Second Level;
- Justin Brophy, Irish Psychiatric Association;
- Margaret Grogan, National Educational Psychological Service;
- Brian Howard, Mental Health Ireland;
- Billy Redmond, Guidance Counsellor;
- Dr. Breda Lawless, Eastern Region Health Authority (Advisory group member);
- Olive McGovern, Health Promotion Unit (Advisory group member).

Contact by letter was also made with the Mental Health Commission and the Primary Health Strategy Team in the Department of Health and Children with a view to ascertaining the channels through which the results of this research can be raised. Contact was also made with the Irish Division of the Royal College of Psychiatrists on behalf of the researchers by one of the advisory group members.

Questions about progress within gay and lesbian organisations were explored with some of the organisations with the most direct and intensive involvement with individuals in a personal support capacity. These were:

- Gay Switchboard Dublin
- Gay Men's Health Project
- Lesbian Line Dublin
- Cork Switchboard and Southern Gay Men's Health Project (Cork)

The final stage involved the design of a development strategy to begin the process of identifying some of the challenges raised in this report: taking into account the opportunities and the constraints identified in the previous phase. This was included as a draft report, discussed at an Advisory Group meeting; and the final report incorporated feedback and amendments suggested at this meeting.

The results of these stages of work are presented in the following chapters.

2. Gay People and Mental Health

2.1 International

A significant body of research literature has emerged, particularly from the United States, on the experiences of lesbians and gay men and how these experiences impact on their mental health. This includes valuable documentation on new approaches to making mental health and related services accessible to gay people. It is not possible to provide a complete review of that literature in this study. However, the following research studies, policy developments and service initiatives were found to be particularly useful in identifying the processes that may contribute to mental health problems among gay people and in developing strategies to address these problems.

Mental Health Issues and Gay People

'Psychological Perspectives on Lesbian and Gay Experiences' (Garnets and Kimmel, eds. 1993), although published almost ten years ago, is still a very comprehensive and useful reference. It contains a collection of essays and research papers on a range of issues, giving particular attention to identity development, gender differences, ethnic and racial variation, long-term relationships, adult development and ageing.

In an article on mental health issues and young gay people, John Gonsiorek notes that while lesbian and gay adolescents are a heterogeneous group, there are patterns to the social pressures they encounter and to their psychological coping strategies which gives some unity to their psychological experiences. These experiences he states, do not constitute a separate psychology of gay and lesbian adolescence; rather they are a series of development events and psychological responses that occur in addition to, and are interwoven with, the standard social and psychological challenges facing any adolescent (1993: 470).

Although it is difficult, Gonsiorek notes, to distinguish external stressors from the psychological events they mobilise, many of the problems that are experienced by gay and lesbian youth may appear to be psychological or intrapsychic in nature, but actually stem from external stress and lack of support. Stressors noted in this respect can include:

- Verbal and physical abuse from peers: Adolescents are frequently intolerant of difference in the arena of sexuality or sex roles. Rejection by peers need not be experienced directly in order to be felt keenly. Many gay and lesbian youth observe the treatment of peers and clearly understand what could happen to them if they appear to be, or are known to be different.
- Difficulties with, or exclusion from, family: Conflict with family members regarding sexual orientation can precipitate stress and crisis in the lives of gay people. Gonsiorek notes that many adolescents who disclose their sexual orientation to their family are rejected, mistreated or become the focus of the family's dysfunction.
- Lack of institutional support: Compounding the problems of rejection by peers and family is a lack of institutional support, for example, through the school system or, through more specific treatment services for psychologically troubled youth. Treatment services for example, that otherwise deal effectively with disturbed or acting-out adolescents, may be overwhelmed by a gay or lesbian teenager.

Staff members in such services may tolerate or even support expressions of prejudice from other adolescents in this environment and even the well-intentioned and non-judgemental staff may simply lack information regarding resources and treatment options for gay and lesbian adolescents.

Gonsiorek goes on to discuss some of the particular psychological difficulties arising for young gay people from the external stressors they experience. Issues discussed in this respect include 'internalised homophobia' whereby negative societal reactions to homosexuality are incorporated into self-image. These internalised feelings can result in symptoms ranging from self-doubt to overt self-hatred. In general, Gonsiorek notes that understanding and modifying the often subtle manifestations of internalised homophobia are important steps in achieving mental health (1993: 475).

Also important in meeting the needs of lesbian and gay people is some knowledge of what has become known as the 'coming out' process. This can begin with initial experimentation with sex or relationships and progress to a final stage (assuming everything goes well) of integration and identity formation during which the individual accepts being gay or lesbian and integrates this identity into his or her life and personality. The process represents a shift in the person's core sexual identity and may be accompanied by dramatic levels of distress. This distress may be compounded if a person is unprepared for the negative reactions that can ensue. "The challenge for gay and lesbian individuals," Gonsiorek states, is to:

".....develop a sophisticated decision making process about disclosure, responding to prejudice and ostracism, and other potentially threatening situations. When is it important to take a stand? When is it too risky? What are the consequences of action or inaction? How should a response be paced and timed? In other words, gay and lesbian persons must develop the skills to perform a complex "cost-benefit analysis" when faced with external bigotry and oppression" (1993: 475).

Gonsiorek concludes his article by outlining the type and nature of support services that could assist gay people including support groups and family support services. Health care and social services, he states, can improve the service they provide to their lesbian and gay clients through in-service training, discussions among personnel regarding attitudes to homosexuality and a commitment to freedom from bias in service delivery.

Hate Crimes: Confronting Violence Against Lesbian and Gay Men (Herek and Berrill Eds., 1992) contains a comprehensive range of articles on the extent and nature of violence and victimisation of gay people. In an article by Garnets et al, the authors discuss the psychological implications of anti-gay prejudice, including the most extreme manifestation of such prejudice, victimisation and violence.

Garnets et al note the accumulating body of research which suggests that psychological adjustment appears to be highest among men and women who are committed to their gay identity and who do not attempt to hide their homosexuality from others. On the other hand, the authors note that gay people who feel they are not able to 'come out' or who are isolated from the gay community may experience significant psychological distress, including impairment of self esteem.

Being 'out' as gay and connections to the gay community have also been shown to influence the reaction of people to anti-gay violence and victimisation. 'Coming out' Garnets et al note, does not 'prepare' lesbians and gay men for such experiences, but it does provide them with the tools that they can use in coping: supportive social networks, community resources, and less self blaming interpretations of the experience.

Women and men who are still in the early stages of coming out, in contrast, are unlikely to have the requisite social support and strongly developed gay identity that can increase their psychological resilience and coping skills (1992: 212).

The authors also go on to make a number of suggestions for mental health practitioners in meeting the needs of their gay and lesbian clients. An important part of doing this is to be aware of any potential for bias and to be familiar with current and accurate information about gay male and lesbian identity, community and mental health concerns. They note that among the assumptions to be avoided are that a homosexual identity is negative and unhealthy, that all clients are heterosexual unless they identify themselves as gay and that biological family members necessarily constitute a client's 'significant others' or next of kin. Also to be noted is that the mental health consequences of anti-gay victimisation are likely to vary according to the survivor's race, age and social class, among other variables (1992: 219).

Young People and Mental Health (Aggleton et al, 2000), is a UK publication which contains a valuable chapter on sexuality and mental health promotion including a specific section on mental health issues affecting lesbians and gay men. In a review of the literature the authors outline some of the factors associated with mental health problems among gay people. They note that because of the stigma attached to being lesbian or gay, many young people and adults are faced with additional challenges that others of the same age may not experience.

One important challenge in this respect, is the effects of homophobic bullying which emerging research evidence suggests has had a very significant impact on the lives of younger and older gay people. The authors note a study by Ian Rivers, which found that considerable numbers of gay people surveyed had experienced such abuse at school. In addition, the bullying experienced by young gay people at school was found to be more severe than general bullying. It included abusive behaviour such as having clothes set alight, being urinated upon, being burned with cigarettes while being held down and being dragged across the school playing field by the hair (Rivers, 1996). Another UK study which surveyed secondary school teachers on their perceptions of bullying found that 92% were aware of general bullying, 82% were aware of homophobic bullying and 26% were aware of homophobic bullying of a physical nature (Douglas, 1999).

With regard to health, Aggleton et al note the legacy of the classification of homosexuality as a mental disorder in terms of biased service provision. They identify the need for professional development in the field of sexuality, not just for those directly engaged in mental health services, but also for teachers and general practitioners. Importantly, the authors recommend that activities to prevent mental health problems among the gay community should be embedded within a wider mental health promotion programme to be undertaken at three different levels:

- At the structural level, such as making changes to national policy;
- At the organisation or community level, such as re-orienting existing services and setting up new ones;
- At the personal or individual level, such as providing individualised support (2000: 143).

The Social Support Needs of Older Lesbians, Gay Men and Bisexuals (Jacobs et al 1999) provides an overview of research on older gay people as well as the results of a survey on such needs undertaken by the authors in the United States. They note that issues of concern to older lesbians, gay men and bisexuals are much the same as those of most ageing adults - for example, loneliness, health and income. However, they also face additional fears associated with their sexual orientation. They may be reluctant to disclose their sexual orientation to health care or service providers for fear of discrimination and may worry over the lack of legal protection of their intimate relationships (1999: 2).

Older gay people will have grown up in an environment of considerable oppression, where extreme secrecy was the necessary response to social/economic ostracism and the threat of criminal conviction. Despite the increased visibility of gay community networks and organisations in recent years, Jacobs et al note that many older gay people are socially isolated and remain disengaged from the lesbian and gay community. Some experience severe depression as they grieve the loss of important relationships, the significance of which are often not acknowledged by health and social service providers. They may consequently withdraw socially rather than reach out to lesbian and gay social networks dominated by younger people or to older heterosexual counterparts who may disapprove of their sexuality (1999: 3).

In meeting the needs of older gay people, Jacobs et al make a number of recommendations including research to explore the different needs and experiences of lesbians as opposed to gay men, as well as the common needs of gay people more generally. In addition to making services in general more accessible to older gay people, they state that the findings of their research also indicate a need for specialised services. An example of a programme offering such services is suggested by the authors encompasses the following:

- A home visiting and telephone contact service providing a friendly link to the gay/lesbian community for an elderly person who has a visual, hearing or mobility impairment which prevent them from accessing other gay people.
- The establishment of support groups to facilitate social interaction and encourage sharing of feelings, concerns, interests and special issues related to gay and lesbian ageing.
- The development of an information and referral system of services, programs and events tailored specifically for older lesbians and gay men. This could involve the assembly of a resource manual listing a range of services relevant to older gay people such as social and recreational events, gay friendly medical and legal services, relevant publications and so on. The resource manual could then be used by telephone helplines for the gay community as well as more general services targeted at older people. (1999: 25).

