QUEERING MENTAL HEALTH

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Critically reflecting on the unique medical and mental health needs of LGBTQIA+ clients

QUEER SUPERSTITIONS AND PROGRESSIVE PRUDES

So, when did you first know you were straight or that the gender you were assigned at birth actually resonated with your inner sense of self? Are you really sure your opposite-sex attraction is not just a phase, I mean maybe you just need to meet the right guy/girl? Did something happen to you that made you straight?

Straight and cisgender people seldom have to face these kinds of interrogative questions. For Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and other sexually and gender diverse people (+), these questions have likely been a part of their realities at some point. What cultural conversations are we having about LGBTQ+ people and are we really invested enough, as healthcare practitioners, in the wellbeing of sexually and gender diverse people? Or do our 'harmless' questions and 'friendly' conversations perpetuate notions of this elusive mythical identity lived out by an alleged select few?

LGBTQ+ people exist as nearly 25.6 million Americans – with data showing nearly 700 000 transgender people. There are some data and research on LGBTQ+ prevalence rates and mental health outcomes for LGBTQ+ people in South Africa, but more accurate research is needed.

In 1973, homosexuality was removed from the Diagnostic and Statistical Manual. Despite this, more than half of Southern African countries have anti-homosexuality laws – where the death penalty still exists in three countries. Many of these anti-gay laws stem from the colonial era and a time of deeply entrenched oppression. In May this year Kenya caused widespread shock in a recent move to refuse the decriminalisation of homosexuality for fear that it would lead to same-sex marriage. One month later, a victory in Botswana saw same-sex sexual acts legalised. There is a contradictory yet growing trend towards open-mindedness. Nevertheless, the appalling rates of violence, abuse and discrimination remain for LGBTQ+ people at school, work, on social media, in the home and in healthcare facilities. This can range from ostracism, verbal insults, refusing treatment and threats of violence to actual physical and/or sexual violence and murder.

Homophobia, along with biphobia and transphobia, comprise enacted hostility towards same-sex sexuality and gender non-conforming people. This discrimination is associated with indicators of poor mental health, often associated with internalised stigma, and increased risk behaviours for HIV and other sexually transmitted infections. Stress, anxiety and depression, as well as substance abuse and eating disorders, can be more than three to five times the rate for gender non-conforming and same-sex attracted people. LGBTQ+ youth are far more likely than their heterosexual peers to commit suicide, and the recent and tragic death of 19-year-old Adam Seef from Norwood is a painful reminder of this. This is because of the social discrimination that they face when their identities, relationships and experiences are invalidated, ridiculed, and/or met with violence and hatred – experiences that more than half of South African LGBTQ+ youth report to have faced.

An urgent shift in the way we show professional and personal care for LGBTQ+ people is needed in South Africa if we are to uphold our ethics of care as medical and mental health-care practitioners. Taken-for-granted 'truths' about gender and sexual identity need to be disrupted

and unsettled and in doing so, I invite you to 'queer' current mental and medical health practices which have terrible reputations for pathologising, fetishising and marginalising what is seen as 'difference'. Originally an offensive term, 'queer' has come to represent something different for the LGBTQ+ community and has largely been reclaimed to take ownership of the natural and expected variations that exist in human sexuality and identity. Also, adopting what can be referred to as 'a 'queer' lens' holds potential to better interrogate the social norms, attitudes and practices that are discriminatory and perpetuate harm for historically disadvantaged populations.

When we talk about 'queering' mental health we push for the critical questioning and dismantling of the pervasive heteronormative and over medicalised lens glaring at LGBTQ+ bodies still worn by so many practitioners today. A queer lens offers a reimagining of the profession of care that caters for all people, regardless of their identities and expressions.

