Mental Health Care for Youth and Adolescents who Identify as LGTBQ

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As a naturopathic doctor, you certainly have some patients who are lesbian, gay, bisexual, transgender, or questioning (LGBTQ). You may even have friends or colleagues that identify as part of this population. But what many clinicians fail to realize are the many struggles and hardships a young LGBTQ person faces, particularly within their families of origin, who may see their sexual orientation as "lifestyle choice".

Research has shown us that LGBTQ individuals are at risk for higher rates of depression, anxiety and suicidality due to social and/or religious exclusion, discrimination, violence, homelessness, addiction, and associated issues. LGBTQ youth face a significantly increased risk of suicide—approximately 14 times the risk of heterosexually identified youth according to a recent study.[1] As part of treating the whole person, it is crucial that clinicians be alert for signs of depression and suicidality in this demographic, and be aware of needed resources, including mental health professionals and community resources to refer to for further evaluation and support. Most importantly, we believe that NDs need to understand the critical role of cultural sensitivity for this population and learn to spot signs indicating imminent risk of harm that goes beyond the treatment room.

The Context of Depression and Anxiety in LGBTQ Youth

Some important statistics to keep in mind: in the United State in 2017, 34.8% of LGBTQ students missed at least one entire day of school in the past month because they felt unsafe or uncomfortable, and 10.5% missed four or more days in the past month.[2] The Canada, the 2011 *Every Class* report found that "30.2% of LGBTQ students, compared to 11.0% of non-LGBTQ students, reported skipping because they felt unsafe at school or on the way to school."[3]

Some factors to keep in mind when talking with LGBTQ youth[4]: first, they may be negotiating sexual and gender identity, as well as ethnic identity, at a time when they are negotiating their own transitions from childhood, through adolescence to adulthood. They may not have disclosed their sexual orientation to either family members or friends for a variety of reasons, and may be high anxious about when or how to disclose this level of intimate personal information, and to whom. They may face rejection or potential violence from family, other adolescents, and other adults. They may themselves have been abused in their families of origin, either emotionally, physically, or sexually, and have developed post-traumatic coping strategies, including hypervigilance. Although adolescence is a challenging time in general, LGBTQ youth in practice have more likely than not to have faced homophobia/transphobia, bullying, or being marginalized by health care providers, which can lead to a challenging communication environment.

For LGBTQ youth, it is of critical importance to ask about the supportiveness of their environments. Risks for LGBT youth who come from highly rejecting families are more than three times as likely to have attempted suicide than LGBT peers who reported little to no rejection from the family[5]. Risks are reduced by factors such as; acceptance from the family of origin, supportive educational and workplace environments, and community support.[5-7] We recommend as part of an initial intake, that clinicians ask self-identifying LGBTQ adolescent patients whether they are 'out', to whom, and to what extent. Most importantly, we recommend that NDs ask about *safety* in home, school, workplace, or community environments. While confidentiality of any patient encounter is a cornerstone of naturopathic care, and clinicians should strive to maintain the confidentiality of sexual orientation, even to family members, this should not come at the expense of ensuring that the patient is not at risk of immanent harm. We recommend that if clinicians have any questions about confidentiality requirements, that they seek guidance from provincial naturopathic regulatory colleges and their Professional Liability providers.

Evaluation of social determinants of health in LGBTQ Youth: critical communication skills for NDs

Although depression is marked by a loss of interest in normally pleasurable activities and/or a down, hopeless or depressed mood that persists for two weeks or longer, that is not the full criteria. In many cases a mental health provider is the best person to make a diagnosis, and help the patient access community resources. Adolescent depression, for example, may present differently than in adults, with insomnia, weight loss, irritability, anger, or self-harming. The adolescent may start missing school, using substances, acting out, doing poorly academically, or develop physical symptoms

that cannot be explained. Eating disorders, oppositional defiant, or conduct disorders may also be present. If you suspect depression in an adolescent patient, you can readily screen for it suing standardized instruments such as the PHQ-9 modified for teens, a Beck Depression Inventory, or similar instruments. Remember this while these are helpful *screening* instrument, the full diagnosis of depression or similar mood disorders must be made using the DSM-V criteria[8], and are best done by a licensed mental health professional.