The authors conclude their article with a suggested agenda for future research on the needs of older gay people. Areas identified in this respect include research on the needs of older lesbians and gay men 'coming out' later in life and the needs of particular sub-groups of older gay people such as different ethnic groups, inhabitants of rural areas and persons living in nursing homes, hospices and other care facilities (1999: 26).

HIV and AIDS

HIV and AIDS has added an extra dimension to risk or incidence of mental health difficulties among gay men in particular. People with HIV and those close to them, as noted by Elkin (2000) are subject to numerous stressors that can impact on their mental health. Among these stressors are fear and anxiety following the initial disclosure of seropositivity, stressful and confusing medical treatment regimens, the prospect of serious medical problems and sadness and grief associated with the potential for early death. In addition to these stress factors, HIV itself, the illnesses it can give rise to and some retroviral drugs have also been linked to symptoms of depression and anxiety (*International Association of Physicians in AIDS Care (2002)*).

The capacity to cope with mental health difficulties associated with HIV will depend on a range of factors. These can include a persons' history of coping with adversity or illness, the amount of social and emotional support they receive from friends, family and community organisations and their ability to access mental health services (*Elkin, 2000: 1*). However, as noted by Cant (1999), gay men can be reluctant to seek support from these sources (or be denied assistance from them) due to fear or actual experiences of negative reactions to their homosexuality and their HIV status.

Psychological stress and associated mental health difficulties arising from fear of disclosing ones sexuality or actual experiences of discrimination or negative reactions upon disclosure, also have implications for HIV prevention. The World Health Organisation for example has found that those who conceal their sexual orientation for fear of discrimination or alienation "live less fulfilling lives, encounter additional stress and are placed in situations that are not conducive to safe sexual practices" (*World Health Organisation, 1991*).

Suicide

One of the more alarming issues to have been raised in the research literature on lesbians and gay men is the possibility of elevated rates of suicide and attempted suicide among young gay people. A useful summary of the literature on this issue, and the possible factors that might contribute to higher suicide rates among young gay people is contained in ***Suicide and Gay/Lesbian/Bisexual Youth: Implications for Clinicians*** (*Morrison and L'Heureux, 1999*). In addition to individual risk factors common for all sexual orientations, the authors note from the available research literature that gay, lesbian and bisexual youth are more at risk of suicide or attempted suicide if they: (1) acknowledge their sexual orientation at an early age, (2) report a sexual abuse and/or familial abuse history, (3) do not disclose their sexual orientation to anyone, (4) self-present with high levels of gender non-conformity and (5) report high levels of intrapsychic conflict regarding their sexual orientation (1999: 6).

At first glance it might appear contradictory that gay youth that 'come out' at an early age and those that do not 'come out' to anyone are both at high risk. The commonality between the two groups, Morrison and L'Heureux state, is the extreme isolation in both cases. A youth that is 'out' to others and self is at increased risk for assaults and harassment, and is thus more psychologically isolated. Similarly, a young person who self identifies as gay but does not feel safe enough to share this identity with anyone in his or her environment is also extremely isolated. It is well established that isolation and hopelessness increase depression and suicide risk on an individual level for people of all sexual orientations (1999: 7).

Morrison and L'Heureux go on to discuss the various 'micro-systems' and 'macro-systems' they consider important in constructing a model for identifying the risk factors associated with suicidal behaviour. For example, the social micro-system which any young person is part of can comprise of parents, teachers, friends, counsellors, religious communities, neighbourhoods and youth serving agencies. The extent to which this system can be considered supportive or not of young lesbian and gay men must then be taken account of when predicting suicide risk.

Of particular concern with regard to what Morrison and L'Heureux describe as 'micro-system inadequacies' is the mental health care system, which is the predominant system interfacing with a potentially suicidal young person. While recognising the considerable progress that has been made in the United States in this respect, they refer to research that shows that there continues to a lack of knowledge among health care providers about gay issues and life experiences, differential assessment and treatment of clients based on sexual orientation, a lack of awareness of oppression as it relates to gay clients, and the pathologising and denigration of gay people simply because of their sexual orientation. (1999: 8).

These research findings, it is noted, relate to gay, lesbian and bisexual youth risk assessment in several important dimensions. First, it is possible that a young gay person has interacted with a mental health care provider in the past and has had a negative and debilitating experience. Thus they could be coming into treatment guarded and not willing to disclose either their sexual orientation or their suicidal ideation, consequently placing them at more risk. Secondly, a negative experience with a mental care provider could further isolate a young gay person and put them at further risk. Finally, a lack of information on the part of mental health care providers regarding the factors that lead to isolation among young gay people may contribute to mis-diagnosis and a lack of preventative care for potentially suicidal gay youth (1999: 9).

Possible factors associated with risk of suicide have also been raised in the report ***From the Inside Out*** recently published in the UK (*Gay Community Health Service, 2001*). The report outlines the results of a study into the mental health needs of the lesbian and gay communities in Southampton and South West Hampshire - based on a survey of 261 gay people in the two areas. A significant number of these respondents reported attempts at suicide. Cross tabulations of the data then showed that those attempting suicide had lower levels of confidence, higher levels of 'internalised homophobia', and higher levels of mental illness, evidenced by having been prescribed medication for problems such as depression. (2001: 21).

Response of Mental Health Service Providers

Some of the most significant responses to the mental health concerns of lesbians and gay men have come from national professional bodies in the United States of America. For example, the American Psychological Association (APA) produced ***Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients*** (2000) with the specific goals of providing practitioners with a frame of reference for the treatment of lesbian, gay and bisexual clients and with basic information and further references in the areas of assessment, intervention, identity, relationships, and the education and training of psychologists.

In the introduction to the guidelines, the APA draw attention to its 1975 resolution stating that "homosexuality per se implies no impairment in judgement, stability, reliability or general social or vocational capabilities" (2000: 1440).

This resolution followed a rigorous discussion of the 1973 decision by the American Psychiatric Association to remove homosexuality from its list of mental disorders. More than 25 years after this resolution, the APA notes that the implications of this resolution have yet to be fully implemented in practice. Reference is made to a number of research reports that state there is a need for better education and training of mental health practitioners in this area.

The Guidelines aim to contribute to this process of education and training and are seen as a means of facilitating the continued systematic development of the profession. They are organised into four sections containing a range of specific guidelines backed up by a review and analysis of relevant research.

The first section, entitled "Attitudes to Homosexuality", states that psychologists should understand that homosexuality and bisexuality are not indicative of mental illness and encourages them to recognise how their attitudes and knowledge about gay people may be relevant to their practice. With regard to this knowledge, psychologists, it is noted, should strive to understand the ways in which social stigmatisation may pose a risk to the mental health and well-being of lesbian, gay and bisexual clients. The Guidelines refer to the research literature in this respect, which shows that:

"Sexual minority status increases risk for stress related to chronic daily hassles (such as hearing anti-gay jokes and always being on guard) and to more serious negative life events, especially gay relevant events (such as loss of employment, home, custody of children, anti-gay violence and discrimination due to sexual orientation)"
APA (2000: 1442).

The second section of the Guidelines relates to relationships and families. Psychologists in this respect are encouraged to be aware of the impact of societal prejudice and discrimination on gay relationships. For many gay, lesbian and bisexual people, it is noted, the primary partner, a network of close friends, or both constitute an alternative family structure. In the absence of legal or institutional recognition, and in the face of societal, workplace and familial discrimination, these alternative family structures may be more significant than the individual's family of origin. Lack of recognition of such alternative support networks, can be very stressful for a gay client, particularly if they are excluded in a time of crisis. Psychologists are therefore encouraged, when conducting assessments, to ask a client whom they consider to be part of their family (2000: 1445).

Other issues dealt with under this section include the particular challenges faced by gay parents. In a number of instances it is noted, gay and lesbian parents have lost custody of their children, have been restricted in visiting their children, have been prohibited from living with their partners or have been prevented from adopting or being foster parents on the basis of their sexual orientation. The Guidelines refer to the growing body of literature which discounts one of the rationales for discrimination against gay parents, i.e. the impact of a parents homosexual orientation on a child's gender identity, gender role conformity and sexual orientation. Psychologists, it is noted, should rely on this scientifically and professionally derived knowledge and avoid discriminatory practice when conducting assessments for suitability for child custody, adoption and foster parenting (2000: 1444).

The third section of the Guidelines relates to issues of diversity. Here psychologists are encouraged to recognise the diversity of the lesbian and gay population itself and the particular needs and challenges faced by particular sub-groups such as gay people from minority ethnic groups, young and older gay people, bisexuals, and gay people with a disability.

The last section of the Guidelines covers education. In particular, psychologists are asked to support the provision of professional education and training on lesbian and gay issues. Research studies, it is noted, show that there continues to be quite limited coverage of such issues in professional training. The Profession is encouraged therefore, to avail of the growing body of research material and other resources that could inform training and to involve psychologists who have expertise on lesbian and gay issues in training provision.

The production of the Guidelines follows on from previous work of the APA in identifying and responding to the particular issues faced by lesbian and gay clients. Significant in this respect is the study ***Issues in Psychotherapy with Lesbians and Gay Men: A Survey of Psychologists*** (Garnets *et al*, 1991) which is based on a survey undertaken in 1986 by a taskforce of the APA Committee on Lesbian and Gay Concerns (CLGC) to explore good and bad practice in the treatment of lesbians and gay men in psychological services.

Specific examples of poor practice identified included therapists operating from a belief that homosexuality *per se* is a form of psychopathology and from this position seeking to change sexual orientation through the therapeutic process. Other examples included lack of awareness of homosexual identity and development and the effects of societal stigma on the client concerned. In some cases, therapists had reacted to the homosexuality of a client with considerable negativity and attached little or negative value to gay relationships.

Examples of more positive therapeutic approaches included a focus, when the issue of homosexuality was raised, on the effects of discrimination and stigma (including the internalised feelings of the client) rather than treating homosexuality itself as the issue. Other positive approaches identified included a recognition by the therapist that their own attitudes or lack of knowledge of homosexuality can be limitations in the therapeutic process and from this position seeking consultation or making appropriate referrals when necessary.