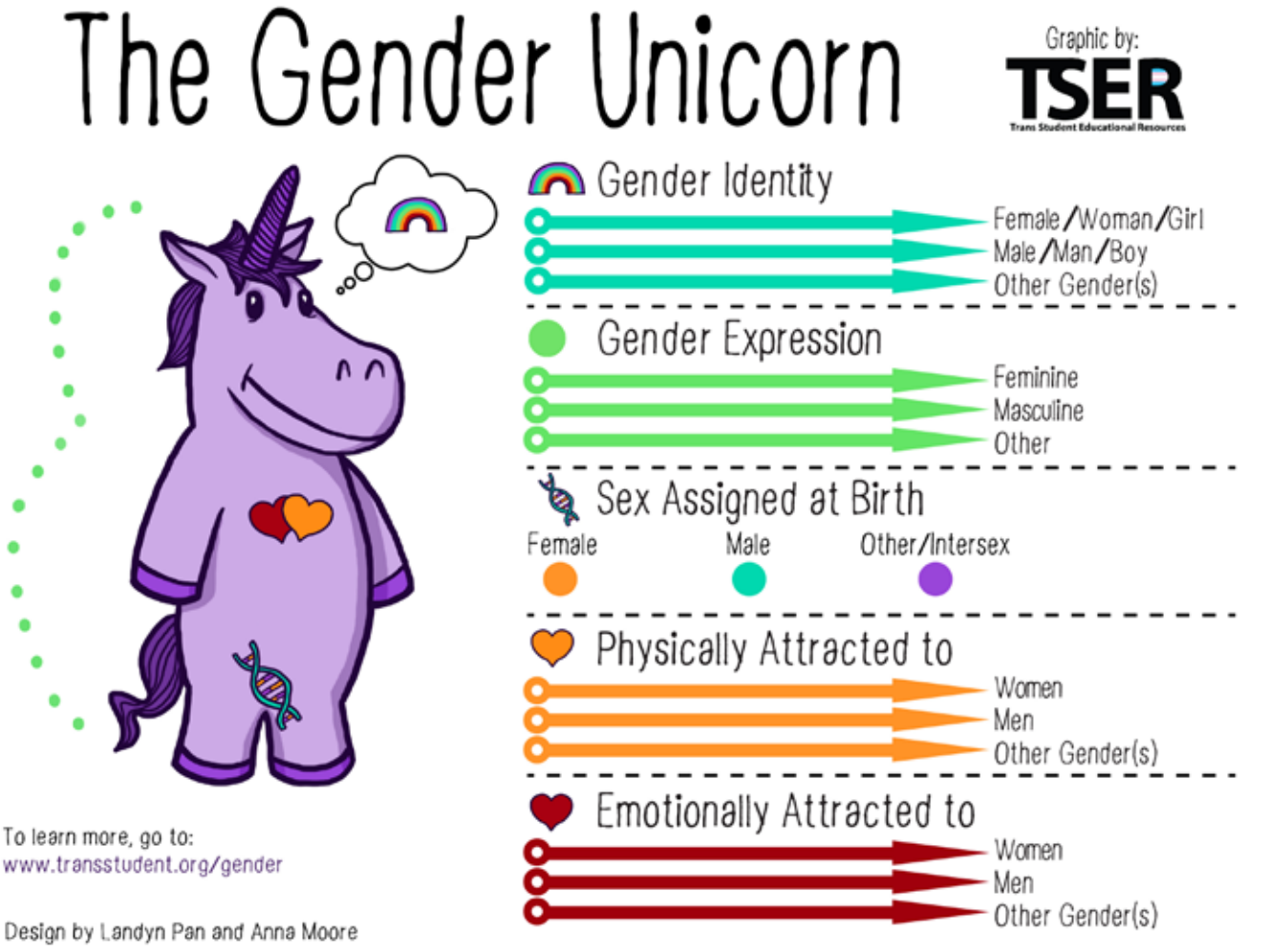
Look, using the term 'queer' is contentious if you do not actually identify with the term yourself. It was once (and can still be) a word used to vilify and attack 'difference', and if your particular identity or politics do not resonate with this term, you should only use it if respectfully referring to a self-identified queer person or when critically discussing or thinking about queer theory and/or politics – such as right now.

TERMINOLOGY: BUT IT'S ALL SO COMPLICATED!

Yes, it is. And it should be. We are complicated beings. When it comes to skin and hair colour, and personality and spirituality, we have infinite variations – the same applies to sexuality and gender, and it may feel uncomfortable and like that awkward time you went in for a hug but the other person just wanted a handshake. But your possible discomfort is a necessary part of unlearning and accommodating a more inclusive and tolerant personal and professional way of being. Let's acknowledge that everyone has the right to freedom of expression, belief and opinion, but we also have responsibilities attached to these rights and when someone's opinion invalidates an entire community's existence – we have reached pernicious heights.

