ADDRESSING THE NEEDS OF LESBIAN, GAY, BISEXUAL, TRANSGENDERED, QUEER, AND QUESTIONING CLIENTS WITHIN UNIVERSITY PSYCHIATRIC SERVICES: REFLECTIONS AND RECOMMENDATIONS

JUDE TATE,
University of Toronto,
and
LORI E. ROSS
Centre for Addiction and Mental Health, Toronto

ABSTRACT

Concerns still exist among lesbian-, gay-, bisexual-, transgendered-, and queer-identified individuals (LGBTQ individuals) about their reception and treatment by psychiatric service providers. The Psychiatric Service at the University of Toronto and the Office of LGBTQ Resources and Programs convened a committee to address expanding the capacities of the Service related to the needs of LGBTQ and questioning students. In this paper, we describe the committee's role, initiatives, and successes and discuss challenges encountered in the process. The model of community development drawn from in this work can be adapted for use in other community health settings.

INTRODUCTION

Psychiatry, through the work of Freud and his followers, developed theories of sexual identity that pointed to adult sexuality as being linked to childhood experiences and fantasies. According to these views, homosexuality was a result of a disruption of the natural order of phases (i.e., Oedipal stage), and was therefore addressed as a disorder, something to be cured or controlled within the strict hetero-normative construction of sexual identity (Wilton, 1995). Although the American Psychiatric Association removed homosexuality as a disorder from the Diagnostic and Statistical Manual of Mental Disorders in 1973, concerns about psychiatry—and specifically the reception and treatment of questioning or lesbian-, gay-, bisexual-, transgender-, or queer- identified individuals (LGBTQ individuals)—are still prevalent in the LGBTQ communities (Wilton, 1995).

The resulting hesitancy of LGBTQ individuals to make use of mental health services is particularly troubling in that they are a population that has been identified as being at high risk for psychiatric illness. Recent research suggests that homosexual adult men and women are more likely than heterosexuals to suffer from depression and anxiety and to be dependent on alcohol or drugs (Cochran & Mays, 2000). Among young people aged 14-21, individuals who identified as lesbian, gay, or

The authors would like to acknowledge the important role of the committee in the ground-breaking changes made at the University of Toronto Psychiatric Service during this process. Special thanks to Victor Likwomik (Chief Psychiatrist), Marilyn Bluestein, (Senior Psychiatrist), Andy Cheok (Psychiatrist), Helen Slade (Community Liason Health & Psychiatric Service), and Mickey Cirak (student).

bisexual were four times more likely to suffer from major depression and six times more likely to attempt suicide than were heterosexual youths (Fergusson, Rorwood, & Beautrais, 1999).

This increased risk for mental health problems among LGBTQ individuals, and youth in particular, is likely due, in large part, to the chronic stressors associated with living, working, and learning in a heterosexist environment (Schellenberg, Hirt, & Sears, 1999; Evans, 2001). As a result, mental health services that do not pathologize non-heterosexual orientations and that exhibit sensitivity to the particular needs of LGBTQ individuals are a necessity (Fontaine & Hammond, 1996; Ryan & Futterman, 1997), particularly on university and college campuses (Westefeld, Maples, Buford, & Taylor, 2001).

The St. George Campus at the University of Toronto has a 33-year history of activism and support for lesbian and gay issues, with leadership coming from both students and faculty. Recently, some of this activism has been directed towards developing the capacity of the medical and mental health services on campus to meet the needs of LGBTQ students. In this article, we describe work undertaken by the authors in collaboration with members of the University of Toronto Psychiatric Service to expand their capacity to effectively serve LGBTQ students.

BACKGROUND

In 1996, the Positive Space Campaign, a program intended to create a campus that is free of discrimination on the basis of sexual orientation and gender identity, was initiated at the University of Toronto. Shortly after the launch of this campaign, queer student activists began to ask how "positive" the student services were at the university. Coming under particular scrutiny was the Psychiatric Service, one of two counselling services paid for through student fees. While the student activism was helpful in raising the visibility of queer issues within mental health services on campus, the inflammatory approach taken did not allow for the initiation of a dialogue between queer students and the staff members of the Psychiatric Service. As a result, after two years of activism, the students were left with a sense of dissatisfaction at the Service's perceived unwillingness to address their concerns, and the staff members of the Service were left feeling defensive and unfairly targeted.