Examples of initiatives undertaken by other professional bodies on lesbian and gay issues include the work of the American Psychiatric Association, which has issued policy statements and has produced fact sheets on gay issues. For example, in the 1998 the association issued a fact sheet containing a ***Position Statement on Therapies Focused on Attempts to Change Sexual Orientation ("Reparative" Or "Conversion" Therapies)***. This statement outlines its opposition to "any psychiatric treatment, such as reparative or conversion therapy, which is based on the assumption that homosexuality *per se* (their italics) is a mental disorder or based upon the a priori assumption that the patient should change his or her homosexual orientation" (*American Psychiatric Association, 1998: 4*).

In developing its statement on this issue, the association notes that the potential risks of 'conversion' therapy are great (resulting in depression, anxiety and self-destructive behaviour), since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient (1998: 4). The Association goes on to note similar statements made against 'reparative' therapies by other professional associations in the United States including the American Psychological Association, the National Association of Social Workers and the American Academy of Paediatrics.

Other interesting developments in the area of psychiatry include the work of the Group for the Advancement of Psychiatry (GAP) based in the United States. The GAP Committee on Human Sexuality has produced a report entitled ***Homosexuality and the Mental Health Professions: The Impact of Bias*** (2000) which looks at the incidence of, and potential for anti-homosexual bias in the practice of psychiatry and psychotherapy. A key objective of the report, the authors note, is to encourage practising psychiatrists and psychotherapists to recognise when they are speaking with or acting on a bias that previously would have been outside their awareness. This they state, "will enable professionals in our field to be better able to prevent anti-homosexual bias from affecting treatment and to understand and assist their lesbian and gay patients" (GAP Committee on Human Sexuality, 2000: XVI).

In meeting this objective, the report contains a comprehensive literature review and then outlines a number of 'vignettes' or case studies to illustrate the operation of anti-homosexual bias in clinical settings and in supervision and professional training. With regard to supervision and training the report offers the following suggestions to make service more accessible and appropriate to the needs of gay people:

- "A modern curriculum that is non-judgemental should be integrated into a human sexuality course for mental health workers in training and for medical students;
- Psychological and social aspects of homosexuality should be taught in classes or seminars on human sexuality, and not pathologised, and should be included in the parts of the curriculum wherever relevant;
- Curricula should create possibilities for trainees to be exposed to the perspective of the lesbian and gay sub-culture by providing the possibility of contacts with openly gay teachers and supervisors and through introducing students and residents to the literature on homosexuality within a historical context" (2000: 76).

In conclusion, the GAP Committee outline their hope that this report will be both interesting and of practical use to those who read it. "Above all", they note, "it is hoped that it will stimulate all psychotherapists to become curious about their own unconscious anti-homosexual bias, to familiarise themselves with its manifestations, and to do their best to prevent it from unintentionally harming their patients" (2000: 103).

An example of a specific initiative to address problems faced by young lesbians and gay men is described in an article in the Youth Suicide Prevention Bulletin published by the Australian Institute of Family Affairs (Brown, 1999). The article provides an overview of early results from the 'Here for Life' Youth Sexuality Project which began in Australia in 1997 with the aim of developing, implementing and evaluating good practice approaches to suicide prevention for young people with same sex attraction. In line with this aim, the specific objectives of the project were to:

- Reduce isolation in young people in the target group and assist them to develop positive attitudes towards their sexuality;
- Increase positive attitudes and action in the community towards young people with same sex attraction;
- Increase the range of health and counselling services available which are inclusive and reflect a knowledge and skill base appropriate to the target group;
- Disseminate project findings and recommendations.

To achieve these objectives the project developed a number of strategy streams, including professional development and training; peer support; community development and promotion; and clinical therapy.

Under the professional development and training stream, the project conducted a training needs analysis, surveying almost 500 teachers, school psychologists, community nurses, general practitioners, youth workers, chaplains and social workers in Western Australia. As noted in the article, important issues arising from this survey included:

- Limited understanding about the unique problems and issues faced by a young person coming to terms with their same sex attraction and, in particular, how these issues relate to increased psycho-social and suicidal risk.
- Varied and often unclear perceptions among those surveyed about their role in relation to working with young people with same sex attraction issues.
- A variety of inconsistent attitudes, values and perceptions about homosexuality.
- A lack of information about local resources available for young people with same sex attractions (1999: 30).

This survey provided the basis for the development of a range of professional training interventions. This included the development of the 'Clearing the Way' one day workshop which brought together the issues of same sex attraction and suicide prevention. It was delivered to over 250 people covering the various professionals included in the survey. A 'Clearing the Way' Training package was also produced which, it is noted, is now available through the Gay and Lesbian Counselling Service of Western Australia.

Another interesting example of initiatives to make services more accessible is the work of the Gay, Lesbian, Bisexual and Transgender (GLBT) Health Access Project, which is a collaborative community-based program funded by the Massachusetts Department of Public Health. As part of its work, the project has produced a set of standards for health providers entitled ***Community Standards of Practice for Provision of Quality Health Care Services for Gay, Lesbian, Bisexual and Transgendered Clients*** (2001).

The need for the Common standards, according to the project, emerged from several sources, including a statewide provider survey and a 1997 GLBT Health Access report, Health Concerns of the Gay, Lesbian, Bisexual and Transgender Community. To address these concerns the Health Access Project convened a community working group of over 60 consumers, providers, public and private agency administrators and staff. The working group's efforts were guided by four principles: (1) the elimination of discrimination; (2) the promotion and provision of full and equal access to services; (3) the elimination of stigmatisation of GLBT people and their families; and (4) the creation of health service environments where it is safe to be "out" to their providers.

The resulting Common Standards of Practice are designed to guide and assist providers in achieving these goals. The standards address both agency administrative practices and service delivery components under a number of headings including personnel, client's rights, intake and assessment, service planning/delivery and confidentiality. Standards under each heading are set out with a set of indicators to assess progress in their implementation.

For example, under the heading of 'client's rights', the standard is put forward that "the Agency shall assure that comprehensive policies are implemented to prohibit discrimination in the delivery of services to gay, lesbian, bisexual and transgendered clients and their families". Suggested indicators of progress in implementing this standard include the existence of a written anti-discrimination policy and the conveyance of this policy to the population served by the agency through agency brochures and informational and promotional materials (2001:3).

In the UK, the Royal College of Psychiatrists (which is the professional and educational body for psychiatrists in the United Kingdom and the Republic of Ireland) has established a Gay and Lesbian Special Interest Group to inform the college on gay issues. In 2001, the Special Interest Group produced a paper entitled ***Nearest Relatives of Gay Men and Lesbians*** which is a summary of a debate attended by members of the Special Interest Group focusing on 'next of kin' and 'nearest relative' issues for gay men and lesbians.

A key conclusion from the meeting was that same sex relationships should be treated in the same way as heterosexual relationships for the purpose of receipt of mental health services. It then sets out a number of specific recommendations to give this principle effect in law, especially in forthcoming changes to the 1983 Mental Health Act. Future Codes of Practice, it is recommended, should include same sex partners as de facto 'next of kin' or 'nearest relative' if these terms are retained.

Other activities undertaken in a British context on the issue of mental health and gay people, has been the work of PACE, an organisation committed to providing counselling, group work and mental health advocacy to address the effects of anti-gay bias and discrimination. PACE have published a report entitled ***Diagnosis: Homophobic: The Experiences of Lesbians, Gay Men and Bisexuals in Mental Health Services*** (McFarlane, 1998) which is based on a survey of mental health professionals and gay service users. An important finding of the report is the number of people who experienced or identified homophobia as having an impact on their mental health. Also, barriers to access or 'coming out' in mental health services included fears about safety, fears about being pathologised, negatively judged or stigmatised, worries about confidentiality and lack of acknowledgement of orientations other than heterosexual.

In response to these concerns, the PACE report sets out a comprehensive range of recommendations to make mental health services more accessible to lesbians, gay men and bisexuals. Areas of actions identified are grouped under the areas of addressing safety concerns, tackling homophobia, raising the visibility of gay people in the services, training and awareness, guaranteeing confidentiality and the funding of specialist lesbian, gay and bisexual services.

2.2 Ireland

General Information on Gay People in Ireland

There is very limited research that focuses specifically on the mental health needs of lesbians and gay men in Ireland and/or how they interact with mental health and related services. There is however, a growing body of research literature on the more general experiences of lesbians and gay men that provide a useful insight into the stresses that can be linked to poor mental health.

One of the most comprehensive studies to be undertaken in this respect is the Combat Poverty Agency (CPA) report ***Poverty: Lesbians and Gay Men (1995)*** which looked at the nature of anti-gay prejudice and discrimination in Ireland. The study, which was based on a survey of gay people in Dublin and Cork, sets out to explore how discrimination and the fear of discrimination impacts on the levels of poverty and exclusion amongst lesbians and gay men and to establish the needs of those most at risk of experiencing poverty. The study focused not just on income adequacy, but also on how discrimination affects people's lives in terms of their relationship with family and friends, education and training, employment, access to resources such as housing and state benefits, health, harassment and violence and emigration.

Some of the key research findings of the study are as follows:

- Approximately half of respondents became aware of their sexuality before the age of 15 when they were particularly vulnerable and dependent
- 66% stated that gradual awareness of their sexuality caused "many" or "some" problems
- Over half of those surveyed experienced problems at school because of their being lesbian or gay and eight percent left school earlier than anticipated as a result.
- More than a third of those who had been on training courses experienced bullying because of being gay.
- Almost half of respondents experience harassment in the workplace.
- A quarter of respondents had been punched, beaten, hit or kicked because they were assumed to be gay.
- Almost one-third of respondents were effectively homeless at some stage of their lives.

To obtain some indication of the psychological well-being of respondents that could be compared to the general population, the study applied a measure which had been used by the Economic and Social Research Institute in a report they had undertaken on unemployment, poverty and psychological distress (Whelan et al, 1991). The results indicated higher levels of psychological distress among respondents than was the case for the general population, particularly among those respondents more affected by poverty (1995: 75).

The study also documented more encouraging features, for example, almost all of those respondents who had come out to family members reported that it had improved their lives considerably or in some ways. Gay community support was also considered important but there was concern that gay people with fewer resources, or those living outside the main urban centres face particular levels of isolation (1995: 41).

Education: Lesbian and Gay Students (*Gay HIV Strategies/ Nexus 2000*) provides an overview of the problems often faced by young gay people in the education system and documents examples of good practice in addressing these problems. Issues identified in this respect include the findings from the Combat Poverty Agency study referred to above, which showed that many lesbians and gay men experienced problems at school such as depression, poor self-esteem, harassment and bullying. The absence or perceived absence of support in addressing these problems was also apparent from this research. Of the 91 respondents in the survey who experienced problems at school, only six told a teacher about them, while four told a school counsellor (1995: 51).

