

California State University, San Bernardino

**CSUSB ScholarWorks**

---

Theses Digitization Project

John M. Pfau Library

---

2002

## The issues faced by mentally ill gays and lesbians

Tracy Lee Shockey

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>



Part of the [Gender and Sexuality Commons](#), and the [Social Work Commons](#)

---

### Recommended Citation

Shockey, Tracy Lee, "The issues faced by mentally ill gays and lesbians" (2002). *Theses Digitization Project*. 2119.

<https://scholarworks.lib.csusb.edu/etd-project/2119>

This Thesis is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact [scholarworks@csusb.edu](mailto:scholarworks@csusb.edu).

THE ISSUES FACED BY MENTALLY ILL  
GAYS AND LESBIANS

---

A Thesis  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Tracy Lee Shockey

June 2002

THE ISSUES FACED BY MENTALLY ILL  
GAYS AND LESBIANS


---

A Thesis  
Presented to the  
Faculty of  
California State University,  
San Bernardino


---

by  
Tracy Lee Shockey  
June 2002

Approved by:

  
Dr. Ray Liles, Faculty Supervisor  
Social Work

6/4/02  
Date

  
Dr. Rosemary McCaslin,  
M.S.W. Research Coordinator

## ABSTRACT

This research project investigated the issues faced by some of the mentally ill gay and lesbian clients of a local community. The original intent was to interview gays and lesbians with severe and persistent mental illnesses to learn whether they believe they have issues unique to themselves. Yet, during the course of data collection, the researcher encountered a few participants who identified as something other than heterosexual, gay or lesbian. Therefore, even though the primary focus of this research was upon mentally ill gays and lesbians, the scope of the project was slightly expanded to include all those who identify as other than heterosexual, the predominant sexual orientation in our society today. It was a qualitative research project whose goal was to analyze the resultant information and then decide whether suggestions ought to be made. The researcher believed that this quest for information was significant as she has had the opportunity to speak with several others (students and mental health line staff) who have stated they would also like to know more about this topic. The findings indicate that these particular mentally ill gays and lesbians have emotional, social and relationship issues that could be resolved with the aid of a social worker.

## ACKNOWLEDGMENTS

To Sherry Pope, my fabulous life partner, words are inadequate to express my appreciation to you, and for you. Without your support, tolerance, perseverance, sense of humor and love this project would not have been possible. Thank you, I love you Hon Hon! To our children, Trevor and Kelsey, you give my life its greatest purpose and meaning, I love you both. Thank you Marv and Ginger Shockey, no finer parents have ever existed, I love you. To my sister Margie Way, with thanks and love.

Thank you Shelia Dominique-Green, my friend and coworker, for your help. You and your compassion have inspired me. Thank you to my supervisors, Bernadette Regan and Margo Alexander, for your confidence in me. Thanks to all of my other coworkers and friends for your support and interest in the project. I am fortunate to say that there isn't enough space to name each of you. Yet, many have encouraged me and not even known it, I appreciate you all.

Lastly and mostly, thank you to the 15 of you who trusted me enough to share your stories with me. I am proud of you and indebted to you. I hope you find that this work does you justice. Without you, these pages would be empty.

## TABLE OF CONTENTS

|  |     |
|--|-----|
| ABSTRACT .....   | iii |
| ACKNOWLEDGMENTS .....                                    | iv  |
| LIST OF FIGURES .....                                    | vii |
| CHAPTER ONE: INTRODUCTION                                |     |
| Problem Statement .....                                  | 1   |
| Policy Context .....                                     | 4   |
| Practice Context .....                                   | 5   |
| Purpose of the Study .....                               | 5   |
| Significance of the Project for Social Work .....        | 6   |
| CHAPTER TWO: LITERATURE REVIEW                           |     |
| Introduction .....                                       | 8   |
| Social Work with Mentally Ill People .....               | 8   |
| Social Work with Gays and Lesbians .....                 | 9   |
| Social Work with Mentally Ill Gays and<br>Lesbians ..... | 12  |
| Summary .....  | 17  |
| CHAPTER THREE: METHODS                                   |     |
| Introduction .....                                       | 19  |
| Study Design .....                                       | 19  |
| Sampling .....   | 20  |
| Data Collection and Instruments .....                    | 21  |
| Procedures .....   | 22  |
| Protection of Human Subjects .....                       | 24  |
| Data Analysis .....                                      | 25  |

|  |    |
|--|----|
| Summary .....  | 26 |
| CHAPTER FOUR: RESULTS  |    |
| Introduction .....   | 27 |
| Presentation of the Findings .....                                     | 27 |
| Summary .....  | 36 |
| CHAPTER FIVE: DISCUSSION   |    |
| Introduction .....   | 37 |
| Discussion .....   | 37 |
| Limitations .....  | 39 |
| Recommendations for Social Work Practice,<br>Policy and Research ..... | 40 |
| Conclusions .....  | 42 |
| APPENDIX A: FLYER .....  | 43 |
| APPENDIX B: INTERVIEW GUIDE .....                                      | 45 |
| APPENDIX C: RESEARCH PARTICIPANTS BILL OF RIGHTS .....                 | 48 |
| APPENDIX D: BRIEF MENTAL STATUS ASSESSMENT .....                       | 50 |
| APPENDIX E: INFORMED CONSENT .....                                     | 52 |
| APPENDIX F: DEBRIEFING STATEMENT .....                                 | 55 |
| APPENDIX G: RESOURCES .....  | 57 |
| REFERENCES .....   | 59 |

## LIST OF FIGURES

|   |    |
|---|----|
| Figure 1. Gender of Participants .....                  | 28 |
| Figure 2. Sexual Orientation of Participants .....      | 29 |
| Figure 3. Race of Participants .....                    | 30 |
| Figure 4. Mental Health Diagnosis of Participants ..... | 30 |



## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

Almost forty years ago, the passage of the Community Mental Health Centers Acts of 1963 and 1965 started the process of deinstitutionalization of chronically mentally ill persons (Karger & Stoez, 1998). The purported purpose of this legislation was to create community mental health centers where people with severe and persistent mental illnesses (like schizophrenia and bipolar disorder) could receive the care, treatment and support that they required. Mental patients were discharged from the state's mental hospitals and returned to their communities, where they were able to receive mental health treatment at their local community mental health centers.