If an ND suspects their LGBTQ patient is suffering with an undiagnosed mood disorder, we recommend that the social contributors to their mood disorders be explored, but while stressing to the patient that the information they disclose will only be shared with their permission. *This is foundational to establishing trust.* If your patient is running home from school in terror to avoid physical assault, then they need resources to stop the bullying and violence. If they are suicidal, they need assessment and skilled care of mental health professionals. If an underage child is in imminent danger of self-harm, the parents need to be informed of the situation according to your professional duties to inform, but we recommend clinicians familiarize themselves with jurisdictional requirements in this regard, and if in doubt, ask for clarification from their relevant ND College or Association.

Depending upon training, scope of practice, and community resources clinicians may need to refer patients, either to urgent or emergency care, or the patient's family doctor, if they have one.[9] As appointments with mental health providers often need to be arranged well in advance, we recommend clinicians familiarize themselves with urgent or semi-urgent LGBTQ-aware community health resources.

Other aspects to consider include home, school, and neighbourhood safety. Report suspicions of abuse, neglect or exploitation to the relevant provincial authorities, such as the Children's Aid Society (CAS), in Ontario, Child Protective Services (CPS) in British Columbia, or Ministry of Children's Services in Alberta. If the young LGBTQ patient has supportive parents, they will need to work with the schools or school district regarding bullying, or consider changing schools to ensure a safe learning environment.

Canadian conventional family practice guidelines call for monitoring mild depression in adolescents for some weeks before escalating care. Ongoing LGBTQ aware counselling and support can make a crucial difference for many adolescents with self-image issues, however, *make sure that the therapist is not attempting to provide "reparative" or "conversion therapy"* which has been condemned by both the Canadian and American Psychiatric Associations, as well as numerous other countries.[10] As the CPA argues:

> "psychiatric treatment, such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the *a priori* assumption that the patient should change his/her sexual homosexual orientation…Ethical practitioners refrain from attempts to change individuals' sexual orientation."[11]

What else can a Naturopathic doctor do?

As naturopaths, we are well equipped to treat depression and anxiety in our patients, which is why we have not focused on those strategies in this article. Briefly, we recommend that clinicians focus on good naturopathic therapeutics such as sleep hygiene, herbal support, dietary, exercise and/or stress management modifications to support physical well-being in adolescent patients. The most important thing to do, we believe (other than ensuring individual safety), is to ensure a welcoming and affirming environment for the patient to express their identity.

The marginalization and discrimination of LGBTQ youth (and the population as a whole) has contributed to barriers to access of health and support services.[12] These barriers are compounded by health care providers lacking the appropriate knowledge, skills, and sensitivity around LGBTQ health.[13] In a national study, when asked about the level of knowledge of health care professionals, LGBTQ participants rated their knowledge "to be inadequate, the amount of homophobic reactions to their lives to be unethical, and the willingness of the health care system to adapt to their needs to be minimal."[14] Many people in this population avoid and fear conventional health care settings in order to protect themselves from potentially homophobic health care providers. Disclosing orientation has resulted in negative experiences such as "being told their sexuality was pathological, experiencing 'rough' internal exams and actually being refused care".[15] NDs, with appropriate knowledge and training in LGBTQ aware clinical communication, can do much, much better.

It is the authors' joint-opinion that the ND schools need to support more extensive clinical education on LGBTQ-aware communication, and health issues. Additionally, naturopathic doctors need to be better trained in how to explore the perceptions of LGBTQ patients on their sexual orientation, gender identity, and expression using questions that are LGBTQ inclusive and language that is gender-neutral. It is also the authors' opinion that our profession needs more post-graduate and continuing education on the diverse nature of the LGBTQ population, and about specific health issues that need to be addressed when working with a patient from these communities.

As naturopathic clinicians, we are well equipped with the treatment of depression in the general population. However, in an LGBTQ population, particularly in youth (in some cases even young adults), it requires an awareness and deeper understanding of the issues and struggles that they endure. This enables an ND to better identify a potential cause of the patient's mental health challenges. Therefore, create a space where the patient can feel safe and accepted. Learn the warning signs of suicide (i.e., expressing feelings of hopelessness, loneliness, etc.) and help connect them to support if they need it.[16]

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