The education report also outlines a number of important legislative, policy and programme developments that have potential to address these problems. At a legislative level, the report noted the importance of the new equality legislation, but also the Education Act (1998) which contains specific commitments to ensuring more equal access to education. With regard to programmes and curriculum development, it notes the significance of Social, Personal and Health Education (which now incorporates Relationships and Sexuality Education) as a potential building block for making the education system safer and more accessible for gay students. Other developments noted in the report include the establishment of the National Educational Psychological Service, which could play a role in meeting the needs of young gay people in crisis situations (1999: 33).

HIV Prevention Strategies and the Gay Community (GLEN/Nexus, 1996) is the report of phase one of an action plan to develop a renewed and integrated HIV prevention strategy for gay men in Ireland. A central finding of the study is the critical link between sexual/physical health and overall mental health and well-being. In this respect, the study contains a very substantial review of the literature on HIV/AIDS prevention which shows that measures to promote the self-esteem of gay men are essential to effective HIV prevention work. It also documented evidence that disadvantaged gay men and those disconnected from the gay community find it more difficult to adopt and sustain safer-sex practices. There are some in this respect, who are particularly at risk including early school leavers, those who are homeless, or those who have been victimised and have very poor self-esteem.

Very often, the study notes, the services dealing with such people at risk ignore a central problem, which is prejudice, discrimination and harassment because of the persons gay sexuality. Accordingly, one of the recommendations of the report is that community development programmes, youth services and other projects should focus on providing the support and positive environment for gay men to develop a positive sense of their gay sexuality, to be enabled to "come out", and become part of the gay community.

Suicide

Information on the possible links between sexual orientation and suicide in Ireland is quite limited. An important development in this respect has the report ***Suicide in Ireland: A National Study (2001)*** undertaken by the Departments of Public Health on behalf of the chief executive officers of the health boards, which is the first study on this issue to have included some provision for assessing sexual orientation and suicide. This study is based on information sought from the Gardai, coroners, GPs and psychiatrists on all suicides that occurred in health board areas in 1997 and 1998 (with the exception of the then Eastern Health Board area where information was sought only for 1997).

The study found that 1.8% of those who died as a result of suicide were known to their GP or psychiatrist to be homosexual or bisexual. However, it notes that in just over a third of cases, sexual orientation was unknown. It is further notes that those with a homosexual or bisexual orientation should "not be neglected, particularly from a mental health perspective, as there is evidence to suggest that there is an increased risk of suicide symptoms among gay men and that homosexual/bisexual males are four times more likely to report suicidal intent" (2002: 59).

Mental Health and Sexual Orientation in Ireland

Apart from this very recent acknowledgement as a risk factor in suicide, there has been scant recognition of the implications of sexual orientation for mainstream mental health provision per se.

Indeed a common experience reported by all Gay and Lesbian help-line providers consulted is the reluctance of many callers to approach mainstream mental health services and agencies. The largest of these providers is Gay Switchboard Dublin (GSD) - receiving approximately 5,500 calls per year. GSD expressed concern about a certain proportion of these callers who contact in 'acute crisis' situations, and who do not feel empowered to discuss their sexuality with mental health professionals.

Switchboards and Help-lines typically respond to a wide range of requests and expressed needs - from those seeking general information about 'coming out' to people making more specific requests for advice or support in particularly challenging circumstances. For many callers just a 'listening ear' is welcome; for others, advice about social contact opportunities appears to meet the immediate needs expressed. It is reasonable to assume that a most of these callers are in a position to act on this information and to successfully address their own immediate concerns - even though it is important to acknowledge that, even amongst 'general query' calls, there is widespread reporting of personal challenges connected with isolation, loneliness, ostracism and bullying.

Concern amongst Switchboard operators, however, is much higher in relation to those callers who contact in disturbed or even desperate and irrational mental states. GSD volunteers report at least 12 calls every year where threatened suicide is the main theme; but also express fears that a much greater number of callers are vulnerable in terms of suicide or self-harm. Particular examples explored with them suggest that these calls can be summarised under three headings:

The first main scenario concerns lesbians and gay men experiencing dangerously increased risk or incidence of psychological stress arising from experiences of anti-gay prejudice. These calls would more often than not have been precipitated by a particular personal crisis (such as rejection by family or friends, bullying at school, or harassment at work). One example is summarised overleaf (Important note: in all case examples outlined, names and any other details which could serve to identify individuals have been altered by GSD).

"Gavin was fourteen and asserted quite confidently that he was gay. He had few friends around his local housing estate and even fewer in school. He reckoned that his older sister had figured out that he was gay. His desire to talk to her was countered by his fear that she would tell his parents."

Now that his schoolmates were going out with girls he was keen to go to places where he could meet other gay people his own age. The GSD-supported youth group operates for the 17 - 23 age group and so was not appropriate. Gavin was frustrated that gay pubs and clubs would not serve him, and no non-commercial scene existed for him. Being told to wait three years at the age of fourteen was difficult.

He said he liked his first call to GSD as he could discuss the taunting and general abuse from his class mates, and knew that he would be understood. Talking to a teacher or parent about this bullying behaviour would reveal his sexuality and make things even worse, he felt. He described feeling trapped; he knew "who" he was but could not do anything about it. He skipped school regularly to avoid trouble, although this was now causing other problems with his parents.

Gavin's second and final call ended with him despairing at his complete lack of options, with no social outlets, no family member or friend that he felt he could talk to, and increasing pressure relating to his school attendance."

A second key scenario relates to those at risk of or suffering from psychological stress as a result of non-disclosure - where non-disclosure around sexuality is a direct response to fear of prejudice, rejection, discrimination and victimisation. Examples of such a scenario are outlined as follows:

Living in east Mayo, Tom had felt it safer to call the helpline in Dublin, rather than one on the west coast. Although his nephew helped out on the farm at the weekends, Tom effectively lived and worked alone on his rural small-holding. He called GSD every few months to talk about being gay and life in general. As a man in his 60s Tom had found it impossible to meet others through the small-ads. The commercial gay scene does not cater for older people and as a result he was persistently and consciously lonely.

Any potential social outlet meant travelling a long way, and absences from the locality would raise questions from his nephew and neighbours. Therefore GSD became the only arena in Tom's life where he could talk about his real feelings, as he put it "the hopes and fears that everyone else can discuss openly in the local pub any night of the week.

Paul contacted GSD three times, over the course of about two weeks. Each time he was very distraught. He was in his early twenties, gave the name Paul, though said it wasn't his real name, in case he could be identified somehow. He lived on a farm with his mother. His father had recently died and he was now responsible for the farm. He had some sisters, who all lived in Dublin or abroad. In order to ring GSD he travelled twenty miles in the opposite direction from the usual town that his neighbours went to, looked around for a phone box that could be relatively discreet and waited until it was dark.

Paul was deeply upset, terrified and distressed. He was gay, nobody knew about it, and if they did he expected that he would be rejected by his family, his friends and his local farming community with whom he worked closely. He now felt marooned in rural Ireland, with the responsibility of a farm, and no way of escaping. He felt that he could never leave the farm - it would kill his mother he said, and his family had a huge interest in continuing the farm within the family. He saw this as impossible for him as a gay man. He saw absolutely no way out, other than to take his own life.

The series of calls were very difficult for him and also for GSD. He felt that he would be unable to use any of the support suggestions made by GSD, although did talk to GSD three times. Each time he was more acutely distressed, and more convinced that suicide was the only option for him. The last call ended abruptly. GSD did not hear from Paul again.

For certain women in this category, disclosure of sexuality could also have a huge cost - with similar stress factors associated with non-disclosure. This applied especially to women in family situations (frequently in a rural setting) where existing power relations could mean complete disconnection from children (see below as example).

Marie got married when she was in her early twenties, though she was now in her mid thirties. She had three children, all under the age of 10. Her marriage was a very unhappy one, and she and her husband were going to separate.

She expected a lot of animosity around the separation. She remembers always being attracted to other women, but felt that these feelings would go away when she got married. In the last year, she had become close friends with another woman in her local community, and found that this attraction was becoming stronger all the time. Nothing had happened between them and she wasn't sure if she wanted it to or not. She hadn't known who to talk to about these feelings, and was relieved to find GSD's number in her local phone directory.

Marie felt that it was now clear to herself that she was lesbian. Calling GSD was the first time she had ever said that to anyone else. She had never spoken to another lesbian. Marie spoke of a whole series of fears she had. Her first concern was for her children. Her husband was suspicious that Marie was having an affair with this other woman. He was a difficult man who she felt would use the children as a pawn in any separation process. She was convinced that he would keep the children from her if he knew she was a lesbian, and would go to court to fight for custody on that ground.

Marie was very unsure how to proceed. She was looking for details of a solicitor who would understand the issues involved and be supportive and non-judgemental. She also wanted to talk with other women who had been through a similar situation. She felt too that she needed to meet other lesbians, so that she could begin to understand and explore her feelings for other women. GSD were able to make some suggestions about linking with lesbian groups in Dublin. They didn't have any details of solicitors.

The third key scenario concerns those who suffer from mental health problems (such as depression) and are also gay or lesbian. It is within this category that difficulties in discussing sexuality with mental health professionals arise most; with callers often describing the frustration and disconnection associated with not being able to introduce sexuality as a consideration within a therapeutic context.

In consultation with Switchboards and Help-lines several common areas of concern for this part of their work were articulated:

- ◇ Firstly, although much of the current workload demonstrates serious issues of loneliness and isolation among callers, there was a concern that the helplines were only dealing with a part of the problem. Of particular significance in this respect is the unknown numbers of people - possibly in even more isolated and vulnerable circumstances who 'don't even get the number'.

- ◇ Secondly, there was also a shared concern that numbers of calls in the 'more critical' category were rising - coupled with the ongoing challenge for volunteers in terms of time and effort needed.
- ◇ Thirdly, there was a clear acknowledgement of the fact that these services were not equipped to deal with many of the issues presenting - in particular those issues where the need for professional psychological or psychiatric support was evident.
- ◇ Added to this were the perceived limitations in options around onward referral. Conscious of the fear and reluctance expressed by many callers about openly discussing their sexuality with health professionals, help-line operators are also conscious of the need to ensure that onward referrals are to 'gay friendly' professionals. And they all see the options as being limited in this respect.
- ◇ Finally, all identify serious drawbacks in relation to continuity of service, or the capacity to follow through effectively on issues presenting. This is related to a number of factors - not least of which is the total reliance on voluntary effort and very limited resources. It is also evident, however, in the frustration expressed at not knowing 'what happens when they hang up the phone?' Resource limitations mean that none of the help-lines or switchboards consulted had the space to be more proactive; to impact upon longer-term support strategies; or even to develop any common understanding about underlying trends, causes, appropriate responses, common networking arrangements etc.