In recent years, changes in psychiatric staff and the appointment of a new chief psychiatrist has dramatically shifted the face of the Psychiatric Service, which is now well-balanced in terms of the sex and racial or ethnic background of its practitioners. At present, the Psychiatric Service at the University of Toronto has a staff of 20-17 psychiatrists, 1 psychologist, 1 social worker, and 1 community health co-ordinator (shared with the health service)—who mostly deliver services to students on a part-time basis. During the 2000-2001 academic year, the Service served 1,439 students and provided 8,939 clinical hours of support. A variety of therapeutic approaches are employed by the staff of the Service, including cognitive behavioural therapy, psychodynamic psychotherapy, and pharmacotherapy. The Psychiatric Service receives a portion of its funding from the Student Services fee through student tuition, but psychiatrists within the Service bill the Ontario Health Insurance Plan (OHIP) to cover the costs of their services to students. The Chief Psychiatrist plays a key role in managing the Service and reports directly to the Director of Student Services.

In the fall of 1999, a student posted a message on an electronic listserve organized by a LGBTQ student group on campus describing a negative experience he

had had with the Psychiatric Service. As a result of its public nature, this complaint became a catalyst for a meeting between the Co-ordinator of LGBTQ Resources and Programs (this article's first author, Jude Tate), student representatives (including the second author, Lori E. Ross) and the chief psychiatrist. At this meeting, it was agreed that a committee would be struck with the goal of expanding the capacities of the service providers at the Psychiatric Service concerning students who do not identify as heterosexual or who may be questioning their sexual orientation or gender identity.

PROCESS

Identifying Initial Steps

The composition of the committee and the process it followed were drawn from community building models that emphasize the incorporation of voices from all stakeholders. We chose this approach in an attempt to create a community which would bring together members of the Psychiatric Service and LGBTQ people on campus. To this end, committee members included: (a) psychiatrists from the leadership and senior ranks of the service, (b) a psychiatrist who is gay identified, (c) the co-ordinator of LGBTQ Resources, (d) allies, and (e) students. However, no LGBTQ service users participated in the committee. As a result of this composition, the committee—which met for approximately one hour per month over a period of two academic years (September 2000 to August 2002)—included individuals with a broad range of knowledge and comfort levels around LGBTQ issues.

Initial meetings were spent discussing the history of the complaints and exploring the tensions between the two groups. While the complaints provided some evidence for concern and, as such, some direction, it became apparent that a proactive and goal-orientated process—focusing on how the Psychiatric Service could better serve LGBTQ students rather than dwelling on potential past wrong doing—would best guide the work.

Introducing the process to the team of psychiatrists within the Service occurred at a departmental business meeting. The co-ordinator of LGBTQ Resources was invited to outline the committee's vision and plan. The historical tensions between LGBTQ campus activists and the Psychiatric Service once again surfaced during this meeting, in the form of resistance to the ideas and plans proposed by the committee. This resistance served as evidence to committee members that some compromising and some convincing would be required before the committee could begin to work towards specific changes.

Establishing Priorities

Once the committee was able to dialogue through these initial stumbling blocks, and particularly after assurance from committee members representing the Psychiatric Service that the committee's work would continue despite resistance from their colleagues, productive time was spent brainstorming and developing a vision for the Service so it could best serve the LGBTQ population. The brainstorming continued over several meetings during which information was shared, tensions were expressed, and effective ways of communicating were developed. The list of potential projects that were developed during the brainstorming sessions was then prioritized. Priority was given to projects that: (a) both service providers and service users agreed were likely to affect change in the quality of psychiatric care provided at the Service,

and (b) were feasible to implement within the constrained temporal and financial resources of the committee.

