

DEPRESSION AND ANXIETY IN LGBT PEOPLE

WHAT YOU NEED TO KNOW

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Introduction

“Mental health needs a great deal of attention.
It’s the final taboo and it needs to be faced and dealt with.”

-Adam Ant

The past few years have seen an increase in acceptance of LGBTQ people, both in terms of legal recognition of civil rights and in terms of cultural attitudes. This improvement has had a major impact on the lives of LGBTQ people, undoubtedly.

However, LGBT people still experience stigma, discrimination and prejudice. One of the consequences of these social factors is an increase in depression and anxiety in LGBT people. On the whole, LGBT people are more likely to be depressed and anxious than their heterosexual and cisgender peers. As a result of the social context of stigma, oppression and discrimination, LGBT experiences of depression and anxiety are often different than those of their heterosexual peers.

This fact sheet describes what depression and anxiety are, and explores some of the causes of depression and anxiety that are specific to LGBT people. It further discusses some of the ways that LGBT people might go about seeking relief or treatment for anxiety or depression.

A brief note on language..

Some of the language used in this guide may be new or unfamiliar. I want to set out the terms that I will be using at the beginning to minimize any confusion. Language is important to LGBT people, as language can be inclusive or exclusive. It is my intention to use inclusive language whenever possible in my clinical work.

Cisgender = Identifying with the sex / gender one is labeled with at birth. It may be helpful to contrast this term with transgender.

Transgender: the state of one's gender identity or gender expression not matching one's assigned sex / gender.

Heteronormative = Assuming that heterosexuality is the default nature of humans, or that heterosexuality is psychologically preferred to any other sexuality.

LGBT = Lesbian, Gay, Bi, Trans. Sometimes, to be more inclusive, additional letters are added. You may see "LGBTQAAI" which often stands for "Lesbian, Gay, Bi, Trans, Queer, Asexual, Allies and Intersex."

Mood disorder = a clinical term for anxiety, depression, or bipolar disorder. Basically, any mental disturbance in which the primary characteristic is problem of one's mood.

SGL= Same-Gender Loving, a term that encompasses all people who have romantic and/or sexual relationships with others of the same gender as themselves. This term includes lesbians, bi-folk and gay men, but it also includes people who identify as something else. Even heterosexuals can be SGL.

Sex / Gender = I am following the convention of using "sex" to describe the biological attribute, and "gender" to describe the social identification.

Finally, I want to note that I will use the pronouns "they" and "their" in the singular form. (For example, "Someone parked their car in street.") While this violates some standards of English grammar, it is a way of being inclusive of all genders.

What is Depression?

“There is no point in treating a depressed person as though she were just feeling sad and saying, 'There now, hang on, you'll get over it.' Sadness is more or less like a head cold—with patience, it passes. Depression is like cancer.”

-Barbara Kingsolver

Depression is an illness characterized by a persistent feeling of sadness that impacts your daily life.

Everyone feels down or blue at times. But generally, those feelings pass in a short time. Depression is different. People with depression find that their mood interferes with their daily life, and puts stress on their relationships. Increasing evidence is showing that untreated depression can negatively impact physical health, as well.

Depression is one of the most common disorders. According to the National Institute of Mental Health, just under 7% of adults experience major depressive disorder in a given year. The average age of onset for depression is 32, although it can occur at any age.

“When I was depressed I was so sad I could hardly stand it. I didn't think I'd ever get any better, and I couldn't bear how I was feeling. Simple things—like taking a shower—were a real challenge. I just wanted to sit in bed all day and cry, and I kept hoping that everything would all just go away. “

-MARCY, A 25-YEAR-OLD
WOMAN LIVING WITH
DEPRESSION



Depression can be mild, or it can be debilitating. Some of the symptoms of depression are:

- Feelings of sadness
- Feelings of hopelessness or pessimism, uncontrollable worry
- Withdrawal from social activities
- Irritability, anger
- Restlessness
- Loss of interest in activities that were once enjoyable
- Fatigue and decreased energy
- Difficulty concentrating or making decisions
- Changes in sleeping habits
- Changes in appetite
- Changes in sexual behavior or sex drive
- Thoughts of suicide, or preoccupation with death
- Physical aches or pains, including headaches and cramps

How does depression impact the LGBT community?