Unfortunately, many communities were not completely prepared to receive their mentally ill citizens. A lack of knowledge and understanding about mental illness was pervasive and many community members simply did not know what to expect of their mentally ill neighbors. They did not know how treat them, care for them or live amongst them. This lack of knowledge is probably the root of the disrespect and bias against mentally ill people that

remains today. Far too often, people with mental illness are regarded by the larger society as dirty, crazy and/or pathetic. They are frequently misunderstood, ignored and overlooked. Even when considered worthy of care and treatment, people with severe and persistent mental illnesses must still endure the stigma that is attached to their psychiatric diagnosis. Furthermore, their opinions and perceptions about their own conditions are often not heard or appreciated. Add a homosexual orientation and the mentally ill individual may encounter issues uncommon to their straight counterparts. Gay and lesbian people with mental illnesses may find that they are unable to participate fully in any arena. When they tend to their mental illness, they might try to hide their sexual orientation. When they attempt to join the gay and lesbian community, they might try to quell the symptoms of their mental illness. In either situation they may, at best, be getting their social and emotional issues partially resolved. At worst, they could be heading for a decompensation.

It is interesting to note that up until 1973, all gays and lesbians were thought to have mental illnesses, even if they experienced no symptoms, by simple virtue of their sexual orientation. It was at that time that the

American Psychiatric Association removed homosexuality from it's list of pathologies in the Diagnostic and Statistical Manual of Mental Disorders (DSM-II, 1973). In spite of the fact that homosexuality is no longer thought of as pathological, gay and lesbian people still contend with being treated differently than their heterosexual peers. They are frequently discriminated against in numerous overt and covert ways. They are not allowed to legally marry their life partners, sometimes they lose jobs and residences, their families of origin often shun them, and many times they are victims of extreme forms of violence. Even if a gay or lesbian person has not directly experienced homophobic treatment, they are undoubtedly aware of it and may be inclined to take precautionary steps to avoid it. This inclination to "stay in the closet" can, in and of itself, be detrimental to a gay or lesbian person. Minimally, it can thwart their personal growth. Maximally, it can lead to paranoid thoughts, social isolation, and sometimes suicide.

The researcher thought that gays and lesbians with severe and persistent mental illnesses could be expected to have social, emotional and/or relationship issues related to their situations and conditions. She wondered whether these issues would be barriers to the fulfillment

of their potentials. She was interested in identifying those issues so that efforts to resolve them might be considered.

### Policy Context

According to the Preamble of the National Association of Social Workers Code of Ethics:

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed and living in poverty. (1996)

This refers to all people, even people with mental illnesses, even gays and lesbians, even gays and lesbians with mental illnesses. Subsequently, the primary focus of this research endeavor was gays and lesbians with severe and persistent mental illness; many of them are clients of a local community mental health agency. It was thought that mentally ill gays and lesbians might have assorted unidentified issues like job or relationship loss, housing discrimination, family struggles and/or an exacerbation of their mental health symptoms that prevent them from the realization of their goals. The focus of this qualitative study was to learn what the issues are and how they effect the lives of the participants.

## Practice Context

The seed for this research project was planted upon the hearing of the following story (retold here with the client's permission, under the condition of confidentiality):

I went there to go to a particular group. It sounded like it would be interesting and I was hoping I would be able to get a little extra support. Lately, I've been having a hard time coping with some of my depressive symptoms. It was supposed to be a symptoms management support group. Anyhow, before I could even say anything, one of the other group members told me that I should be careful about what I say. She said that if I talked about being gay that I would not be welcome to be there anymore. I didn't go there to talk about being gay. I went to talk about being depressed; I just thought it might help me feel better. Well, her comment just made me more depressed. I haven't been back since. I don't know where I can go where it is OK to be gay and mentally ill.

This story caused the researcher to wonder if other mentally ill gay and lesbian people might have similar stories to tell. One way to answer that question was to conduct a research project, hence this one.

## Purpose of the Study

The purpose of the study was to develop a clearer picture of the kinds of issues faced by mentally ill gays and lesbians as they go about the business of their lives. The researcher wondered whether things like

discrimination, religion, or family ever hindered mentally ill gays and lesbians from their pursuits of a satisfied and healthy life. This knowledge could spawn further research to learn whether the issues uncovered here apply to a larger sample of the population. It might be useful towards laying the foundation of future programs to help mentally ill gays and lesbians resolve their issues and live lives that are more contented. The information gained from this study might be useful when training professionals who work with these people. Eventually, perhaps other clients will even be able to learn better ways of communicating and being with gay and lesbian peers. Finally, it was discovered that those clients who participated in the research benefited just because they participated. They learned that someone cared enough to ask them about things that are important to them. This experience, according to some of the participants, met a few needs.

#### Significance of the Project for Social Work

This project is significant to social work because it addresses a topic that has not been given much attention. This particular population has not been studied much and we know little about the issues that are important to

mentally ill gays and lesbians. Even in schools of social work this particular topic is frequently overlooked, and when it is discussed it is usually in relation to another topic. Occasionally, mentally ill gays and lesbians are accorded a chapter in a textbook or a quick mention in a lecture, but they are not usually the subjects of an entire text or lecture. If we do not know much about them, then we are not properly prepared to work with them. By learning about the issues faced by mentally ill gays and lesbians, we, as a profession, can develop better ways to be of service to them.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

Chapter Two consists of a discussion of the relevant literature. Specifically, literature about social work with clients who have severe and persistent mental illness and literature about social work with gays and lesbian was reviewed. There were only a few articles about social work with mentally ill gays and lesbians; these were carefully examined.

#### Social Work with Mentally Ill People

A review of the literature discovered several articles and books pertaining to social work with chronically mentally ill people. Anthony et al. (2000) discuss the value of case management services for people with severe and persistent mental illness. They surmise that this client driven service is critical to the functioning of mentally ill people. Paradis (1987) writes about using an integrated team approach to working with chronically mentally ill people in community health centers. He reviews the philosophy of this type of program, explains its methods and demonstrates its usefulness. Coursey, Farrell and Zahniser (1991) surveyed



mentally ill people to learn about their attitudes toward psychotherapy, hospitalization and aftercare. Some of the attitudes they uncovered indicated that mentally ill people generally felt that these services were useful. In addition, they learned that the clients' goals were more often concerned with quality of life issues rather than on symptom reduction. The Council on Social Work Education published a compilation of essays entitled Education for Practice with the Chronically Mentally Ill: What Works? (Dincin et al., 1985). The contributors discuss community mental health centers, psychiatric rehabilitation, research issues, and the teaching of social workers to work with people who have severe and persistent mental illness.

#### Social Work with Gays and Lesbians

Fassinger (1991) notes that difficulties encountered by gays and lesbians in the mental health system include diagnostic and treatment bias, lack of sensitive services and overt discrimination. Some of the issues and challenges of working with gays and lesbians are rooted in the historical pattern of legal, social and religious discrimination that they have been subjected to. Fassinger (1991) writes at length about the need for the helping

professions to develop attitudes, knowledge and skills to work effectively with gays and lesbians.