Addressing the final two points (building the capacity of 'front-line workers' to interact more effectively with mainstream health services, and to contribute to mainstream policy and understanding) were taken as the priority starting point for future strategic development within this sector. Both occupy an important common ground between the gay community and statutory service provision:

- ◇ An improved referral capacity on the part of help-lines and switchboards will not only contribute to more effective and appropriate responses to individuals in terms of mental health services. It will also contribute to the development of a more collaborative and effective working partnership between the sectors in the longer term.
- ◇ An improved strategic capacity on the part of help-lines and switchboards will help ensure that an invaluable insight into ongoing needs and circumstances can find its way into mainstream service design and delivery. Building capacity to record, analyse and use information should be the first step in this.

Actions in both these areas are outlined in the final Section on future strategy.

3. General Policy & Development Context for Gay People in Ireland

3.1 Key Policy and Service Developments

Prejudice and discrimination against gay people and the need for action to counter it, has officially been recognised in Irish government policy for some time. Key legislative developments in this anti discrimination policy have been:

- The decriminalisation of homosexuality in 1993 which was based on the principle of equal citizenship for gay people.
- The Employment Equality Act 1998 which prohibits discrimination and harassment in the workplace on a number of grounds including sexual orientation;
- The Equal Status Act 2000, which moves the concept of the prohibition against discrimination beyond the workplace and into a wider arena where people buy goods, use services, obtain accommodation and participate in education. Again, sexual orientation is one of the protected grounds.

In 1999, the Equality Authority, established as a statutory body under this legislation to promote equality, set up an Advisory Committee on Lesbian, Gay and Bisexual Issues. Based on the deliberations of the Committee (the members of which included comprising representatives from the lesbian, gay and bisexual NGO's, government departments and social partners) and wider consultations with the gay community, a report was produced and published in 2002. The report, entitled ***Implementing Equality for Lesbians, Gays and Bisexuals***, proposes actions and approaches to address the social exclusion experienced by gay people in Irish society. As noted by the Chief Executive of the Authority in his foreword to the report:

"Bringing about inclusion requires strategies to move us from the assumption that a generic service or provision will suit everyone equally, to adapting to the changes required to accommodate the diversity recognised in the Equality Acts of 1998 and 2000. These strategies suggest that the public profile of an organisation or service deliverer be examined; likewise its policies and procedures, the content and levels of professional development and training that are available, and finally if necessary, the question of specific programmes targeting certain groups - in this case lesbian, gay and bisexual people who have been disadvantaged or excluded - also need to be examined (2002: i)).

The particular actions recommended in the report are grouped under a number of areas. These are:

- Community development and empowerment;
- Equality proofing;
- Partnership rights;
- Health;
- Education;
- Youth Services;
- Employment and training;
- Services;
- Violence and harassment.

The report expresses concern about emerging evidence of elevated rates of suicide among gay youth and draws attention to the additional stresses experienced by gay people due to prejudice and discrimination. It then sets out a broad set of recommendations around health care and health promotion. With regard to mental health, it recommends that in developing a mental health strategy, specific attention should be given to the needs of lesbians, gay men and bisexuals. Appropriate consultation with lesbian and gay interests, it states, should take place in the planning of the strategy and resources and services should be identified for the lesbian, gay and bisexual community (2002: 38).

To make services more accessible to gay people, the Equality Authority report refers to research in Canada which states that an overall strategy to improve service accessibility to gay people should encompass four key strategic areas. These areas, popularly known as the four P's are:

- public profile;
- policies and procedures;
- professional development; and
- programme development.

Each of these strategic areas, it is noted, are inter-related. For example, gay positive policies will not make a difference without training for the staff who turn them into action; trained staff are constrained without appropriate programme development on gay issues; and clients may not be aware of an agency's efforts to become more accessible to gay people if the public profile remains exclusively heterosexual (2002:28).

An initiative by **Garda Síochána** presents a very interesting and important example of adopting a "four Ps approach" to making their service more accessible to gay people. The Force initially liaised with representatives from lesbian and gay community organisations to discuss issues such as the nature and extent of homophobic violence and harassment and the particular barriers faced by gay people in reporting and having such incidents dealt with by the Gardaí.

Key responses emerging from this have been:

- The establishment of the Garda Liaison Programme to the Lesbian and Gay Community. This has included the appointment of 13 Garda Liaison Officers to most of the major urban and provincial centres.
- The publication and display of a series of posters and information leaflets aimed at assuring gay people of the Gardaí's commitment to creating an appropriate and accessible service.
- The development and delivery, in partnership with lesbian and gay organisations, of a training programme for the new liaison officers.

The Gardaí have also committed to establishing an advisory group to the Force on issues pertaining to gay people. This will include representatives of the lesbian and gay community.

A Working Group of the National Economic and Social Forum (NESF) has been established to help implement the recommendations of this Equality Authority report.

The Working Group, the members of which are made up of relevant statutory and gay community interests, will liaise closely with government departments, state agencies and other organisations relevant to each of the areas covered in the report. At the time of writing, this Working Group had completed a process of engagement with these bodies and a report of the process, including specific commitments to action, had been presented by the NESF to the Government at Cabinet level.

Other relevant work undertaken by the NESF has been the publication of its report ***A Strategic Policy Framework for Equality Issues (2002)*** which aims to establish a set of principles and related objectives for achieving greater equality in Ireland. One form of inequality referred to in the report, which has particular relevance to gay people, is inequality in the "affective context". "Affective inequalities exist", the NESF state, "when a person is deprived of the emotional nurturance they need to develop and/or maintain intimate, trusting and solidarity-based human relations". Being deprived of the capacity to develop such supportive affective relations they note, or of the experience in engaging in them when one has the capacity, is therefore "a serious human deprivation"(2002: 54).

The value of partnerships with the gay and lesbian community in initiatives to promote health, including mental health, has been noted in ***The National Health Promotion Strategy 2000-2005 (Department of Health and Children)***. As part of the strategic aim of promoting the physical, mental and social well-being of individuals from "other groups" within the population, the Strategy states that:

"Considerable progress has been made in the area of health promotion interventions with the emphasis on the creation of supportive environments and the strengthening of community action with a focus on the gay and lesbian community. These partnerships must be maintained and consolidated to achieve a holistic approach to health that addresses lifeskills, self-esteem and positive mental health" The National Health Promotion Strategy 2000-2005.

To help maintain and consolidate these community/partnership initiatives, the Strategy states one of its objectives as being to support the implementation of the recommendations of the report ***HIV Prevention Strategies and the Gay Community (GLEN/Nexus, 1996)*** referred to in section 2.

The specific health issues experienced by lesbians and barriers faced by them in accessing health care services were highlighted in the Department of Health and Children's ***A Plan for Women's Health 1997-1999***. The most serious difficulty identified for lesbians during the consultative process for the plan was "the attitudes which they encountered when seeking care from the health services". These difficulties, it is stated, arise partly as a result of a lack of knowledge about the health risks associated with a lesbian lifestyle and partly because of deep-seated attitudes to homosexuality generally. Health problems arising for lesbians, it is noted, include experiences of stress and depression associated with their sexual identity, particularly during adolescence (1997:64).

The issues faced by young lesbians and gay men have been considered by the Adolescent Health Sub-Committee of the National Conjoint Child Health Committee in their report ***Get Connected: Developing an Adolescent Friendly Health Service (2001)***. The report documents the work of a number of working groups established by the Sub-Committee to review service provision for adolescents. The review was commissioned by the Chief Executives of the Health Boards and follows previous work undertaken on health services for children.

Section 4 of the report focuses on minority groups including lesbian and gay adolescents. It provides an extensive summary of the literature on the issues faced by young gay people (including the Combat Poverty Agency report ***Poverty: Lesbians and Gay Men***, outlined in section 2 of this document). It then finishes with the following recommendations (2001: 51):

- Every public service should have a policy and protocol in response to the needs of gay and lesbian adolescents. A designated person should ensure that these protocols are upheld: e.g. that information regarding services is accessible to them.
- Given the high levels of reported health, and in particular mental health problems among gay and lesbian adolescents and their reluctance to disclose their sexual identity to service providers, services should be more proactive in encouraging and facilitating usage by adolescents. Gay and lesbian adolescents should not be precluded from using services due to fear of discrimination or lack of confidentiality.
- Frontline health care providers, Health Board employees, Civil Servants, Gardaí and other public services should receive training in gay and lesbian issues. This training should also extend to community development groups, teachers, media etc. Resources should be made available to existing gay and lesbian organisations to develop and provide this training.
- The additional pressures faced by gay and lesbian adolescents, who often have to hide their sexual orientation, can have a seriously detrimental effect on their developmental process, self-esteem and participation in school and other activities. Support should be offered to the parents of gay and lesbian adolescents.
- Equality issues in education as identified in recent reports on the subject need to be addressed. In particular: Awareness of staff and students; Parent support; and Measures to address bullying.

The ***Gay Men's Health Project (GMHP)***, part of the East Coast Area Health Board, provides psychological support services specifically targeting gay men, including a number of counsellors attached to the project. The GMHP outreach workers facilitated the development of IRIS, a mental health group.

This is the only statutory service that provides specific mental health supports to the gay community in Ireland.

3.2 Gay Community Development

There is a long established tradition of gay/lesbian community development and voluntary service provision in Ireland since the first groups were set up in 1974. There has also, particularly over the past few years, been a growth in commercial provision to the community. Key gay and lesbian organisations and services are outlined under the following headings. It should be noted however, that there continues to be significant areas of the country not served by either commercial or gay community venues or social spaces. These areas include the north-west, north and south midlands and the south-west.

Gay Switchboards and Helplines

Gay Switchboard Dublin has been operating continuously since the mid-1970s and is now one of the leading service providers to the gay community.

The Gay Switchboard Dublin telephone line operates seven days a week, and it also supports a range of other services such as a gay youth group (OutYouth), a group for parents of lesbians and gay men (Parents Support), a befriending group for those who are 'coming out' (Icebreakers) and a support group for spouses of people who are gay (Spouses Support).