According to the American Journal of Epidemiology, 12-month prevalence rates for major depressive disorder (MDD) were 10.3 percent for gay men, compared to 7.2 percent for heterosexual men.

According to an article published in the Archives of General Psychiatry, lifetime prevalence rates of MDD among gay, lesbian and bisexual people were 71.4 percent, compared to 38.2 percent among heterosexuals

What is Anxiety?

“Anxiety is a thin stream of fear trickling through the mind. If encouraged, it cuts a channel into which all other thoughts are drained.”
--Arthur Somers Roche

When I write about “anxiety,” I am writing about several disorders characterized by increased worry. Anxiety disorders can cause significant distress, and can impact an individual's behavior. Here is a list of some of the more common anxiety disorders.

Social Anxiety or **Social Phobia** is a fear of being around other people. People who suffer from this disorder feel self-conscious around others. They may feel that everyone is watching them and staring at them, being critical in some way. The anxiety can be so painful that they avoid social situations. The anxious feelings are pervasive, and occur in with other people that they know personally.

People who have social anxiety usually know their fears are not rational—that is, they know that other people are not actually judging them. The knowledge, however, does not take the anxiety away.

Panic Disorder is a condition characterized by panic attacks. According to the National Institutes of

“My anxiety was everywhere. I felt like it was becoming all I could do to manage how nervous I was feeling. I would feel anxious about everything. I felt paralyzed, because everything made me fearful. I started to change my behavior because I was so anxious, and that just made it worse. “

-DAVID, A 45-YEAR-OLD MAN WITH GENERALIZED ANXIETY DISORDER

Mental Health, about 5% of the adult American population suffers from panic attacks. Some experts believe that the actual number of people who experience panic attacks is higher, since many people who experience panic attacks never receive treatment, and are therefore not counted in the statistics.

Panic attacks are very distressing. Some of the symptoms of panic attacks are:

- Racing or pounding heart
- Trembling
- Sweaty palms
- Feelings of terror
- Chest pains or heaviness in the chest
- Dizziness and lightheadedness
- Fear of dying
- Fear of going crazy
- Fear of losing control
- Feeling unable to catch one's breath
- Tingling in the hands, feet, legs, or arms

Panic attacks usually last for several minutes, but in severe cases they can last longer. They are often followed by feelings of depression, powerlessness and shame. Many people who have had panic attacks will say that their greatest fear is that they will have a panic attack again.

Sometimes panic attacks come without a warning, and other times people can identify where the panic is coming from.

Generalized Anxiety Disorder (GAD) is quite common, affecting an estimated 3 to 4% of the population. A person experiencing GAD will feel that their life is full of worry, anxiety and fear. Often, people with GAD will dwell on “what ifs” of a situation, and will often fear the worst possible thing happening. Sometimes people with GAD will feel powerless to stop the worry.

People with GAD may feel as though they are unable to shut off the worry in their mind, and may feel overcome with feelings of dread. This can be exhausting, and people with GAD may feel fatigue and a loss of interest in life. Just like with social phobia, the person with GAD will often realize that the worry is irrational, but this realization offers little comfort.

People with GAD may experience physical symptoms of their anxiety, including headaches, trembling, sleep disturbances and gastro-intestinal problems (such as ulcers or diarrhea).



Other types of anxiety disorders include:

Phobia, fearing a specific object or situation.

Obsessive-compulsive disorder (OCD), a system of ritualized behaviors or obsessions that are driven by anxious thoughts.

Post-traumatic stress disorder (PTSD), severe anxiety that is triggered by memories of a past traumatic experience.

Agoraphobia, disabling fear that prevents one from leaving home or another

How does anxiety impact the LGBTQ community?

The small amount of research we have shows that LGBTQ people are more likely to have an anxiety disorder than heterosexuals. For example, a study published in the *Canadian Journal of Psychiatry* found that gay and bisexual men had twice the rate of anxiety disorders as their heterosexual peers. That same study found that lesbian women were more likely than their heterosexual peers to develop substance abuse.

safe place.

What causes depression and anxiety in LGBT people?