Faria (1997) discusses the challenges of working with gays and lesbians in health care social work. First, she emphasizes that social workers need to start by performing unbiased psychosocial assessments and interventions. She goes on to state that social workers need to serve as educators about, and advocates for, their gay and lesbian clients. Liddle (1999) conducted a national survey to learn how gay and lesbian clients rate their psychiatrists, psychologists, social workers and counselors. Even though respondents to her survey reported that psychiatrists were less helpful than the other three professional groups, whose rather high satisfaction rates did not vary significantly, it was noted that all of the groups were thought to be at least fairly helpful. She calls for the inclusion of education on gay and lesbian issues in the psychiatric curriculum in order to achieve a more uniform effectiveness with these clients.

Ryan, Bradford, and Honnold (1999) surveyed social workers and counselors in order to learn about how well they understood the needs of lesbians. Among other things, the results of their study indicate that gay and lesbian providers tended to be more informed and had better

perceptions of lesbians than did their heterosexual counterparts. 58% of the gay and lesbian respondents had received training and education about lesbian mental health, while only 19% of the heterosexual respondents had done so. Additionally, it was reported that the heterosexual providers were more likely to give one or more sexual definitions of lesbianism and no nonsexual definitions. They finish with the suggestion that further education and training be implemented in order to provide lesbian clients with better-qualified practitioners.

Other research indicates that lesbians and gay men, without chronic mental illnesses, seek mental health care for many of the same reason heterosexuals do: dissatisfaction with their relationships, their work life, and their general sense of happiness and well being (Jones & Gabriel, 1999).

Oetjen and Rothblum (2000) studied factors that affect depression among lesbians. They wanted to learn if the literature that pertains to heterosexual women and depression could be applied to lesbians as well. They found some similarities and many differences, leading them to conclude that further research is warranted. McBee and Rogers (1997) reviewed the literature on suicidal behavior in gay and lesbian populations. They identified several

risk factors, including previous attempts, substance abuse, family dysfunction, identity confusion, social ties and social inequity. They suggest that gays and lesbians may experience a greater number of predisposing factors as a function of their sexual orientation. The presence of more high risk factors combined with overwhelming societal pressures may exacerbate feelings of social marginalization and become too overwhelming for many gays and lesbians, thus leading to suicide attempts. The authors finish their article with a discussion of these risk factors and their implications for mental health counselors. Other researchers found that homosexually experienced men may be at a higher risk for both depressive and suicide symptoms than their heterosexual counterparts (Cochran & Mays, 2000).

#### Social Work with Mentally Ill Gays and Lesbians

There are a few books about social work with gays and lesbians. Three in particular have been reviewed. Social Work with Lesbians, Gays and Bisexuals: A Strengths Perspective by Van Wormer, Wells and Boes (2000); Foundations of Social Work Practice with Lesbian and Gay Persons edited by Mallon (1998); and Not Just a Passing Phase: Social Work with Gay, Lesbian, and Bisexual People

by Appleby and Anastas (1998) all addressed in great detail assorted aspects of doing social work with gays and lesbians. Each of these books was well written and quite informative, however, none of them dealt specifically with severely mentally ill gays and lesbians.

Three other books were also reviewed. Their titles indicate that they are about providing mental health care to gays and lesbians. Both The Treatment of Homosexuals with Mental Health Disorders edited by Ross (1988) and the Textbook of Homosexuality and Mental Health edited by Cabaj and Stein (1996) address several issues (like depression and isolation) pertaining to the mental health of gays and lesbians. Furthermore, each of these books does touch upon the topic of working with severely mentally ill gays and lesbians. The Handbook of Counseling and Psychotherapy with Lesbian, Gay and Bisexual Clients edited by Perez, DeBord and Bieschke (2000) does a fine job of discussing the treatment of relationship problems of gays and lesbians, however, the issues of those with severe and persistent mental illnesses have not been included in this book.

It seems apparent that so far little research has been devoted specifically to social work with severely and persistently mentally ill gays and lesbians. However,

the review of the literature did uncover a few very fine efforts towards filling in this gap. Rabin, Keefe, and Burton (1986) describe the efforts of a community mental health district in San Francisco that attempted to improve the services for their sexual minority clients. A committee was formed to assess the needs of District 5 and to then make recommendations as deemed appropriate. This article is a summary of that process. As with any endeavor of this sort, personnel of the community mental health district were on both sides of assorted issues. Some recognized a need for the improvement of services for the sexual minority clients; some thought no changes were necessary. Some thought the whole system should be changed; others thought the change should occur within each clinic. Ultimately, the committee was seen as a success, as most involved believed that services to their severely mentally ill gay and lesbian clients improved.

Helfand (1993) writes about a support group for chronically mentally ill gay and lesbian people in Minneapolis, Minnesota. This group was started at the request of a client who was unable to find support due to being both gay and chronically mentally ill. The article reviews the literature that was available at that time, describes the therapeutic needs of this population, looks

at the response from both the gay and the mental health communities, and presents an effective psycho-social structure for developing a group for chronically mentally ill gays and lesbians. This group has been viewed as meeting an important need; those who participated in it report experiencing increased self-esteem, awareness of gay and lesbian issues, increased contact with the gay and lesbian community, and a supportive environment in which to discuss their gay or lesbian and mental health concerns.

Ball (1994) has written about a group model for gays and lesbians with chronic mental illness. In this article, he examines and explains the creation of a group that is a component of an outpatient day treatment program in New York City. He discusses the stigma that is felt by this population in both the gay and lesbian community and in the mental health community. He addresses the issues of institutional resistance and homophobia. Ball reviews the steps that were taken to get the group started and integrated into an ongoing program. A committee was formed to guide the development and implementation of the group. They established criteria for clinicians to consider when referring clients to the group. They decided that the group would best be served by having a gay man and a

lesbian co-lead it with the utilization of nonconfrontational interventions. They were able to form a group that had a good mix of gays and lesbians. Ball goes on to explain how the group work is carried out and how the model evolves to adapt to needs as they are presented. The group was designed to be open-ended to allow new members the opportunity to enter at any time. Eventually, the group was well integrated into the existing treatment structure and is now introduced to all prospective members as a matter of course. He reviews some of the needs (i.e.; symptom management, biopsychosocial treatment and peer support) that are frequently presented by the group members and discusses the methods that are used to meet them. A case illustration is presented to demonstrate how the group was beneficial to a client. In conclusion, Ball relates that many of the group members have managed to function better in both the gay and lesbian community and the mental health community, because of their membership in the group.

Just two years ago, Harris and Licata (2000) wrote an essay about culturally diverse, chronically mentally ill gays and lesbians. Throughout the article they point to the stigmatization that is felt by the population under review, yet the one they have considered has another



concern with which to contend - their cultural difference. This essay addresses the issues of racism, oppression and homophobia in relation to the treatment of the chronically mentally ill. They consider the historical implications surrounding the issue. They touch upon the need for mental health treatment approaches that are culturally competent and affirmative of gays and lesbians. They conclude with the reminder that it is the responsibility of mental health professionals to support and encourage our clients and they suggest that we obtain training and education to prepare ourselves for working with this population.