There are now gay switchboards in Cork, Limerick, the South-East (based in Waterford), Galway and Dundalk. These provide services for between one and four nights per week. There are also Lesbian Lines in Dublin, Cork, Limerick, Clare and Galway, although gay switchboards provide a service to lesbians as well as gay men. Other important developments in terms of support and assistance to those outside the main urban centres have been the establishment of lesbian and gay support groups in Mayo/Roscommon, Kerry, Tipperary and Wicklow. [It should be noted that switchboard/helplines operate separately due to limited resources for networking].

Community Centres

Community centres have been established in Dublin (Outhouse), Dundalk (Outcomers), Cork (the Other Place), Limerick (Rainbow Support Service) and Waterford (Prism). These centres also serve as hosts to a range of social support and special interest groups. Examples include a gay AA group and a lesbian and gay mental health support group (IRIS).

Support Around HIV and AIDS

The advent of HIV and AIDS has precipitated a number of new services. These have included the establishment of a series of sexual health support and outreach services. Key organisations in this respect include the Gay Men's Health Project, operating under the auspices of the East Coast Area Health Board, which provides a range of outreach and counselling services.

Counselling

The Southern Gay Men's Health Project in Cork provides the only example of gay community based counselling. The service includes one on one counselling for gay and bisexual men.

Newspapers and Festivals

There is a national lesbian and gay monthly newspaper - Gay Community News - which is free and widely distributed around the island. This is a key source of information for many lesbians and gay men. There is also a new commercial magazine - Gay Ireland (GI) - which is widely available at newsagents.

Various community festivals are now held around the country, most notable of which are the various pride festivals held in the major cities/towns. There are also gay film festivals held in Dublin and Cork and the Cork Women's Weekend brings women from all over the island to Cork each year.

Policy and Community Development

At a policy level, the Gay and Lesbian Equality Network (GLEN) has campaigned successfully for a range of equality legislation and initiatives.

It had a pivotal role in the development of the concept of broad-ranging equal status legislation which would include a range of grounds including sexual orientation, gender, disability, membership of the Travelling community, age, race and ethnicity.

Gay HIV Strategies is a good example of a new trend of better links at a strategic level between the gay community and the state sector. Gay HIV Strategies is core-funded by the Department of Health and Children. Based on the needs and strategy study, HIV Prevention Strategies and the Gay Community (GLEN/Nexus, 1996) referred to in the previous section, its role is to develop partnerships between the gay community sector, the state sector and other agencies in order to provide a supportive context for health promotion and HIV prevention work. Productive initiatives it has instigated include:

- Development of reports on education and local development;
- Facilitation of linkages which has led to funding for a range of community groups;
- Development with the Gardai of Garda Liaison Officers to the Lesbian and Gay Community throughout the country;
- Identification and implementation of gay community development models in different parts of the country.

With respect to the last of these items, there is currently a comprehensive community development strategy being developed by Gay HIV Strategies and lesbian and gay organisations in Cork, Dundalk, Limerick, Waterford and Dublin.

4. Mental Health: Relevant Policy and Service Developments

4.1 General Policy for Mental Health

Policy and service provision for the prevention and treatment of mental illness in Ireland has been the subject of much debate and change over the past decades. It is not the intention of this study to enter this debate or to explore this change in any great depth but rather to concentrate on recent policy and service developments and their implications and potential for addressing the problems experienced by gay people which have been identified in this report.

In terms of overarching policy, an important development has been the publication by the Department of Health and Children of the Health Strategy ***Quality and Fairness: A Health System for You*** (2001) which sets out national goals for the health service and a detailed programme for achieving them. With regard to mental health, the strategy notes the continuing importance of the policy on mental health set out in ***Planning for the Future*** (published by the Department of Health in 1984). This marked a significant change in approach and orientation around mental health care, as it recommended the establishment of a community oriented mental health service as an alternative to institutional care.

However, the new Health Strategy states that "there is now a need to update mental health policy to take account of recent legislative reform, developments in the care and treatment of mental illness and current best practice" (2001: 146). A key legislative development has been the enactment of the Mental Health Act 2001 that significantly reforms existing legislation concerning the involuntary detention of people for psychiatric treatment.

In line with the provisions of the legislation, the Mental Health Commission was established in 2002. This is an independent body "*whose primary function will be to promote and foster high standards and good practice in the delivery of mental health services and to ensure that the interests of detained persons are protected*" (Department of Health and Children, 2002). The Commission is currently in the process of setting up its structures.

Other proposals in the Health Strategy with potential significance for addressing the problems faced by lesbians and gay men, is the statement that change is necessary in order to deal with issues such as "the development of a more holistic approach to mental health treatment and care in order to deal with the need of mental health service users for support in other aspects of their lives, such as housing, finance, employment, education and physical health" (2001: 146). Exclusion from employment, employment and housing due to discriminatory practice, as noted in previous sections of this report, has been a common experience for many gay people and physical health issues arising from HIV/AIDS is a significant issue for gay men in particular.

Also of importance in the Strategy is the centrality given to primary care in terms of treatment and prevention of mental illness. The preventative potential of primary care is apparent in the section of the Health Strategy on this aspect of service delivery.

Primary care, it is stated:

".....is an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation as well as personal social services. The services provide first-level contact that is fully accessible by self referral and have a strong emphasis on working with communities and individuals to improve their health and social well-being" (2001: 95)

The services encompassing primary care it is noted, include those currently provided by general practitioners (GPs), public health nurses, social workers, practice nurses, community welfare officers, psychologists and so on.

To improve the effectiveness and cohesion of primary care services, the Department of Health and Children have produced a specific strategy entitled ***Primary Care: A New Direction*** (2001). This proposes a model of primary care based on an inter-disciplinary team based approach to provision comprising the various practitioners outlined above. The population to be served by a team will be determined by encouraging GPs to join together their existing enrolled individuals and families "within certain geographic considerations" (2001: 8). The model will be implemented on phased basis initially through implementation projects located around the country.

The actions proposed to implement the primary care strategy are outlined in detail in the strategy document. The first action has been the establishment of a National Primary Care Task Force which will focus on strategy implementation. This Task Force will report to a wider representative Steering Group which is chaired by the Department of Health and Children.

The second proposed action is that by the end of 2002 individual health boards will prepare needs assessments for primary care teams. The coverage, composition and number of primary care teams in each health board area the Strategy notes, will be established on the basis of needs assessments consistent with a population health approach, to be initiated by the health boards.

The assessments will conform to guidelines to be produced by the National Task Force and will take into account demographic factors, epidemiological factors, geographical considerations and existing health and social service provision. Needs assessments, it is stated, should "specifically identify special needs or areas of disadvantage to ensure that primary care teams can be targeted to meet those needs" (2001: 35).

Other follow-on actions from needs assessment include the production of a Primary Care Human Resource Plan which will determine not just the type of personnel to be involved in proposed primary health care but also the training requirements for such integrated provision. Eventually it is envisaged that the entire population will be encouraged to enrol with a team of their choice and a doctor within that team. A key purpose of enrolment it is stated, will be to facilitate a long-term relationship between the client, the team and the wider network of providers. Also noted is that the geographic focus of the primary care team will promote social inclusion, by using proactive measures to ensure that vulnerable individuals, families and groups are registered with a primary care team of their choice (2001: 36).

4.2 Suicide Prevention

Another significant policy development has of course been the work of the **National Task Force on Suicide** which has ultimately facilitated the commissioning of this current research on mental health and gay people. The Task Force issued its report in 1998 and while no mention was made of a possible link between stresses arising for gay people and risk of suicide (as described in section 2), the comprehensive recommendations contained in the document do provide an important framework for addressing the implications of such a link in the future. For example, under the heading of 'Prevention of Suicide and Parasuicide' the Task Force recommended that:

- "Young people's suicides (i.e. those aged between 15 and 24 years) be further researched with a view to identifying and understanding the reasons why they occurred so that society may respond appropriately.
- Steps be taken to make health services, including mental health services, more accessible to the public, particularly the young, who may at present perceive them as not being readily available to address their needs at times of crisis.
- Children and young people at a time of crisis have access to appropriate support services and a comprehensive range of psychological and counselling services should be available.
- There be improved recognition of the risk of suicide in older people and improved treatment of depression in older people" (1998: 12).

Other recommendations arising under the prevention heading emphasise the key role of schools and other education providers in prevention work. They also highlight the importance of embedding suicide prevention within wider health promotion measures such as Social Personal and Health Education, which has a strong focus on developing self-esteem and positive mental health among school going children.

With regard to the provision and structures of services, the Task Force put forward a number of recommendations which could be of significance in terms of developing community services which are relevant and appropriate to the needs of gay people in crisis.

In particular, it is recommended:

- "That each health board establish a directory of names and telephones number of appropriate voluntary groups who contribute caring services to those in need and at risk of suicide in their own jurisdiction".
- "That, in consultation with the agencies, each health board develop measures to assess the efficacy and reliability of these voluntary services and where appropriate make recommendations for the subvention of these services".

Subsequent to the publication of the Task Force report, the Chief Executive Officers of the Health Boards established the National Suicide Review Group (NSRG). The Group has a multi-disciplinary membership, reflecting the multi-determined nature of suicidal behaviour. It has been operating under the following terms of reference: to review trends in suicidal behaviour, to co-ordinate research and to make recommendations to the Health Board CEO's. The funding of this current study on mental health and gay people has been funded in line with these objectives.

Another significant resource around suicide prevention has been the appointment by the health boards (in line with the task force recommendations) of resource officers with responsibilities in the broad field of suicide.

4.3 Promoting Mental Health in the Schools

The report *Education: Lesbian and Gay Students* (Nexus Research 2000) and the Equality Authority report *Implementing Equality for Lesbians, Gays and Bisexuals* (2002) outline a range of policy, programme and curriculum developments in the education system designed to promote health and well-being that have the potential for making the school/education environment a safer and healthier environment for young gay people. The Equality Authority report goes on to make a set of recommendations for realising this potential through more specific inclusion of sexual orientation in the various programmes identified.

In summary, some of the most relevant developments identified in the above reports and through further consultations held in the course of this research include the following:

Education Act 1998

The Education Act (1998) places an obligation on schools to promote the social and personal development of students and to provide health education for them. There is also a focus on addressing educational disadvantage, which is defined as "the impediments to education arising from social or economic disadvantage which prevent students from deriving appropriate benefit from education in schools" (S32(9)).