As a result, the following specific priorities were targeted as first steps for the committee:

Anonymous feedback form. The committee felt that, in order to guide its work, the first item of business should be the development of a short anonymous feedback form that would allow students to report any particularly positive or negative experiences with the Service. Within a couple of drafts, a satisfactory form was developed and made available in the Psychiatric Services waiting area. Since its implementation, a small number of students have taken the time to complete the form—generally to report on positive experiences. However, the committee acknowledges that, given the power balances between therapist and client and the additional imbalance of heterosexual versus homosexual status, questioning or LGBTQ students are potentially those much more likely to be reticent to provide negative feedback. Further careful planning is required to facilitate critical feedback.

Professional development series for all staff. Staff professional development took the form of a series of presentations about LGBTQ issues occurring within the context of the Service's weekly rounds. The committee worked together to choose six topics that the psychiatrists deemed to be relevant to their practice, and that the LGBTQ members of the committee deemed relevant to queer students' lives on campus (see Table 1). In keeping with the Service's typical format for these educational meetings, individual psychiatrists were encouraged (and cajoled) to choose a topic of interest to them and prepare a short presentation. LGBTQ committee members helped guide the directions of these seminars by providing articles and suggesting major points that they felt required focused attention.

TABLE 1

Professional Development Sessions for Psychiatric Service Staff

Week	Topic Discussed
1	Heterosexism in society and among health care professionals
2	Psychiatric and HIV issues for LGBTQ people
3	Coming out and stages in LGBTQ identify formation
4	Issues for transsexual and transgendered clients
5	Doing psychotherapy with LGBTQ clients
6	Community resources for LGBTQ students

In order to set the tone for all of the presentations, the Chief Psychiatrist led the first session, which addressed heterosexism and its role as a determinant of mental health. The peer education model was complemented by the inclusion of a guest speaker presenting on issues affecting transsexual/transgendered students. This individual both identified as transsexual and had mental health training, so could address topics from both a personal and professional perspective. The peer education model was well received by the psychiatrists and enabled useful and challenging discussion.

Inclusion of LGBTQ concerns in client satisfaction survey. For the past several years, the Psychiatric Service has collected some basic client satisfaction data through a survey that is conducted twice yearly, over a one-week period. This past

year, one question was added that specifically focused on the satisfaction of LGBTQ and other marginalized students (see Appendix). Responses to this question were largely positive. However, the committee aims to develop ways of evaluating the satisfaction of LGBTQ clients specifically, apart from that of other marginalized students.

Improving student access to LGBTQ-positive psychiatrists. In order to address the reality that not all psychiatrists at the Service will be as knowledgeable about or sensitive to LGBTQ issues as some, the committee sought to develop an open list of psychiatrists particularly interested in seeing LGBTQ clients so that students could ask for a specific psychiatrist if this was a concern for them. There was some level of discomfort with this idea among some of the service providers who felt that, if their name did not appear on such an open list, the inference would be that they were homophobic. In order to appease these concerns, the committee determined that the list of interested psychiatrists should remain closed—that is, known only to the psychiatrists themselves and to key referral personnel in the university community. Currently, the committee is working to determine what criteria an individual must meet in order to be placed on such a list.

Client Bill of Rights. Although not specific to LGBTQ issues, the committee felt it would be useful to draw up a Client Bill of Rights which would explicitly state the Service's philosophies about addressing the needs of all students, including those who do not identify as heterosexual. There was some debate among committee members about what the best format would be for such a document, the primary difficulty being the need for a balance between what the service providers felt adequately addressed student responsibilities and the student representatives' sensitivity to the power imbalance inherent in the psychiatrist/client relationship. After several drafts, a working draft was piloted with service users and generally received positive feedback. After some relatively minor revisions, a document has been finalized and is in the process of distribution.

Resources, information, referral sources. A list of community resources for LGBTQ students was put together by LGBTQ members of the committee. However, in order to have practical use to the service providers, the list will require continuous updating. The obvious concern will be who is going to do this, and how useful it will be.