“There are wounds that never show on the body
that are deeper and more hurtful
than anything that bleeds.”
—Laurell K. Hamilton

It is important to recognize that *being LGBT does not contribute to depression or anxiety*. Rather, LGBT people face a variety of realities in their lives that increase the likelihood that they will have depression or anxiety. Here are a few of the realities of LGBT mental health.

SELF-ESTEEM AND INTERNALIZED HOMOPHOBIA

The culture in which most LGBT people grow up is not one that is affirmative to LGBT identifies. In other words, being raised in a world that views you as a second-class citizen at best, and as an affront to moral decency at worst, has a negative impact on your self-esteem. The human brain tends to become more comfortable with ideas and concepts the more we repeat them, and the negative messages about LGBT identifies are repeated constantly in our culture. Often, LGBT people begin to believe the messages that they are given about what it means to be LGBT.

Giving a full list of all the ways that negative messages about LGBT people are sent would be impossible, as the list would be near infinite. Nevertheless, here are some examples of negative messages from our culture:

- ◆ Talk about same-gender marriage being inferior to opposite gender marriage sends a message that same-gender relationships are not equal to opposite gender relationship.

- ◆ When a news show gives “equal time” for people to express the view that LGBT identities are morally offensive, this reinforces the belief that there is some truth to these opinions.
- ◆ Negative comments about homosexuality made by bullies or others can reinforce a belief that there is something wrong with being LGBT.
- ◆ When pejorative words for LGBT people are used unchallenged, it sends a message that it is OK to hold negative beliefs about LGBT people.

As a result of the persistent narrative that LGBT people are flawed, many LGBT people may hold core beliefs about themselves or about their sexual/gender identification that cause them to feel bad about who they are. And remember: It is impossible to find mental health if you are fundamentally uncomfortable in your own skin.

MINORITY STRESS

“Minority Stress” is the term researchers use to describe chronically high levels of stress experienced by members of stigmatized minority groups just because they are members of stigmatized minority groups. In other words, minority stress is term for the specific stress associated with discrimination, prejudice, homophobia and transphobia. (It is worth noting that minority stress applies to all stigmatized minority groups, not just LGBT folks.)

As researchers have done more and more work analyzing the impact of minority stress on individuals, we are finding that minority stress is a significant factor in depression and anxiety for LGBT people. Minority stress is also a significant contributor to physical concerns as well, such as high blood pressure.

Interestingly, the degree to which individuals are effected by minority stress seems to be directly related to their own internalized homophobia/transphobia. In other words, if an individual has a healthy self-image, that individual is less likely to be as impacted by minority stress.

MICROAGGRESSIONS

Microaggressions are brief and commonplace verbal, behavioral or environmental acts that reinforce stigma towards a minority group. Microaggressions can be directed towards an individual who is a member of any minority group.

Some examples of microaggressions directed towards LGBT people:

- ◆ A woman comes out of the closet to her friend, and her friend says, “I don't care who you sleep with. Just don't tell my children.”
- ◆ A friend who says, “I don't think of you as gay. I just think of you as a regular person.”
- ◆ Someone identifies as bisexual, and is told “Bisexuals don't really exist.”
- ◆ Ignoring a person's preferred pronoun, or chosen name

Microaggressions serve to reinforce the narrative that there is something wrong with the person against whom the microaggression is directed. Because microaggression is so common, LGBT people experience them on an on-going basis. They are damaging to the formation of a healthy self-image, and contribute to mood disorders and other psychiatric illness.

PRESSURE TO CONFORM

Many LGBT people find that they can avoid some of the negative impact of the stigma directed towards them if they conform—usually by staying silent about their sexuality. While this is sometimes an important part of an individual's health and safety, it is also damaging to that person's self-image. Basically, when a person stays in the closet, s/he is sending her/himself the message that they are unsafe in their world. This message, repeated over and over, can cause hypervigilance, increasing anxiety and depression.

COMING OUT

The process of coming out of the closet—that is, disclosing LGBT status to others—can be empowering, self-affirming, and liberating. But it can also be frightening, distressing, and difficult. Many people experience mixed emotions during the process of coming out of the closet, including anxiety and depression.