The Act goes on to require school boards of management to make arrangements for a 'school plan' stating the objectives of the school relating to equality of access to, and participation in, the school and the measures which the school proposes for the achievement of these objectives (S32(9)).

Social Personal and Health Education (SPHE)

The Department of Education and Science has approved a syllabus for Social, Personal and Health Education (SPHE) for the Primary School Curriculum and for the Junior Cycle Curriculum. Key aims of the syllabus include the promotion of physical, mental and emotional health and well-being and the promotion of self-esteem and self-confidence. SPHE also aims "to enable the child to appreciate and respect the diversity that exists in society and the positive contributions of the various ethnic, cultural, religious and social groups".

A number of programmes already being implemented in schools are now delivered as part of the broad SPHE syllabus. These include Relationships and Sexuality Education (RSE), which remains the only core curriculum programme that specifically addresses the issue of sexual orientation.

To make SPHE more relevant to the gay students, the Equality Authority has recommended that teacher training on SPHE, the support structure for SPHE implementation and the school itself need to resource teachers to deal with sexual orientation (2002: 45).

Guidance and Psychological Services

The capacity to deal with children facing psychological difficulties at school has been improving with the establishment of the National Educational Psychological Service Agency (NEPS). The role and functions of the Agency, which is still in a growth phase, are outlined in its Statement of Strategy 2001-2004.

This states that a key priority of NEPS psychologists will be to work with students with disabilities. However, in addition to students with learning or other types of difficulties, NEPS will also address its role in relation to:

- Those who fail to benefit from the education normally provided in schools because of economic or social disadvantage;
- Those from minority social groups such as the Traveller community; and
- Those with mild or transitory needs requiring some degree of additional support.

In delivering a psychological to these groups, the strategy states that NEPS will continue to evaluate the assessment instruments available to it, particularly their relevance to marginalised groups in society such as Travellers and refugees (2001:11).

Other potentially important sources of support for young gay people in school are school guidance counsellors. Their functions go beyond the provision of career advice and include the provision of assistance to students in making difficult personal choices or dealing with more general problems that might arise for them.

There are two important bodies that could play an important role in building the capacity of school and college based guidance counsellors to deal with particular issues arising for gay students. These are:

- The Institute of Guidance Counsellors, which represents practitioners in second and third level schools and colleges.
- The National Centre for Guidance in Education (NCGE), an agency of the Department Education which supports and develops guidance provision and practice in all areas of education and informs the Department in the field of guidance. As part of its functions in promoting best practice in guidance education, the NCGE has published a range of reports including issues and approaches to dealing with young people 'at risk'.

In addition to school counsellors, school chaplains can also play an important part addressing issues of personal concern to children and young people at school - although at present only the community/comprehensive secondary schools have full access to the services of a chaplain. The Association of Chaplains at Second Level has a magazine and also hold a conference each year at which issues arising for students at school are discussed.

5. Conclusions and Way Forward

Research findings on the experiences of lesbians and gay men show:

- An increased risk of psychological stress and negative mental health and well-being associated with anti-gay prejudice, discrimination and isolation.
- A fear of disclosure - frequently expressed as a reluctance to access professional or other supports.
- Increased risk of suicide - though this varies considerably according to individual, social, economic and socio-political circumstances.

Specific responses within the mental health services sector through which this cycle of alienation and social isolation can be effectively addressed have been identified in this report from the review of experience internationally. These include:

- the development and implementation of dedicated service guidelines;
- principles and standards to guide practice;
- research to determine causes and consequences within specific contextual settings; and
- outreach projects aimed at increasing access to supports for the most vulnerable.

No structured responses around gay and lesbian issues were yet discernible in Ireland within mainstream psychiatric services, psychological support services (such as the National Educational Psychological Service), or within related service areas such as the primary health care sector. However, the broader context for addressing discrimination against gay people, and for dealing with its impact, has improved markedly and is evidenced by the inclusion of sexual orientation in recent equality legislation and improving (although as yet limited) linkages between mainstream statutory and voluntary services and gay community sector organisations.

Research in Ireland has not addressed linkages between mental health and sexuality as such. The research that does exist, however, (added to by this project) confirms that: Gay men and lesbians experience prejudice and discrimination in a range of areas which are central to economic, social and physical/mental well-being (Combat Poverty Agency, 1995).

- A sizeable and growing proportion of callers to the country's main Gay Help-line are reporting high levels of stress associated with both disclosure and non-disclosure of their sexuality; with a significant minority displaying suicidal tendencies.
- A reluctance of both gay men and lesbians to bring their sexuality as an issue to the support services they are able to access (including mental health services); and evidence of negative, even damaging, personal consequences where they do so.
- A notable absence of mainstream mental health responses - or training initiated around these - that acknowledge, much less accommodate, the importance of the stigmatisation of their sexuality for the mental health well-being of gay people.

- Related to this, a very significant workload being shouldered by under-funded voluntary organisations in the gay and lesbian community sector - who effectively act as the first port of call in many cases.

Recommendations

We are recommending that first steps in addressing the issues identified should aim for parallel progress on a number of fronts:

Actions to increase the capacity of 'front-line' or 'first-port-of-call' organisations to interact with mainstream services:

Key objectives under this include:

1. Development of a better referral capacity (including developing lists of gay friendly practitioners, inter-agency networking etc)
2. Better use of information being collected (moving beyond administrative purposes) - which means actions to facilitate help-lines to organise, analyse and use their data to understand underlying causes and trends, identify areas of service provision or policy that need improvement and to more meaningfully network with other 'lines' and with statutory agencies

Actions to begin awareness-building amongst mainstream providers.

In seeking to improve mainstream service responses to the needs of gay people identified in this report, considerable work will be necessary to raise awareness of sexuality as an issue in the mental health and broader primary health care sectors. It is possible to identify a number of emerging opportunities for this to happen. For example:

- The Primary Health Care Strategy is now in the process of being developed. The needs assessments upon which the strategy is to be based are shortly to be undertaken and provide a useful means through which the particular mental health needs of gay people can be raised and hopefully incorporated in future provision.
- The Mental Health Commission is well placed to consider the mental health needs of gay people in its future role of assessing the quality and appropriateness of mental health services. The relevance to gay people of issues raised in our Mental Health Act has been demonstrated in Britain, where the issue of nearest relative/next of kin in the context of committal has been raised by the Lesbian and Gay Interest Group of the Royal College of Psychiatrists.
- Professional bodies such as the Irish Division of the Royal College of Psychiatrists could develop an equivalent Lesbian and Gay Interest Group to explore mental health issues for gay people in an Irish setting and to influence provision accordingly. In the education sector, the Department of Education and Science could explore ways by which the needs of young lesbians and gay men can be addressed. As well as measures to promote general inclusion of gay people, specific responses might be required through the National Educational Psychological Service, Guidance Counselling and School Chaplaincy to support young people in crisis situations.

The issuance of Guidelines, factsheets and other methods employed by professional bodies in other countries could also be explored with the Royal College and other professional bodies such as the Irish Psychiatric Association, the Irish College of General Practitioners, the Irish Association of Social Workers and other bodies relevant to mental health care and promotion.

- The working methods of the Equality Authority, the Department of Health and Children and An Garda Síochána in meeting the needs of gay people, especially in terms of developing partnerships with gay community organisations, provide important learning points for equivalent approaches in the psychiatric services and in the field of mental health promotion. The commitment to promote such partnership approaches contained in the Health Promotion Strategy and the need to build the self-esteem and mental well-being of gay people could also be usefully raised among key service providers by the Department of Health and Children.

A key point emerging from the consultations with relevant personnel in this research is that taking advantage of the opportunities just highlighted and promoting and implementing actions such as those undertaken internationally (e.g. developing service guidelines) is likely to take some time. However, it was possible to identify a number of immediate actions that could at least begin the process of awareness raising. These could include:

- Holding a seminar for a number of GPs under the auspices of the Irish College of General Practitioners. The impact of such a seminar should not be underestimated, given the fact that Gay Switchboard Dublin have identified only three GPs who they are happy to refer callers to for assistance.
- A number of the organisation personnel interviewed in the course of this research expressed a willingness to include articles on the research results in their professional magazines.

Resourcing the Process

It is clear that the above actions need to be co-ordinated and driven by key stakeholders in both the statutory and gay community sectors. Such action oriented partnerships have proved to be successful at national and regional levels.

In line with experience of work in other areas, it is proposed that such co-ordination could best be undertaken by the provision of funding for a resource worker with the requisite skills to engage in policy work and supportive development work with gay organisations around this issue.

Bibliography

- Aggleton, P., J. Hurry and I. Warwick (2000). *Young People and Mental Health*. London: Wiley.
- American Psychological Association (2000). 'Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients'. *American Psychologist* 55(12)
- American Psychiatric Association (1998). *APA Position Statements on Therapies Focused on Attempts to Change Sexual Orientation. Gay, Lesbian and Bisexual Issues Factsheet*. Washington: Author. (available at www.psych.org)
- Arachedra, I. A. Dillon and Geraldine Moane (2000). *Lesbian Health and Health Care Needs: A Survey: Preliminary Report*. Dublin: Women's Education Research and Resource Centre.
- Bartlett, A., J. Warner and M. King, (2001). *Nearest Relatives of Gay Men and Lesbians*. London: Royal College of Psychiatrists Gay and Lesbian Special Interest Group.
- Brown, G. (1999). "'Here for Life" Youth Sexuality Project: An Overview of Some Early Results'. *Australian Institute of Family Affairs Youth Suicide Prevention Bulletin* No.3.
- Cant, B. (1999). *Primary Care and Gay and Bisexual Men*. Kent: Bromley Health Authorit.
- Conger, J. (1975). 'Proceedings of the American Psychological Association for the 19774: Minutes of the annual meeting of the Council of Representatives'. *American Psychologist*, 30, 620-651.
- Douglas, N., I. Warwick, S. Kemp and G. Whitty (1997). *Playing it Safe: Responses of Secondary School Teachers to Lesbian and Bisexual Pupils, Bullying, HIV and AIDS Education and Section 28*. London: Health and Education Research Unit.
- Equality Authority(2002). *Implementing Equality for Lesbians, Gays and Bisexuals*. Dublin: Author.
- Elkin, E. (2000). 'Mental Health'. In *Body Positive Vol (XIII) No. 11*.
- Ferren, Don. (1997). 'Making services accessible to lesbian, gay and bisexual youth'. In Margaret Schneider. Ed. *Pride and Prejudice. Working with Lesbian, Gay and Bisexual Youth*. Toronto: Central Toronto Youth Services, 65 Wellesley St. E., Toronto, Ontario, Canada M4Y 1G7.
- Garnets, L. and D. Kimmel eds. (1993). *Psychological Perspectives on Lesbian and Gay Male Experiences*. New York: Columbia University Press.
- Gay Community Health Service (2001) *From the Inside Out: A Report into the Mental Health Needs of the Lesbian and Gay Community in Southampton and West Hampshire*. Southampton: Author.
- Garnets, L., K. Hancock, S. Cochran, J. Goodchilds and L. Peplau (1991). 'Issues in Psychotherapy with Lesbians and Gay Men: A Survey of Psychologists'. *American Psychologist* 46 (9), 964-972.
- Gay, Lesbian, Bisexual and Transgender Health Project (2001). *Community Standards of Practice for Provision of Quality Health Care Services for Gay, Lesbian, Bisexual and Transgendered Clients*. (www.glbthealth.org)
- Gay HIV Strategies (1997) *Developing Accessible and Appropriate Services for the Gay Community*, Submission to Department of Health and Children Customer Action Plan.
- Gay HIV Strategies (1998) *Submission to the National Crime Forum*.
- Gay HIV Strategies (1998) *Submission to National Policy on Libraries and Information Services*.