Outreach to LGBTQ students

Once some of the initial priorities described above had been met (in particular the professional development series for staff), the committee felt it was appropriate to try to get the message out to LGBTQ students that the Service was at the least more inclusive in its policies and procedures. There was some concern among committee members about whether the work done by the committee was sufficient to merit comprehensive outreach to LGBTQ students. However, all committee members agreed that some positive changes had been made and that students had the right to have this information communicated to them. The committee decided that the responsibility of outreach belonged with the Service, with supportive consultation available.

Unaddressed Issues

For a variety of reasons, some additional projects, though identified as potentially important in initial brainstorming sessions, ultimately were not addressed by the committee. These projects included:

Physical setting and presentation of office space and reception area. The physical setting of the Psychiatric Service is fairly institutional, with no obvious signs that it would be a welcoming space for questioning or LGBTQ students. Although raised as an area for action among committee members, the Service decided to address the issue of physical space (i.e., waiting area, counselling rooms) outside of the committee itself because it was important to their client base as a whole.

Increasing co-operation with other counselling services in the University community. Committee members strongly felt that it would be in the best interests of students to have a network of well-connected, multi-disciplinary counselling services that could share expertise and referrals where appropriate. As we began to address this issue, however, it became apparent that, because of the multiple levels of organization that would be required to participate in such a restructuring of the student services, it was well beyond the scope of the committee. Nonetheless, this issue remains an outstanding concern for the authors.

Intake process. In early meetings of the committee, LGBTQ members brought up the intake process as an area which should be re-evaluated to ensure that LGBTQ students would be given opportunity to disclose their orientation if they felt it to be appropriate. However, this item never became part of the committee's agenda because individual psychiatrists, who currently have freedom to conduct the interviews as they see fit, resisted it. Ultimately, members of the committee strongly felt that all forms and procedures used by the Service, whether currently standardized or not, should be evaluated for their inclusiveness of LGBTQ students.

Accountability of associates and salaried psychiatric staff. Non-psychiatrist members of the committee felt that it would be appropriate to include sensitivity to and awareness of LGBTQ issues as part of the hiring and review process for service providers at the Service. However, it became clear during initial meetings that the psychiatrists did not see hiring procedures and accountability as relevant to the goals of the committee, nor did they feel comfortable discussing the issue outside of Service staff members. This item, too, remains an outstanding concern for the authors.

Ongoing Work

After meeting and working for approximately two years, the committee had achieved its primary goals and decided it was appropriate to dissolve. However, concern over maintaining change and increasing knowledge, awareness, and skills of psychiatrists to effectively respond to the diverse needs of questioning or LGBTQ students led the committee to conclude that some continuing work would be worthwhile. Thus, the chief psychiatrist and the co-ordinator of LGBTQ Resources continue to meet regularly and to focus on the unmet work of the committee—work which has included the creation of an educational session on the intersections of race and sexual orientation.

DISCUSSION

Given the processes, challenges, and successes involved in the work of this committee, we believe that this model—sustained by leadership and guided by invested stakeholders—is adaptable and workable in many areas of mental and community health service delivery. As we digest our experiences, we offer some reflections and recommendations.

In our estimation, this committee was able, with minimal commitment of time and resources, to effect substantial change in both the attitudes and practice of staff members of the University of Toronto Psychiatric Service. One of the reasons for this success was the leadership and initiative shown by the chief psychiatrist who, though he had neither a background in equity issues nor a rich awareness of LGBTQ issues before the committee was struck, consistently addressed challenges pragmatically and participated fully in the process. His leadership in this area was met with uneven endorsement from fellow psychiatrists, making his continued commitment both challenging and crucial. Along with another senior psychiatrist of the Service, the chief psychiatrist set the tone that this work would be a priority of the Service.

Secondly, a key factor in the positive outcome of this process was the consistent representation of the LGBTQ student communities on the committee. Students filled various roles, but were most notable in serving as *the* legitimate voice—that of potential service users living a particular reality on campus.

As described earlier, we feel that the design of the professional development series for the psychiatric staff (peer-led model with input and guidance from LGBTQ committee members) very much contributed to its success. This particular educational design reduced a potential outsider effect by embedding the learning within the Psychiatric Service, and having in-house psychiatrists lead the educational seminars. This model also provided opportunities for the psychiatrists to research and deliver seminars in areas with which they had not previously had occasion to familiarize themselves.