#### Summary

The literature important to the project was presented in Chapter Two. The researcher's review of the literature supported her idea to investigate the social and emotional issues of mentally ill gays and lesbians further. She wanted to speak directly with gays and lesbians who have severe and persistent mental illness to learn directly from them about the issues that they face that are important to them. She wanted to learn whether concerns about things like social isolation, job loss or family problems in relation to being a mentally ill gay or

lesbian person created difficulty in the lives of the participants.

## CHAPTER THREE

### METHODS

#### Introduction

Chapter Three documents the steps used in developing the project. Specifically, it describes all that the researcher did in her efforts to plan the research project. It will also review the steps she took to implement those plans during her data collection process.

#### Study Design

The purpose of this study was to explore and identify the issues of gay and lesbian, mentally ill people. The resulting data describes what these issues are and suggests some ideas on ways to resolve some of them.

This study lent itself quite nicely to the qualitative approach. By definition (Grinnell, 1997), the qualitative approach is naturalistic, interpretive and diverse; it has no distinct theory or perspective. It attempts to understand and make sense of things in order to answer the research questions. Since the purpose of this study was to attempt to better understand a situation, it made sense to utilize this method. As with other qualitative investigations, this one occurred primarily in the natural settings of the research

participants; either in their own homes or in an office that was chosen for its comfort. The researcher thought that this would help put the participants at ease, so as to not impose undue distress upon them. Also, in keeping with the qualitative style, the researcher allowed the participants to expand upon questions that were important to them, to elaborate where they desired and to bring up topics that they thought were overlooked.

### Sampling

There are at least four primary outpatient mental health clinics for adults served by a local community mental health agency. The researcher approached the agency for permission to begin her efforts at participant recruitment with their clients, as it seemed to her to be an ideal opportunity to access a wealth of information. Upon receiving consent from the agency's Mental Health Research Committee and the Institutional Review Board of the California State University, San Bernardino, an attempt was made to reach as many gay and lesbian clients of the agency as possible. The researcher prepared and posted a flyer (Appendix A) with a brief description of the project and an invitation to participate. She requested permission from each clinic supervisor to place

flyers in areas of the clinic where potential participants were able to see them. The researcher attended a staff meeting at each clinic in order to present the study to the staff and answer their questions about the project. Once a respondent to the flyer invitation was interviewed, the researcher asked that individual if they knew any other mentally ill gay or lesbian people who they thought might be willing to speak with the researcher. If so, the researcher asked the participant to give a flyer to the person (people) they knew and invite them to call the researcher should they be interested in participating. The researcher did not ask the participant to identify the people they know. The researcher hoped to interview 10-20 mentally gay and lesbian people during this study, and was actually able to speak with 15.

#### Data Collection and Instruments

Simply put, there were two types of data collected by this study. First of all, careful attention was given to the collection of demographic information. It was not known how this would affect the other involved variables. Yet, the researcher thought it would be better to have the information and not use it than to not collect it and need it. Next, a great deal of data about the issues of the

participants was collected. The researcher was interested in learning what people would tell her, and used open-ended questions to encourage conversation and elicit information. Many of the participants took the liberty to share information about topics that had not been questioned. Together, these data are able to address the research purpose of learning about the issues that are important to the mentally gay and lesbian study participants.

An interview guide (Appendix B) was the primary data collection tool. It was used to elicit as much information as possible from each participant. Each interview started with the collection of demographic information. There were some questions of the yes/no type while others were open-ended. The questions were clear, simple and direct in an effort to facilitate as much conversation from each individual as they were willing and able to give. Some of the interviews were brief; others were quite lengthy, the researcher allowed the participants to set the tone for the conversations.

### Procedures

The data was gathered from the participants in 1:1 interviews. The interviews occurred in a place that was

familiar and comfortable for the participant. The researcher provided a beverage to each participant at the beginning of the interview. The interviews went at a pace set by the participant. It was expected that each interview would last for one to two hours, however, they actually averaged about an hour each. The interviewer was not the participants' own clinician. In order to capture as much information as possible, the interviewer, with the participants' permission, made an audio recording of the interviews. If the participant declined to be recorded, the interviewer was prepared to carefully take copious notes to document the participants' responses; yet, all of the participants did agree to be recorded. Per agency policy #203 (1997), each research participant was given a copy of the Research Participants Bill of Rights (Appendix C). The researcher reviewed this with the participant and answered any questions they had. Prior to beginning each interview, the interviewer did a quick mental status assessment (Appendix D) of the participant to ensure that at that particular time the participant was functioning and feeling well enough to follow through with the interview. The researcher made periodic checks with the participant during the interview to ensure that they remained comfortable throughout the interview. The

interviewer was prepared to stop the interview and provide appropriate aid if a participant were to indicate that they were feeling discomfort, distress or ill. However, this did not occur during any of the interviews.

### Protection of Human Subjects

Protection of human subjects was a primary concern of the researcher; she carefully followed appropriate research protocol to ensure that they would be protected. Each participant of this study was informed of its' purpose and asked to sign an Informed Consent Agreement (Appendix E) prior to the collection of any data. Since the data collection was done via 1:1 interviews, there was no way to assure anonymity to the participants. However, the confidentiality of the participants was protected. Names or other identifying information was not recorded or collected. The informed consent agreements were coded with the record of the interview. The participants were informed that if at any time they wished to withdraw from the study, they merely needed to ask that the interview record with their code on it be eliminated and destroyed. At the end of the interview each participant was debriefed, verbally and in writing (Appendix F). They were also provided with a list of resources to use in case they



felt a need for additional support (Appendix G). Finally, each participant was given a gift certificate to a fast food restaurant as a gesture of appreciation from the researcher.

### Data Analysis

Qualitative research data analysis is usually not an easy task; in fact, the very nature of this method indicates it is usually quite challenging. The emphasis upon gaining the perspective of the participants goes far to inform us. No two people experience a situation in the same way; therefore, it needs to be remembered that the reports of each individual may mean completely different things, even if they are reported in similar fashions. However, some techniques guide this process and perhaps make it a bit less daunting. Grinnell (1997) suggests ideas that were useful to the researcher in her analysis of the data. He suggests that researchers not delay the data analysis; accordingly, the researcher immersed her self in the data as soon as possible after obtaining it. The interviews were transcribed. Codebooks were developed and used to organize and sort the data. The researcher noticed that this made it easier to identify themes in the data. Categories were constructed to assist with

understanding the themes that arose and to help build theories from them. Everything was then reassessed to ensure nothing was overlooked or under emphasized.