- Gay HIV Strategies (1998) Submission to the Dept. of Social, Community and Family Affairs, Green Paper on the Community and Voluntary Sector.
- Gay HIV Strategies (1998) Submission to the Working Party on Juvenile Justice.
- Gay HIV Strategies (1999). Local Development: Lesbians and Gay Men. The Report of a Strategy Development and Capacity Building Project with the Waterford Lesbian and Gay Community. Dublin: Author.
- Gay HIV Strategies/Nexus Research (2000). Education: Lesbian and Gay Students. Dublin: Author.
- GLEN/Nexus (1995) Poverty: Lesbians and Gay Men; The Economic and Social Effects of Discrimination. Dublin: Combat Poverty Agency.
- GLEN/Nexus (1996) HIV Prevention Strategies and the Gay Community, Phase One Report, A Baseline Study of Resources, Issues and Needs. Dublin: Author.
- Golding J. (1997). Without Prejudice: Mind Lesbian, Gay and Bisexual Mental Health Awareness Research. London: Mind Publications.
- Grimes, T. and B. Donoghue (2001). Such a Taboo: An Analysis of Service Need and Service Provision for Males in Prostitution in the Eastern Region. Dublin : Irish Network Male Prostitution.
- Group for the Advancement of Psychiatry (2000). Homosexuality and the Mental Health Professions: The Impact of Bias. London: The Analytic Press.
- Herek, G. and Berrill, K. (eds) (1992) Hate Crimes: Confronting Violence Against Lesbians and Gay Men.
- Hershberger, S.L., Pilkington, N. W. and D'Augelli, A.R. (1997) 'Predictors of Suicide Attempts Among Gay, Lesbian and Bisexual Youth. Journal of Adolescent'. Research, 12(4),477-497.
- Ireland, Department of Health and Children (1997). A Plan for Women's Health 1997-1999. Dublin: Author.
- Ireland, National Task Force on Suicide (1998). Final Report. Dublin: Department of Health and Children.
- Ireland, Department of Health and Children (1999). Youth as a Resource: Promoting the Health of Young People at Risk. Dublin: Stationary Office.
- Ireland, Department of Health and Children (2000). The National Health Promotion Strategy 2000-2005. Dublin: Stationary Office.
- Ireland, National Conjoint Child Health Committee (2001). Get Connected: Developing an Adolescent Friendly Health Service. Dublin: Author
- Ireland, National Educational Psychological Service Agency (2001). Statement of Strategy 2001-2004. Dublin: Author.
- Ireland, Health Board Departments of Public Health (2001). Suicide in Ireland: A National Study. Dublin: Authors.
- Ireland, Department of Health and Children (2001). Quality and Fairness: A Health System For You: Health Strategy. Dublin: Author.
- Ireland, Department of Health and Children. Primary Care: A New Direction (2001) Dublin: Author.
- Jacobs, J., L. Rasmussen and M. Hohman (1999). 'The Social Support Needs of Older Lesbians, Gay Men and Bisexuals'. Journal of Gay and Lesbian Social Services 9 (1).
- Knox, M. (1997). 'Relationships and Homosexuality: Can All Our Pupils be Cherished Equally'. In Education Today (Spring).

- Lesbian Education and Awareness (1998), Lesbian Information and Resource Pack. Author.
- McFarlane, L. (1998). *Diagnosis: Homophobic*. London: PACE.
- Mental Health Foundation (1997). 'Suicide and Deliberate Self-Harm. The Fundamental Facts'. Mental Health Foundation Briefing, No. 1. London: Mental Health Foundation.
- Morrison L. and J. L'Heureux (2001). 'Suicide and Gay/Lesbian/Bisexual Youth: Implications for Clinicians'. *Journal of Adolescence* (24) 39-49.
- New York City Department of Health HIV Prevention Program (2002). *Gay and Lesbian Health Report*. New York: Author. www.ci.ny.us
- O'Brien, C. (1998). *OutYouth: A Report on the Dublin Lesbian and Gay Youth Group Pilot Project*. Dublin: Gay Switchboard/Gay HIV Strategies/Eastern Health Board.
- Proctor, C.D. and Groze, V.K (1994) 'Risk Factors for Suicide Among Gay, Lesbian and Bisexual Youths'. *Social Work*, 39(5), 504-513.
- Remafedi, G., J. Farrow and R. Deisher (1991). 'Risk Factors for Attempted Suicide in Gay and Bisexual Youth'. *Pediatrics* 87(No.6).
- Rose, Kieran (1994) *Diverse Communities; The Evolution of Lesbian and Gay Politics in Ireland*. Cork: Cork University Press.
- Rose, Kieran (1997) "HIV Prevention and Gay Youth" in *Irish Youthwork Scene*, National Youth Federation.
- Rose, Kieran (1998). 'Parallel Universes: Gay and Lesbian Issues and Local Development'. In *Community Workers Co-op Local Development in Ireland; Policy Implications for the Future*. Dublin: Author.
- Savin-Williams, R.C. (1994). 'Verbal abuse and physical abuse as stressors in the lives of lesbian, gay male and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide'. *Journal of Consulting and Clinical Psychology*. 62 (2): 261-9.
- Simpson Bonnie (1994) *Opening Doors: Making Substance Abuse and other Services More Accessible to Lesbian, Gay and Bisexual Youth*, Central Toronto Youth Services.
- World Health Organisation (1991). *Health for All: Target 16, Health Living*. Geneva: Author.

Appendix: Organisations and Resources

The following lists some resources and supports available for Lesbians and Gay Men in Ireland.

Organisations

Gay HIV Strategies

Unit 12 Fumbally Court
Fumbally Lane Dublin 8
(01) 4158413
ghs@nexus.ie

**National Lesbian and
Gay Federation**
C/O Gay Community News
Unit 2, Scarlet Row
West Essex Street, Dublin 8

Gay Switchboard Dublin
(01) 872 1055
gsd@iol.ie

Gay Community News
(01) 671 0939
gcn@eircom.net

Gay Men's Health Project
Baggot Street Clinic
and Outhouse
19 Haddington Road, Dublin 4
(01) 6602189

OutHouse
105 Capel Street, Dublin 1
Lesbian and Gay
Community Center

Equality and Visibility Everywhere
(EVE)
C/O Meitheal
35 Exchequer Street

Services

Facilitates linkages between statutory, voluntary and commercial groups to promote gay and lesbian community development and HIV prevention initiatives.

Monthly publication of Gay Community News.

Run a daily telephone helpline for anyone who is gay, lesbian, bisexual or who has issues around their sexual identity; their families or friends. Provides confidential listening and support services for those with any issues around being lesbian or gay - relationships, family problems, health and safer sex advice, legal issues etc. Runs a youth group, Coming-Out group, Married Mens Group and a Spouses Support Group.

This is a free monthly Lesbian and Gay newspaper, available at a number of locations throughout the country. Contact Gay Community News for list of distribution points. The back pages give a comprehensive list of both social and help organisations around the country.

Provides a free and confidential STI clinical service for gay, bisexual men and other men who have sex with men. Also supplies a free and confidential counselling outreach service.

Provides café, meeting rooms etc. in Dublin. Venue for some of the many social and activity based groups in the Dublin area.

Dublin based organisation providing supportive spaces for lesbians.

Parents Support

(01) 872 1055

gsd@iol.ie

Parents Support is a group of parents of lesbian and gay children who provide support and operate a phone based helpline for other parents. They also publish the free booklet: If Your Child is Lesbian or Gay. They can be contacted through Gay Switchboard Dublin.

Lesbian Line Dublin

(01) 872 9911

Weekly helpline for Lesbians. Operates on a Thursday night. They also run befriending groups for lesbians and bisexual women.

Rainbow Support Services

Rainbow House

Mallow Street, Limerick City

(061) 468611

Provides a helpline and social/developmental space for lesbians gay men, transsexuals, transvestites, transgendered and bisexual people targeting people in counties Limerick, Clare and North Tipperary.

Dundalk Outcomers

8 Roden Place

Dundalk Co. Louth

(042) 9329816

Provides a helpline and social/developmental space for lesbians gay men and bisexual people targeting the North East of Ireland.

L.inC (Lesbians in Cork)

11A White Street, Cork City

(021) 4808600

Provides a helpline and social/developmental space for lesbians and bisexual women in Cork and Kerry.

Cork Gay Community

Development Limited & the

Southern Gay Men's Health Project,

The Other Place,

8 Sth Main St., Cork

(021) 278 470

Information, training, Drop-In and Gay Men's Health project in Cork.

Sligo/Roscommon

Derry, Belfast

Clare, Tipperary

Tralee, Waterford

Wexford, Wicklow

There are various help and social groups in all of these areas. For full details, contact Gay Switchboard Dublin as above, or see the back pages of Gay Community News.

Comhairle and Citizen

Information Centres (CIC's)

Comhairle funded the development and distribution of a package of information with regard to gay/lesbian issues including health and HIV/AIDS. This information is available at all CICs.

Union of Students in Ireland

(Lesbian, Gay and

Bisexual Campaign)

USI employs a LGB Rights Officer who supports the development of LGB spaces in third level institutions north and south of the Border.

The Equality Authority

Clonmel Street Dublin 2

(01) 4173333

Equality Authority is a statutory agency which promotes and defends rights established in the Equality legislation.