Lastly, this was a process that required particular styles of advocacy. The chairing role of the co-ordinator of LGBTQ Resources (an equity officer of the University of Toronto) gave the issues further legitimacy with other staff and provided the coalescing resources needed for the work to be accomplished.

It would be impractical to leave out a discussion of the challenges encountered in this process, since they consistently informed our work and provided information on the progress of the committee.

The primary and recurring challenge encountered was the lack of consistent support for the committee's work from staff members of the Psychiatric Service. While the chief psychiatrist acknowledged the need for discussion and change within the Service, resistance from the psychiatric staff to a critical analysis of service delivery served as a barrier to smooth changes and impacted our confidence that such changes would be integrated into the practices of the psychiatrists. Central to the purpose of this work was to deliberately involve the stakeholders in the planning and implementation of the core strategies, thereby enhancing ownership in the process. Nonetheless, the initial perception of the committee's work by the psychiatrists as something "being done to them" was real—even though it ignored the evidence that gaps in services did exist. At times, this perception made the approach and work of the committee less than progressive.

Reasons for the resistance of the psychiatric staff to the committee's work can be understood in several ways. The most commonly articulated reason for lack of willingness to co-operate was that the backlash against the historic negativity of homosexuality and gender identity associated with psychiatry had no place within the Service, nor should these particular psychiatrists shoulder the blame. While the validity of this statement was acknowledged, the committee stressed that development of existing services to better accommodate the needs of the LGBTQ community was consistent with a best practices model of care, regardless of the perceived

motivations for working towards change. Another, more-troubling potential explanation for the resistance to the work of the committee comes from within the structure of the practice of psychiatry within the University of Toronto Psychiatric Service. While the chief psychiatrist is accountable to the Director of Student Services, the culture of individual psychiatrists working within the Service currently lacks direct accountability to University bodies and, specifically, lacks formalized accountability to service users. Such circumstances impact on the critical feedback system and—despite the dynamic campus setting—restrict the voices of complaint.

A related possibility is that the medical model on which psychiatry is based understands the relationship between practitioner and patient/client in a manner which may not be amenable to criticism or commentary from service users. Historically, the biomedical model has located psychiatric problems with the individual, largely ignoring the impact of social factors such as discrimination based on sexual orientation or gender identity. It is reasonable to speculate that some of the psychiatrists' resistance to the work of the committee may have resulted from their disagreement with our endorsement of social factors such as heterosexism as a major determinant of mental health in LGBTQ people. It is interesting to contemplate whether other non-medical providers of mental health care would show similar resistance to the work of a committee such as the one described here.

A further limitation of this work is that LGBTQ service users were not involved in the committee process. Throughout the process, LGBTQ students were informally invited to join the committee; however, no formal call was made for current or former service users to participate in the committee's work. Formation of the committee and progress in its work were reported at LGBTQ-OUT (student group) general meetings and in the co-ordinator's annual report. For future application of this model, we would recommend that strategies be developed to address this gap.

An additional weakness of the work of our committee was that mental health issues of LGBTQ individuals had to be oversimplified in order to provide at least brief introductions to key topics in the professional development series for providers. As a result, the complex mental health needs of bisexual, transgendered, and transsexual individuals in particular, though touched upon, did not receive comprehensive coverage. Similarly, although it was mentioned that LGBTQ people may face multiple oppressions, including oppression on the basis of race, class, or ability, this topic could not be addressed comprehensively in the limited amount of time available. An alternative approach would have been to thoroughly address a smaller number of topics. However, our committee felt that even minimal information about these topics would be preferable to omitting them altogether, in order to avoid perpetrating the misconception that sexual orientation can be neatly dichotomized into heterosexual versus homosexual.