#### Summary

The researcher was hopeful that the participants of this study would be able to identify and express their perceptions about their issues; she believes that they did so. It is thought that the concerns and issues that were mentioned might be generalizable to other gays and lesbians with severe and persistent mental illness. The information obtained could form a foundation for future research or perhaps even begin the process of informing program developers about the issues of this population.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter will present the results of the study. First, the demographic data will be covered. This will be followed by a presentation of the issues that the participants shared with the researcher. Next, there will be a review of the themes that the researcher noticed during the transcription of the data. The chapter concludes with a summary of the information.

#### Presentation of the Findings

Fifteen adults with severe and persistent mental illnesses responded to the flyer that the researcher had distributed and posted. Nine of them were men, five of them were women and one of them was a pre-operation male to female transgendered person (see Figure 1). All of the women and the transgendered person identified their sexual orientation as lesbian. Seven of the men identified their sexual orientation as gay; one of them identified as bisexual and one as asexual (see Figure 2). The participants ranged in age from 28 to 60, the mean age was 45.9. There were eleven Caucasians, three Hispanics and

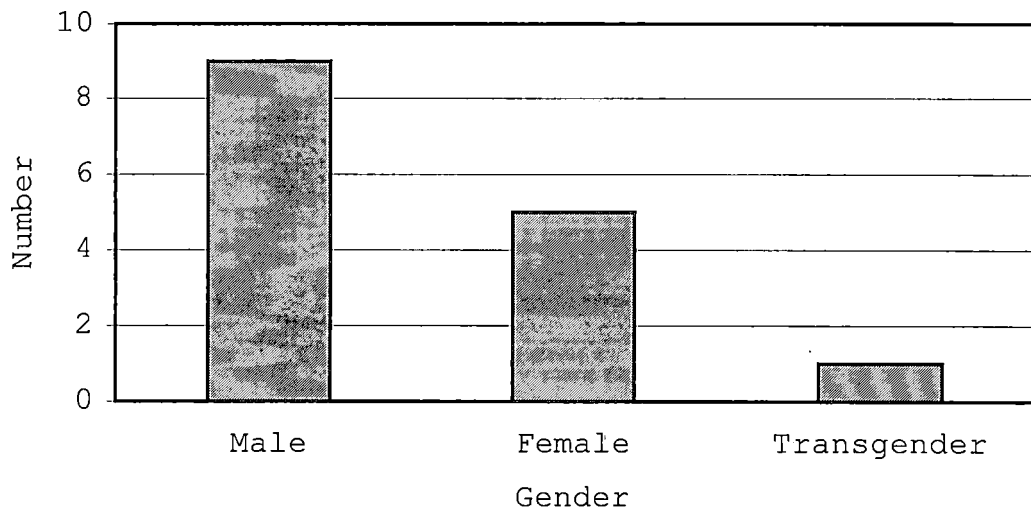


Figure 1. Gender of Participants

one African American interviewed by the researcher (see Figure 3). Seven of the participants had a diagnosis of depression. Three were diagnosed with bipolar disorder. One had schizophrenia and three had schizoaffective disorder (see Figure 4). One of the participants also told the researcher he had a "personality quirk" and he went on to explain that there was another personality who shared his body.

All of the participants were receiving mental health treatment, all of them were seeing a psychiatrist and all of them were taking prescribed medications for their mental illnesses. Eight participants were involved in an

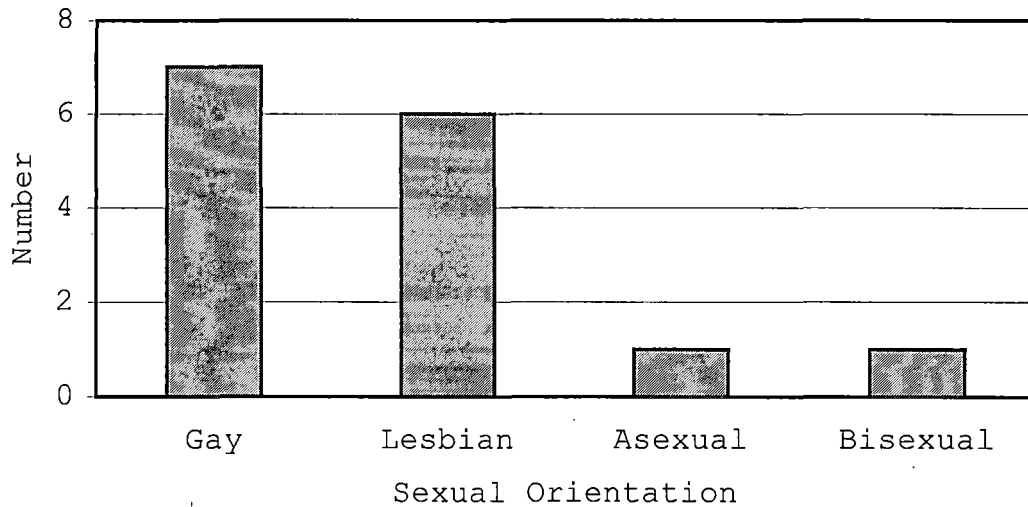


Figure 2. Sexual Orientation of Participants

outpatient program; eight of them had a case manager and four of them were receiving psychotherapy.

Eight of the participants consider themselves to be "out of the closet" and are comfortable with being so. Four of the participants are not "out of the closet" and prefer to stay that way. Three said that some people in their life know of their sexual orientation and some do not. All of the participants have been involved in an intimate relationship at some point in their life. Nine of them are currently in committed, intimate relationships; one of these is involved with two different people. All of the participants receive (or are applying for) Social Security Disability benefits.