PARENTING

LGBT people are parenting more and more, and this comes with some challenges. While we know that having LGBT parents does not negatively impact children, there still exists a stigma that being raised by parents who are not heterosexual or cisgender. This stigma may cause LGBT parents to question themselves as they parent, or to see every mistake in parenting or every discipline problem as a symptom of their LGBT

parenting, rather than just as parenting in general.

Further, parenting can be stressful, and LGBT parents may find themselves without the same kind of social resources as their cisgender and heterosexual counterparts.

FAMILY REJECTION OR ALIENATION

Family support can be an important resource for an individual's mental health; or, poor family relationships can increase an individual's experience of stress, and contribute to mood disorder. Specifically, LGBT people may find themselves rejected by their family. This can look like being disowned or alienated. But family rejection can be more subtle. For example, a parent may ask that an LGBT person not bring a same-gender partner to a family gathering. Or, a sibling may refuse to recognize an individual's change in gender. These are also examples of family rejection.

Younger LGBT people may be particularly vulnerable to family rejection and loss of family support. Many LGBT youth may feel trapped—unable to be themselves around their family, and unable to create a life in which they can support themselves.

CULTURAL ACCEPTANCE

Values around LGBT acceptance vary from culture to culture. Race, ethnicity, religion, socio-economic status and many other factors all play a role in how an individual experiences acceptance and comfort with an LGBT identity. Research shows us that the level of acceptance found in an individual's culture greatly impacts LGBT mental health.

RELATIONSHIP FORMATION

Relationships can be challenging for everyone. LGBT people may face additional challenges when forming a relationship due to their internal conditioning, and their external circumstances. Young LGBT people do not grow up in a world that models and validates their relationship formation. For example, heterosexual, cisgender people often grow up seeing other heterosexual, cisgender people forming relationships. Their first efforts at dating are often validated and encouraged. LGBT youth do not have this experience.

VIOLENCE

Unfortunately, for many LGBT people, violence is a reality of life. Many people are survivors of violence, and often violence that was perpetuated because the individual is LGBT. Violence related to LGBT status can have serious and long-lasting impacts on mental health. One study has suggested that as many as 1 in 4 LGBT people have experience violence related to their sexuality or gender. The epidemic of violence directed against LGBT people can cause significant emotional or mental difficulties.

The FBI maintains statistics on hate crimes. Here are some facts from their data:

- ◆ 57% of anti-LGBTQ hate crimes are motivated by anti-gay male bias.
- ◆ gay men are 1.52x more likely to require medical attention to other LGBTQ survivors of hate crimes.
- ◆ LGBTQ people of color are 1.82x as likely to experience physical violence than their white peers.



What is unique about anxiety and depression for LGBT people?

HIGHER RISK FOR SUBSTANCE ABUSE

Study after study has shown that LGBT people are at higher risk for substance abuse than the background population. The reason for this is probably two-fold. First, substance abuse is a potent and readily-available method of self-medication for anxiety, depression and painful emotions. Second, substances are often more easily available in the LGBT community than they are in other communities, and this increases the likelihood that use will be normalized, and that a given person will eventually try substances.

HIGHER RISK FOR SUICIDE

Research confirms that LGBT people, and particularly LGBT youth, are at higher risk for suicide than other people with mood disorders. The exact reason for this increase is not fully understood, but some studies seem to point to bullying as a factor. Specifically, when bullying focuses on sexuality or gender, suicide ideation seems to rise. Further research has also suggested that environment plays a factor in LGBT suicide: The more conservative and anti-LGBT an environment an individual lives in, the more likely that individual will consider suicide.

INCREASED RELIANCE ON SEX AS A COPING SKILL

LGBT people may find that they feel affirmed, comfortable and worthy when they are engaged in sexual relationships. As a result, they may seek out sexual interactions in

order to feel OK with themselves. This can lead to a destructive cycle in which the individual seeks out sex to feel OK, and then feels bad because s/he needs to seek out sex to feel OK. Further, LGBT cultures can be more sexualized than the heteronormative culture, and sex may be more immediately available.