Lastly, the authors are cautiously optimistic about the positive impact the committee's work had on the day-to-day services provided to questioning and queer students. While the positive feedback from service providers (regarding the professional development series) and service users (in the client satisfaction questionnaire) suggests that positive changes have occurred, evidence must be gathered on an ongoing basis to verify this perception. Identifying the best methods for such evidence collection remains an issue for the committee.

CONCLUSIONS

Research has consistently indicated that, among both adults and youth, non-heterosexual orientation is a risk factor for a number of mental health problems, including depression, substance abuse, and suicide (Fergusson, Horwood, & Beautrais, 1999; Cochran & Mays, 2000). While LGBTQ communities are understandably hesitant to embrace these statistics for fear of continued pathologization by the medical system (Wilton, 1995), increasing recognition of the link between discrimination on the basis of sexual orientation and mental health problems in LGBTQ individuals has potential to lead to improved mental health care for the LGBTQ community (Mule, 1999; Westefeld et al., 2001).

In working towards this goal, our committee employed a model of community participation where key stakeholders participate in creating a vision and setting out a work plan. The collaboration between LGBTQ students, advocates, and psychiatric service providers was essential to the success of the committee. We believe that this community participation model has the potential to be adapted to other community health settings and hope that, through continued collaboration with service providers, the important mental health needs of the LGBTQ community can be better recognized and addressed.

RÉSUMÉ

Les minorités sexuelles—personnes qui s'identifient comme lesbiennes, gaies, bisexuelles, travesties, transsexuelles et « queer »—s'inquiètent encore à l'actualité de l'accueil et du traitement des services psychiatriques. À l'Université de Toronto, le Service psychiatrique et le bureau « LGBTQ Resources » ont convoqué un comité pour essayer d'améliorer la capacité du Service psychiatrique de répondre aux besoins des étudiants et étudiantes qui appartiennent à une minorité sexuelle ou qui sont en questionnement par rapport à leur sexualité. Dans cet article, nous décrivons le rôle, les initiatives, les succès et les difficultés de ce comité. Le modèle de développement communautaire que nous avons utilisé pour ce travail peut être adapté aux services de santé dans d'autres communautés.

REFERENCES

Cochran, S.D., & Mays, V.M. (2000). Relation between psychiatric syndromes and behaviorally defined sexual orientation in a sample of the US population. *American Journal of Epidemiology, 151*, 516-523.

Evans, N.J. (2001). The experiences of lesbian, gay, and bisexual youths in university communities. In A.R. D'Augelli & C.J. Patterson (Eds.), *Lesbian, gay, and bisexual identities and youth: Psychological perspectives* (pp. 181-198). London: Oxford University Press.

Fergusson, D.M., Horwood, L.J., & Beautrais, A.L. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry, 56,* 876-880.

Fontaine, J.H., & Hammond, N.L. (1996). Counseling issues with gay and lesbian adolescents. *Adolescence, 31,* 817-830.

Mule, N. (1999). Social work and the provision of health care and social services to sexual minority populations. *Canadian Social Work, 1*, 39-55.

Ryan, C., & Futterman, D. (1997). Lesbian and Gay Youth: Care and Counseling. *Adolescent Medicine, 8,* 207-374.

Schellenberg, E.G., Hirt, J., & Sears, A. (1999). Attitudes toward homosexuals among students at a Canadian university. *Sex Roles, 40,* 139-152.

Westefeld, J.S., Map1es, M.R., Buford, B., & Taylor, S. (2001). Gay, lesbian, and bisexual

college students: The relationship between sexual orientation and depression, loneliness, and suicide. *Journal of College Student Psychotherapy, 15,* 71-82.
Wilton,T. (1995). *Lesbian studies: Setting an agenda.* New York: Routledge Press.

APPENDIX

From the University of Toronto Psychiatric Service Client Satisfaction Survey:

The following question was added to the survey with the intention to address the needs of questioning or LGBTQ identified students.

(a) Rate your level of satisfaction with the Psychiatric Service: Inclusivity and sensitivity to issues that are important to me (e.g. ability, race, sexual orientation).
Ratings: extremely satisfied, somewhat satisfied, neutral, somewhat dissatisfied, extremely dissatisfied, no response given.