Okay, so there are typically four agreed upon identity categories to help us understand gender and sexual diversity better: sexual orientation, gender identity, gender expression, and biological sex. In the workshops I run, I talk to gender being about who you go to bed as, and sexual orientation being who you go to bed with. Bed, here, can of course be substituted for car, kitchen counter, local tavern or whatever tickles your fancy. Just remember that gender and sexual orientation are different concepts. The more commonly referred to sexual identities include lesbian, gay and bisexual, but some others include being pansexual and asexual (Google – they are your friend. FYI, Google is genderfluid and uses they/them pronouns).

- All people have identities in four domains, not just LGB, transgender and queer-identifying people.
- Men who have sex with men (MSM) and women who have sex with women (WSW) include



individuals who self-identify as gay, bisexual or straight
- Practitioners can ask a client, "How would you identify your sexual orientation?" Practitioners may feel uncomfortable asking this, but there's nothing wrong with this question if it is relevant and necessary when treating a client. Just acknowledge whether these questions are an essential part of the intake regime or treatment plan or an unnecessary and voyeuristic probe that runs the risk of fetishising an LGBTQ+ person.
- So if someone identifies as queer, then you may want to know, "What does queer mean to you? How does that term affect who you love? How does that term affect the sexual practices that you engage in?" When you ask about someone's sexual orientation be sure to make use of the terms that they use, but make sure you know how that term reflects to healthcare as well.
- Be sure that your questions are sensitive and inclusive, and critical of the medicalised and heteronormative gaze. Your questions should reflect the belief that all sexualities and gender identities are natural and normal variations of being human (Could this be using a queer lens?).
- The preferred terminology for the distress experienced by many gender nonconforming people is called gender dysphoria, and not gender identity disorder. And I would encourage practitioners to, when appropriate, medically refer to intersex people as differences of sex development, and not the traditional 'disorders of sex development'.
- Language matters and the way we talk about bodies and identities is of vital importance. Attempts to 'treat' or 'fix', and questioning and prejudicial views continue to occur in healthcare offices, clinics and practices.

DON'T MAKE ASSUMPTIONS – (AND PRONOUNS MATTER!)

It is mportant that you see your client as an entire person. Be aware and critical of your possible tendency to hone in on one aspect of who they are.

- An LGBTQ+ person walking into your practice or clinic does not mean they have an issue with their sexual orientation.
- Performing unnecessary surgeries or genital exams on intersex bodies with ambiguous external genitalia can have lifelong adverse effects on intersex people – support them for who they are instead of perpetuating social stigma and harm.
- Transmen have cervixes and they need to be screened for cervical cancer too. Not all trans people want to undergo surgical intervention, and not all gay people have experienced harsh discrimination in these fields.
- Adopt an affirming medical and mental health practice. Use pronouns people give to you. Do not assume a person's sexual orientation or gender identity. If you are unsure and it is relevant– ask. Be willing to make mistakes, apologise and to keep learning and trying.
- Providing a respectful, private and safe space for clients to receive services is what client-centred care is all about.

REMAIN OPEN TO CONTINUOUS LEARNING

- Embrace opportunities to learn more about and from all of your clients.
- Look for, attend and advertise sexual and gender sensitisation training and workshops.
- Go watch 'Nanette', 'Pose' or 'Tales of the City' on Netflix!
- Be open to sincere opportunities to connect with the LGBTQ+ community.
- Become aware of appropriate language use through open and honest interactions, and it is ok to make mistakes as long as you remain open to working on them.
- Support LGBTQ+ programmes, festivals, artists, businesses, and donate to organisations like the 'Triangle Project' and 'Pride Shelter Trust'!

Finally, begin asking questions which illuminate the importance of inclusive and transformative healthcare for LGBTQ+ people, because there are human lives that depend on the quality of the conversations we are having as a society, and as healthcare professionals. MHM

HANDY RESOURCES:

- Gender Spectrum: https://www.genderspectrum.org/
- Sex Positive Families: https://sexpositivefamilies.com/
- Love Not Hate: http://www.lovenothate.org.za/
- Triangle Project: https://triangle.org.za/
- OUT: https://www.out.org.za/
- The Gay and Lesbian Network: https://gaylesbian.org.za/
- The Durban Lesbian and Gay Community & Health Centre: http://www.gaycentre.org.za/
- The Gay And Lesbian Archives: https://gala.co.za/
- WiseUp South Africa: https://letswiseup.co.za/
- Sexual orientation and gender identity advocacy at Wits University: https://www.wits.ac.za/transformationoffice/programmes-and-projects/
- Iranti: https://www.iranti.org.za/