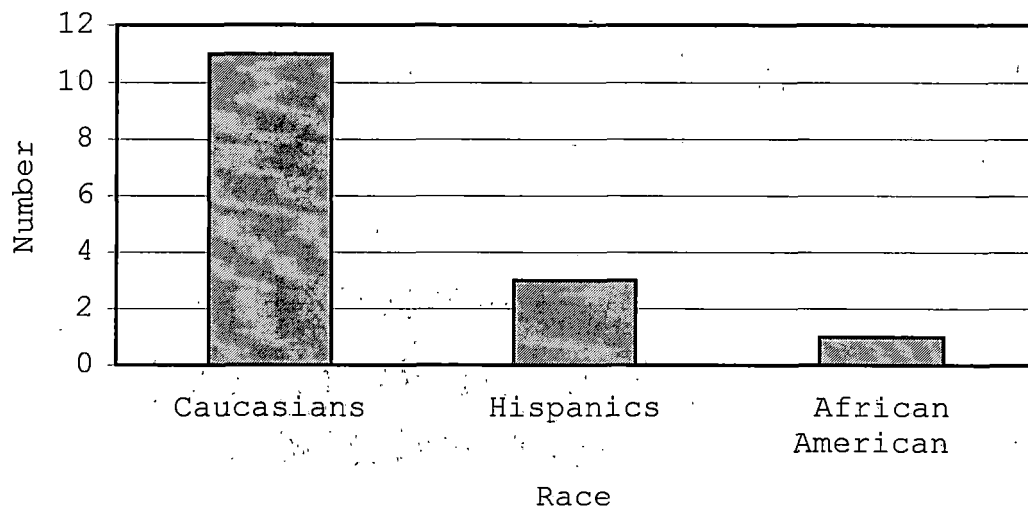


Figure 3. Race of Participants

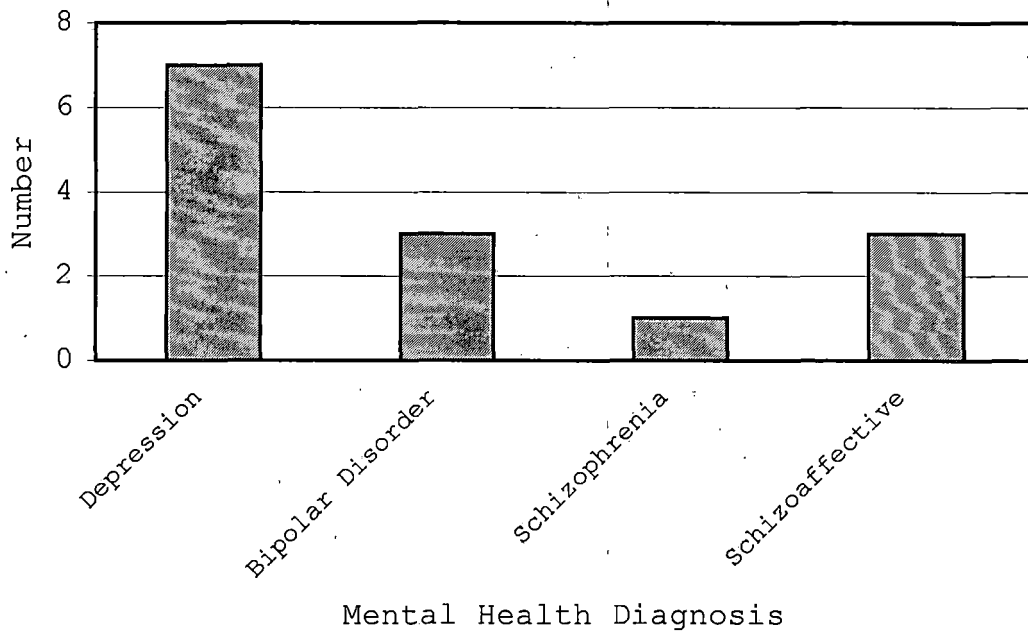


Figure 4. Mental Health Diagnosis of Participants

The issues that the participants spoke of were varied and are perhaps best understood in their own words. The following quotes illuminated the issues for the researcher.

"Others don't accept it (mental illness), it's hard when others don't deal well with it. My family doesn't understand, they think I should just get a job and pull myself up from my bootstraps."

"When I first realized I was gay I just cried and cried... because I was never going to have the kind of relationship I was expected to have."

"The mental thing is for the birds, makes it bad. Mental illness sucks."

"Discrimination is wrong, gay people are not bad. I'm just like anybody else."

"I don't like the use of labels, that makes me uncomfortable."

"We have special needs, we are a minority, we need support."

"Preconceived notions are an issue, especially from doctors. One of the first ones I ever saw asked me who the woman was when I had sex with my partner. That really bothered me."

"I felt like I couldn't separate my illness from being gay. That halted my romantic life."

"I thought I was in the wrong body. I knew I wasn't supposed to like girls, but I couldn't help it. So I acted like a boy, then I became gender confused. Now I'm better, I know that being a lesbian is not bad. My girlfriend and I do OK."

"I feel like a social outcast, it is uncomfortable and I have a lot of fears. I can't really explain it better than that."

"I was beat up for being gay, so now I am real careful about who I tell. I don't want to go through that again."

"Society treats you differently, I don't want them to know what I am about."

"I'm a normal guy who happens to be gay. But it is hard to find people who understand, I sure would like to have someone to talk to. I only come out to people when I am sure that I will be accepted. So that makes it hard to meet others like myself. I'm not comfortable with being called mentally ill. I just have depression. I can usually take care of myself, but sometimes it is hard to get out of bed. I lost my last job for that reason."

"They fired me because I was a lesbian."

"Depression depresses the hell out of me. I don't like the way I feel."

"God is important, but so many churches are so negative about gay people that I have given up trying to find one where I feel comfortable."

"Discrimination and improper psychiatric treatment have been issues for me due to my being bisexual. They just don't understand or know what I am all about, so they don't treat me with respect."

"It (mental illness) hurts me, sometimes I feel like hurting myself. Right now, I don't, but sometimes. I'm comfortable with being a lesbian, I'm proud of what I am."

"If I wasn't gay I don't think my depression would be so disabling. But, the two of them together sure makes it hard for me to function. Sometimes I can't get up and there just aren't very many things I can do to help myself feel better. Someday I think I want to start a support group for mentally ill gays and lesbians. Maybe something like that would be helpful."

"My family doesn't understand my depression, they want me to go and find a good woman and settle down. But being



depressed makes it real hard to find a mate. The ones I've been with so far just don't get it."

It is helpful to review and summarize these issues in order to get a clearer picture of what the participants were saying. Several of them mentioned that they have trouble finding and/or keeping a job because of their mental illness. The symptoms of their disorder have interfered with their ability to financially support themselves. Three participants indicated that they had been discriminated against in housing and employment due to their sexual orientation; one had even been wrongfully terminated from a job for being a lesbian. Some of them expressed an interest in religion and spirituality, yet stated that they have not been able to find a church where they felt comfortable and believed this was because of their mental illness and sexual orientation. Two of the participants said that they have trouble finding and keeping a partner due to the symptoms and limitations of their mental illness. Most of the participants said that their families are now accepting of them, to varying degrees. Yet, they also indicated it was not always so. All but two said that they would rather be gay or lesbian than mentally ill, as one participant put it, "mental illness sucks".

The themes that the researcher noticed during the interviews and her review of the data are quite interesting. The theme that seemed most prominent from nearly all of the participants was that they experience an extreme sense of isolation. Many of them indicated that they would like to have friends who are like themselves; yet, they did not know other mentally ill gay or lesbian people. Furthermore, they did not know how to go about meeting any. In the words of one of the participants, "I don't have any friends, it's hard to make any. I don't know any other gay mentally ill people. Gay people don't understand my mental illness and mentally ill people don't understand the gay thing. Straight, healthy people are put off by both of these things." Many of the participants stated that if there was a place or activity designed to encourage the gathering of mentally ill gays and lesbians that they would attend. In fact, one of them asked, "do you think this will get them to start a group for people like me?"