A quick note on “Sex Addiction”: Many LGBT people, particularly many gay and bi men, will be misdiagnosed as “sex addicts” because they use sex to cope with their mood

disorders. While sex as a coping skill does have its limits, the definitions of “sex addiction” are created with heteronormative models of sexuality in mind. In other words, diagnoses of “sex addiction” are based in a view of sexuality that does not consider anything outside of one-man-one-woman monogamous sex as being normal. The diagnosis of “sex addiction” is often applied to LGBT people who express a sexuality that is not pathological at all, but rather is merely different from the norm.



DIFFICULTY ADMITTING THE NEED FOR HELP

LGBT people may find that they form a reaction to the societal assumptions that they are flawed, and they may put undue pressure on themselves to be OK. It can be hard for LGBT people who have this kind of internal pressure to admit that they are having a problem, or that they need help. This means that their mood disorders will go untreated.

LGBT people may have learned, through the course of their life, that it is less dangerous for them to hide their problems and feelings, rather than to be vulnerable and expose themselves to emotional harm. The process of being in the closet, for example, teaches

that it is better to lie than to be honest. This behavior, over time, creates a pattern of being closed off and inauthentic. LGBT people may find that they have difficulty reaching out and being vulnerable in order to seek help.

Further, in our culture, mental health treatment is still stigmatized. Many people (and not just LGBT people) feel that there is something wrong with seeking psychotherapy or counseling. Some people express their disapproval by saying that it is not helpful; others take the belief that it is a sign of weakness to need to seek professional help. LGBT people are not immune to these larger cultural attitudes, and may not seek help because of beliefs like these.

DIFFICULTY FEELING SAFE WITH CLINICIANS

Similar to the difficulty admitting the need for help, some LGBT people may have trouble feeling safe or comfortable with clinicians. For years, being same-gender-loving was considered a mental illness, and many people were subjected to “treatments” that damaged them. In fact, there is still a movement in psychology to view same-gender attraction as pathology, and to try and “cure” people of being LGBT. These days, those providers are few and far between, thankfully. But the reality of the treatment that LGBT people have endured at the hands of clinicians remains, and some LGBT people are reluctant to seek help because they feel unsafe with mental health professionals.

“I felt like I couldn't turn to anyone. It was like no one understood anything about me, or what I was going through. It was exhausting—pretending that I was OK all the time. I felt like there was no way out.”

-JASON, A 30-YEAR-OLD MAN WITH DEPRESSION

HYPERVIGILANCE

Hypervigilance is a trait often seen in anxiety with LGBT people. In essence, hypervigilance is a constant state of being aware and assessing one's environment for safety. It is a learned behavior that is often the product of growing up and functioning in a society in which one is not accepted. As LGBT people grow up, they constantly observe and evaluate their surroundings for safety—is it safe to be openly LGBT; is it safe to disclose the nature of a partner relationship, and so on. This becomes a habit, and eventually a way the brain perceives the world.

What can LGBT people do about Depression and Anxiety?

"The best years of your life are the ones in which you decide your problems are your own. You do not blame them on your mother, the ecology, or the president. You realize that you control your own destiny."

-Albert Ellis

Depression and anxiety can be treated, and with treatment, depression and anxiety usually improve. There are several kinds of treatments available for depression and anxiety.

PSYCHOTHERAPY

Psychotherapy, sometimes called "the talking cure" is the process of exploring mental and emotional health through a series of sessions with a therapist. Psychotherapy can help people identify the origins of their feelings of depression or anxiety, and begin to change some of these "root causes."

Psychotherapy can focus on behavioral change, such as relaxation training for anxiety. Or, psychotherapy can focus on identifying thoughts that cause depression, and challenging these thoughts. Often, psychotherapy takes a multi-focal approach, specifically tailored for the individual in therapy.

It can be important for LGBT people who are seeking therapy to find a clinician who is more than LGBT-friendly; it is important to find a clinician who knows the specific concerns faced by LGBT people who are struggling with mood disorders.

What is treatment like?

