



NAMI

National Alliance on Mental Illness

Double Stigma: GLBT People Living with Mental Illness

As anyone living with mental illness can confirm, in our society there are still stigma and prejudice associated with mental illness. In fact, some people may refuse to seek professional help to avoid the stigma it might bring.¹

As if this were not challenging enough, consider what it must be like to face mental illness as part of an additionally stigmatized group; in this case, as a gay, lesbian, bisexual, or transgender (GLBT) person. Unfortunately, this person must deal with a **double stigma**. Further, those who are living in poverty, have a disability, or are from communities of color may have multiple stigmas to contend with.

GLBT people must confront stigma and prejudice based on their sexual orientation or gender identity while also dealing with the societal bias against mental illness. The effects of this double or dual stigma can be particularly harmful, especially someone seeks treatment.

For example, some people report having to hide their sexual orientation from those in the mental health system for fear of being ridiculed, rejected, or in extreme cases, subjected to physical violence. On the other hand, when GLBT people with serious mental illness seek assistance from gay and lesbian organizations, these agencies are often not educated or knowledgeable about the full spectrum of mental illnesses and are ill-equipped to provide appropriate services.²

If people cannot be open and feel supported in who they are in a treatment setting, this will negatively affect their ability to benefit from the therapeutic experience. This is especially true for those confronted with double stigma.

It is important to remember, however, that double stigma is something that *society* creates. It is not the fault of the individual. To overcome stigma, we need to recognize it and work to change it. What are some of the ways that we can do this?

Providers at the Rainbow Heights Club, a Brooklyn-based program that serves GLBT people, suggest the following ways to overcome stigma:

- Think carefully about the labels applied to people, as labels can create further isolation and discrimination.
- Don't assume someone's sexual orientation or gender identity; also don't assume what their treatment needs are based on stereotypes of either GLBT people OR those living with mental illness.
- Empathize and validate GLBT persons' experiences.
- Recognize that discrimination exists for GLBT persons and can affect access to many resources.
- Work in coordination with people with mental illness rather than assuming that providers have all the answers.⁴
(For more information: www.rainbowheights.org)

While it is imperative for society at large to dismantle stigma, many GLBT people with mental illness must still confront this double stigma in their daily lives. What are some ways to cope?

- Surround yourself with supportive people, such as family or friends or others who may be dealing with the same issues as you.
- Get appropriate treatment. Getting treatment may help you feel less isolated and to better understand your illness.
- Share your experiences with others. By breaking the silence, either about being GLBT, having a mental illness, or both, you can help people understand the issues involved with both.
- Join a political or advocacy group like NAMI. Sometimes joining forces with others to combat unjust policies or unfair treatment can be a productive way to cope with stigma.

Cited Works: **1** Corrigan, P. (2004) How stigma interferes with mental health care. *American Psychologist*, 59, 614-625. **2** Lucksted, A. (2004). Lesbian, gay, bisexual and transgender people receiving services in the public mental health system: Raising issues. *Journal of Gay & Lesbian Psychotherapy*, 8, 25-42. **3** Link, BG, Phelan, JC. Conceptualizing stigma. *Annual Review of Sociology*, Vol. 27: 363-385. **4** Rosenberg, S., Rosenberg, J., Huygen, C., & Klein, E. No need to hide: Out of the closet and mentally ill. *Best Practices in Mental Health*, 1, 72- 85.

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2107 Wilson Blvd. Ste # 300. Arlington, VA 22201
www.nami.org • June 2007