Another theme that was apparent is that many of the participants feel misunderstood, not only by those close to them, but also by society in general. An older lesbian said, "they just don't get it, we are not any different than they are. So what if I happen to be a lesbian? I

still have feelings and I'm still a decent person!" The participants also indicated that in many of the arenas in which they function, their mental illness and/or their sexual orientation is an obstacle, if not a barrier, to the full realization of their potential. One participant told me, "being gay would be OK in a perfect world. I really do prefer men, but I wish that I was not that way, life would be easier if I was not gay." Many of the participants indicated a sense of discomfort with their conditions and situations. Some of them were able to conclude that this is due to the larger society's inability to understand them.

In spite of these themes, the researcher also noticed a sense of contentment from some of the participants. One of them said, "I'm comfortable being gay and I accept my mental illness, but it sure took a long time for me to get to this point. It took a lot of hard work and I sure did hit a whole lot of bumps in the road." They seem to accept who they are and have coped with their issues to the best of their ability, so far. In some cases they had quite a struggle to get there, but they were proud of having been able to do so and would not trade their current self for another. The last theme that seemed quite important is that almost all of the participants struck the researcher

as having developed a sense of inner strength, or resolve. With a great amount of pride in her voice, one of the lesbians told the researcher, "other people have the issues, not me. If they have a problem, that's too bad, but it's not mine." Many of the participants had overcome obstacles in their lives, they knew they would probably face more and they seemed to be strong enough to face them.

#### Summary

Chapter Four reviewed the demographics, issues and themes that were identified in this research project. The data collected from this small number of mentally ill sexual minority persons indicates that this population has some things to say that probably ought to be heard and considered by the social work profession, if not by any others. Even though these data are from such a small sample, the researcher opines that they might be generalized to a larger group, as there were some issues and themes that seemed to apply to more than half of the participants. These findings are worthy of review and could potentially be the basis for a larger, more comprehensive study.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

Chapter Five is a discussion of the findings, issues and themes gleaned as a result of conducting this project. Further, the recommendations based upon the project are presented. Lastly, the Chapter concludes with a summary.

#### Discussion

The findings of this research project demonstrate that mentally ill gays and lesbians have issues and concerns that are worthy of further research, with an eye toward efforts to address and resolve them.

At the onset of the project, the researcher expected to have only mentally ill gays and lesbians respond to the flyer invitation. She was surprised and interested when other sexual minority mentally ill people responded. The decision to include them in the study was based upon a desire to reach as many people as possible so as to maximize the opportunity for information gathering. Because each of these others views life from a different perspective than the heterosexual majority, their insight was welcomed. What was learned was that they too have issues due to their situations and those issues are not so

different from the ones that were expressed by the gays and lesbians who participated.

The issues that were shared - unemployment, various types of discrimination, and relationship troubles - are not so different from the issues of many other minority groups. Yet, the participants indicated that the intensity of their issues was elevated as they struggle with the stigma of belonging to two oppressed groups instead of just one. The researcher was able to discern that the participants who had been disabled for a longer time, with the more severe and persistent mental illnesses, seemed to be at a greater disadvantage than the younger participants whose mental illnesses were not so severe and persistent.

The themes of isolation and feeling misunderstood resonated through many of the interviews. In general, they all expressed a desire to be around others who are similar to them selves. Yet, they did not know of any way to accomplish this. Many of them wondered whether the researcher was aware of any such opportunity. The researcher noted that only a few of the participants knew any of the other participants and yet all of them lived within a 20-mile radius of each other. It appears that mechanisms by which they could become acquainted with each other are not in place. The participants also said that

they wished that society in general would try to be a bit more understanding. One of the participants put it aptly when she said, "I wish they could understand that we are not bad, we are people, just like they are, we just want to live our lives and be treated with the same kind of respect that they like to have."

In spite of the issues that these mentally ill gays and lesbians contend with, and in the face of isolation and misunderstanding, the underlying contentment, strength and perseverance that many of the participants exuded struck the researcher. These participants, in general, were 'comfortable in their own skins'. They had faced many challenges in their lives ranging from being abandoned by their families to being discriminated against in employment, to being so depressed that they could not get out of bed. Yet, as a group, they seem to have grown stronger and demonstrated a readiness to contend with whatever life brings their way.

#### Limitations

The researcher acknowledges that there are some limitations to this study. This was a qualitative effort with a small group of mostly Caucasian males. In order to be truly representative of the larger population of

mentally ill gays and lesbian in the Inland Empire, there should have been equal numbers of men and women and each of the ethnic groups. Yet, this effort had conditions that prevented a larger, more comprehensive sample from being collected. Another limitation is that the diagnosis of depression was represented far more than any of the other diagnoses. An equal part of each diagnostic category would have also rounded things out a bit. Additionally, all of the people who were interviewed were in the low socio-economic-status bracket. It is unknown whether mentally ill gays and lesbians with more resources and better opportunities would share the same issues as this group.

#### Recommendations for Social Work Practice, Policy and Research

This is a foundation level exploration of the issues faced by mentally ill gays and lesbians. The project demonstrates that this particular population does exist and seems to have issues that ought to be addressed. The researcher recommends that the results of this study be reviewed and considered. The results indicate that mentally ill gays and lesbians have issues and concerns that can be addressed by social work practitioners. Professional social workers could use these results to



educate themselves about the issues that their mentally ill gay and lesbian clients might face. This could help the professional social worker to be better prepared to deal with these particular clients. The social worker who makes the preparations and adjustments in how they deal with their mentally ill gay and lesbian clients may find that these clients will be more likely to address and resolve their issues of loneliness, discomfort, feeling misunderstood, etc. Additionally, the researcher recommends that small adjustments might be made to existing social work practice in order to help more mentally ill gay and lesbian clients address issues related to depression, relationship problems, and job loss. This could happen by having discussions in existing programs and groups that would be more inclusive and respectful of mentally ill gays and lesbians. These types of conversations could occur when cultural competency issues are being addressed. Some agencies may even discover that they have a large enough gay and lesbian clientele to establish a support or psychoeducational therapy group to help with resolving concerns.

This particular study was too small to be able to base future policy directly upon it. However, the researcher believes that it can be a foundation for

further research, the results of which might be quite useful in the development of future policy. If further research is undertaken, the researcher recommends that a larger, more varied sample be utilized. Furthermore, a quantitative study that utilizes standardized measurement tools might provide interesting information regarding the specific concerns of a larger group of people.

### Conclusions

Mentally ill gay and lesbian people are a group that has not received much attention from social work researchers or practitioners. Yet, as this study found they are a substantial part of the populations that social workers do attend to. This study demonstrates that mentally ill gay and lesbian people do have issues related to being both mentally ill and homosexual. These issues could also be under the umbrella of issues that social workers address. It seems reasonable, therefore, that mentally ill gay and lesbian people might request the aid of social workers to help them with resolution of some of the issues they confront related to depression, social isolation, feeling misunderstood, etc. Further research needs to be done before suggestions for future policy and practice can be formed.