Psychotherapy varies widely, depending on the person practicing and the client. However, there are some common themes. Ideally, a therapist is someone who is supportive, knowledgeable, empathetic and consistent. Therapy sessions are usually conducted weekly, or every-other-week, and they usually last about 45 minutes to an hour. In the session, the therapist usually helps the client identify the principle concerns that are causing distress, and works with the client to identify ways to resolve some of the difficulties. Therapists are trained to identify concerns that clients may miss in themselves, so a therapist may also share a clinical opinion with a client.

Here are some of the things that a therapist may assist a client with.

- Identify where you are vulnerable to depression or anxiety.
- Learn to manage stress.
- Learn and improve problem-solving skills.
- Learn and practice self-acceptance.
- Become aware of thoughts that increase depression.
- Develop a sense of purpose.
- Strengthen boundaries and set limits.
- Build positive relationships.
- Avoid isolation.

Psychotherapy can be a rewarding process of self-discovery. Taking time out of our schedules to learn about ourselves, and to make positive changes, is one of the greatest gifts we can give to ourselves.



One question that I hear from clients frequently is, “How long will I need to be in therapy?” There is no quick and simple answer to this question. The answer, “for as long as you need it” may sound like an evasion, but it is often the truth. The length of time that an individual is in therapy will be directly proportional to the amount of work and effort that individual puts into the therapy. If you have a clearly-identified problem that needs a solution, and you work hard on that regularly, then the length of time is usually shorter than someone who has a unspecific problem and who does not devote much energy towards improvement.

MEDICATION

There are a host of medications available for depression and anxiety. The number of medications on the market is too large for me to go into specifics here, so I will write in terms of generalities.

Psychiatric medication works by altering the chemicals in your brain, called “neurotransmitters.” Because there are so many medications available for depression and anxiety, it is important to have an on-going discussion with your physician about what kinds of effects you are looking for, and what kinds of side effects you will not tolerate. The various medications available have different effects, and finding the right medication for you might take some time.

It is important to take the medications as prescribed by your doctor. Some medications you will need to take every day, and they will need time to begin to work. Other medications you can take on an as-needed basis. It is important that you understand how your medication works, and how to take it.

Talk to your physician about specific medications. Feel free to do research on your own—but make sure that you are consulting reputable sources. There are some resources listed at the end of this guide.

SELF-HELP

Self-help for depression and anxiety can be a useful step towards improved mental and emotional health. There are many books and workbooks available for purchase that can be useful for someone who is looking for ways to cope with being anxious or depressed. Some of the resources I recommend are listed in the “resources” section of this guide.

Many people also find support groups helpful for addressing anxiety and depression. Support groups differ from group therapy in that they are usually organized and facilitated by the members of the group. Many people find it useful to hear how others are addressing their mood disorders, and the process of forming relationships in a support group can provide an individual with a feeling of connection. One of the negative impacts of a mood disorder can be a feeling of isolation and loneliness; support groups can help people recognize that they are not alone in their struggles.

One word of warning: Self-help is often a first step on the ways towards healing, and for some people, self-help is enough. But for many people, self-help is not sufficient in addressing anxiety or depression. It is important to be able to identify when self-help is enough, and when professional intervention is needed.



When someone you know has depression or anxiety

“They don't understand how desperate I am to have someone say, I love you and I support you just the way you are because you're wonderful just the way you are. They don't understand that I can't remember anyone ever saying that to me. I am so demanding and difficult for my friends because I want to crumble and fall apart before them so that they will love me even though I am no fun, lying in bed, crying all the time, not moving.”

- Elizabeth Wurtzel

-Someone you know or love may be LGBT and depressed or anxious. I am often asked what someone can do if someone they love is depressed or anxious. There are several ways to be supportive, but ultimately, we are each responsible for our own mental health. We cannot take responsibility for someone else's mood disorder. That being said, here are a few ideas of ways to be supportive of someone who has a mood disorder.

- Be honest and upfront if you have noticed a change in their behavior or mood. Often, we find that we are frightened to talk about mood disorders with people we believe are depressed for fear of offending them. But it is far more likely that the person will benefit from and be grateful for your concern.
- Let the person know that you are there to listen to them and to support them without being judgmental. Simply being present while someone talks about their feelings can go a long way to helping someone begin to address mental and emotional health concerns.
- Learn about depression and anxiety, so you can have honest and informed conversations. Information can be power, and in this case it can be helpful to be able to explain some of the basic concepts around mood disorders.
- Be willing to help find resources for the person who is experiencing depression or

anxiety. You can find a great deal of information on the internet (obviously, with some discernment), and there are a great many books available for people who are LGBT. You can also help find local groups, associations or community centers that can help.

- Be willing to help find a mental health professional, and to help set up a first appointment. Often, the first step in getting help can be the most difficult. Once someone meets with a clinician, it seems “less frightening;” but that first appointment can be daunting. It can be very helpful to have someone else help set that appointment up.



- Remind the individual of the importance of moderate exercise and healthy eating habits in mood disorders. It is not important to worry about weight or BMI, but maintaining a nourishing diet and keeping physically active can make a big difference in depression and anxiety.

- Discourage the individual from using alcohol or other drugs as a way of self-medicating. Turning to alcohol and drugs can be tempting, because they can offer temporary relief from the circumstances which underlie depression and anxiety. But the reality is that alcohol and other drugs make mood disorders worse, both by exacerbating symptoms and because they do nothing but worsen the underlying causes of the mood disorders.

- If the individual expresses suicidal thoughts or attempts, take these very seriously. It is far better to take the threat of suicide “too seriously” than to take it too lightly. The reality is that many people who kill themselves disclose their intentions of self-harm to someone else first. If you suspect that someone you know might be feeling suicidal, you can ask them if they are thinking of killing themselves. Many people are reluctant to ask this question, but it is very liberating for someone who is feeling suicidal to know that they have a resource to talk about their feelings.

If someone you know is considering suicide, take immediate action and secure professional help for that person. That can look like calling a suicide hotline, or taking them to the hospital emergency room.

Things to Remember

- LGBT people experience D/A at a higher rate than the general population.
- Being LGBT does not cause depression or anxiety. But the way in which our culture treats LGBT people can cause depression and anxiety.
- The specific culture in which LGBT people live impacts their mental health enormously.
- LGBT people who experience discrimination or bullying are at a higher risk for developing some kind of D/A disorder.
- D/A are treatable conditions and can be overcome.
- Treatment with a competent, LGBT-aware therapist makes a big difference in healing depression and anxiety.



Resources

GENERAL

American Foundation for Suicide Prevention:
www.afsp.org or (888) 333-2377

CDC page on LGBT Health
www.cdc.gov/lgbthealth/about.htm

GayHealth
www.gayhealth.com

Gender Spectrum
www.genderspectrum.org

Human Rights Campaign
www.hrc.org

NAMI (National Alliance on Mental Illness)
www.nami.org or 1-800-950-NAMI (6264)

National Foundation for Depressive Illness
www.depression.org

Depression and Bipolar Support Alliance
www.dbsalliance.org or (800) 826-3632

LGBTQ YOUTH

Gay-Straight Alliance Network
gsanetwork.org

It Gets Better Project
www.itgetsbetter.org

Stop Bullying Project
www.stopbullying.gov

The Trevor Project (LGBTQ Youth Suicide prevention)
www.thetrevorproject.org

PARENTS AND FAMILY MEMBERS

Advocates for Youth.
www.advocatesforyouth.org/index.php/glbtc-issues-info-for-parents

Supportive Families, Healthy Children. A Project of San Francisco State University.
familyproject.sfsu.edu/files/English_Final_Print_Version_Last.pdf

KidsHealth on sexual orientation
kidshealth.org/parent/emotions/feelings/sexual_orientation.html

PFLAG (Parents and Friends of Lesbians and Gays)
community.pflag.org

About Matt Sweet

I have seen hundreds of clients and helped them recognize what is really holding them back. People come to me feeling stuck in a cycle of anxiety or negative emotions and we work together to untangle knots and reveal the strands of resiliency that reside within all of us. With that knowledge they can start making informed choices about how to improve their lives.

I am field instructor for WSU and U-M as well as a former field instructor for Michigan State University. I also do public speaking and have received a number of awards for clinical work. .



My practice is successful because it is grounded in these core beliefs:

- We can all change.
- All people are worthy of dignity and respect.
- Everyone is deserving of love.
- The answers to our struggles are inside us.

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