## APPENDIX A

### FLYER

## *Research Participants Needed*

*A master of social work student-researcher is conducting a research project designed to identify issues faced by mentally ill gay and lesbian people.*

*The researcher would appreciate the opportunity to speak with you if you are gay or lesbian and have been diagnosed with a mental illness.*

*Each interview should last for one to two hours. The confidentiality of each participant will be protected.*

*The interview will occur at a place that is comfortable and convenient for the participant. Each participant will be treated with a maximum of respect.*

*At the conclusion of an interview, the researcher will extend a fast food restaurant gift Certificate to the participant as a token of appreciation for their participation.*

*If you are interested in participating in this study, take this flyer and call Tracy Shockey at 522-5671 to arrange an interview appointment.*

*If you know a gay or lesbian person who has a mental illness, please share this flyer with them.*

*Thank You!*

APPENDIX B  
INTERVIEW GUIDE

## INTERVIEW GUIDE

1. How old are you?
2. Male or female?
3. What is your ethnicity?
4. How do you identify your sexual orientation?
5. How old were you when you knew of your sexual orientation?
6. Do you have a mental health diagnosis? Do you know what it is? If so, what is it?
7. How old were you when you were first diagnosed?
8. How long have you been receiving mental health services?
9. Did you seek mental health treatment voluntarily? Can you tell me more about this?
10. How often do you receive mental health services?
11. Are you still feeling well and comfortable enough to continue with the interview? (If so, continue. If not, assess condition and provide needed aid.)
12. Do you see a doctor for a mental illness?
13. Do you take medication for a mental illness? If so, what do you take?
14. Do you have a case manager?
15. Do you have a therapist?
16. Do you attend a day program or other groups?
17. Do you have interactions with clerical or other support staff when you receive mental health services?
18. Do you interact with other clients while receiving any of your mental health services?
19. Are you still feeling well and comfortable enough to finish this interview? (If so, finish interview. If not, assess condition and provide needed aid.)

20. How do you feel about your mental health condition? Can you tell me more?
21. Are you “out of the closet”? Can you tell me more about this?
22. How do you feel about your sexual orientation? Can you tell me more?
23. What issues do you face as a gay or lesbian person who has a mental illness? Please elaborate.
24. Is it important to you that those you encounter while receiving mental health services know of your sexual orientation? Please elaborate.
25. Is there anything else related to this topic that you would like to share with me?

---

Code Number

---

Date

APPENDIX C  
RESEARCH PARTICIPANTS BILL OF  
RIGHTS



## RESEARCH PARTICIPANTS BILL OF RIGHTS

Any person who is asked to consent to participate as a human subject in a research study, or who is asked to consent on behalf of another, has the following rights:

1. To be told what the study is trying to find out.
2. To be told what will happen in the study and whether any of the procedures are different from those that are carried out in standard practice.
3. To be told about the risks, adverse effects, or discomforts which may be expected.
4. To be told whether the subject can expect any benefit from participating and, if so, what the benefit might be.
5. To be told of other choices available and how they may be better or worse than being in the study.
6. To be allowed to ask any questions concerning the study both before consenting to participate and any time during the course of the study.
7. To be told of any medical treatment available if complications arise.
8. To refuse to participate at all, either before or after the study has begun. This decision will not effect any right to receive standard medical treatment.
9. To receive a signed and dated copy of the consent form and the Bill of Rights.
10. To be allowed time to decide to consent or not to consent to participate without any pressure being brought by the investigator or others.

---

Mark "X"

---

Date

---

Code Number

APPENDIX D  
BRIEF MENTAL STATUS ASSESSMENT

## BRIEF MENTAL STATUS ASSESSMENT

Prior to beginning the interview, the researcher will engage the participant in a brief, pleasant conversation intended to put them at ease. They will be thanked for their participation. The researcher will ensure that the participant is comfortably seated and offer them a beverage. Once the small talk is finished, the researcher will review the informed consent with the participant and ask that they acknowledge it with their mark "X". Then the researcher will explain that prior to starting with the questions on the interview guide, they are first going to complete this brief mental status assessment.

1. Please tell me where we are.
2. Please tell me your name.
3. Please tell me the date.
4. How have you been feeling over the past few days?
5. Have you been experiencing any changes in your usual mental health symptoms? If so, please tell me about them.
6. Have you had any suicidal or homicidal thoughts in the past few days? If so, please tell me about them.
7. Please tell me what your understanding of this meeting is.
8. Are you ready and comfortable enough to proceed?

---

Mark 'X'

---

Date

---

Code Number

APPENDIX E  
INFORMED CONSENT

## INFORMED CONSENT

You are going to participate in a research project that is being conducted by Tracy Shockey, a graduate student in the Master of Social Work program at the California State University, San Bernardino. The completion of this project will satisfy some of her educational requirements. While it is hoped that the information obtained will be useful for the agency, the offering of additional mental health services is not implied or expected. This study has been approved by the Institutional Review Board of California State University, San Bernardino.

This study is interested in the issues faced by mentally ill gays and lesbians. The purpose is to learn what those issues may be.

You have been diagnosed with a mental illness and you have identified yourself as gay or lesbian. Your participation in this project is voluntary and will have no bearing upon your receipt of services from this department.

Your interview should take one to two hours. With your permission, the interview will be audio recorded. If you are uncomfortable with being recorded, please say so and the interviewer will merely take notes during the interview. Some of the issues that will be discussed may be of a sensitive nature. If any of the questions make you uncomfortable and you wish to not answer them, just say so and the answers will not be pursued. If, at any time during the interview you wish to discontinue, that will also be respected.

So that your confidentiality can be maintained, only the researcher and her faculty advisor will have access to the data that are collected. Your name will not appear with the data you provide, furthermore, the names of staff members will not be recorded. The interview notes collected during your interview will be assigned a code number, which will correspond with a debriefing statement that will be provided to you. If at any time you wish to withdraw from the study you merely need to request that the records of your interview be destroyed. The data will be maintained for one year, after which it will be destroyed.

Once the data are collected and analyzed the researcher will prepare a written report of the research project. This will be bound and presented to the faculty of the Social Work Department at California State University, San Bernardino as the thesis of the researcher. It will be kept in the university's library. Additionally, a copy of the research report will be provided to the Mental Health Research Committee of this agency.

You, the participant, may request to withdraw from this study at any time. If at any time you have questions about the study, you may ask them and expect them to be

promptly answered. Should you need to speak with the researcher's faculty advisor you may call Dr. Ray E Liles at (909) 880-5557.

---

With my mark, "X", I acknowledge understanding of the above and grant my consent to participate in the aforementioned research project. I am at least 18 years of age.

---

With an additional mark, "X", I give my permission to have this interview audio recorded.

---

Date

---

Code Number

APPENDIX F  
DEBRIEFING STATEMENT

## DEBRIEFING STATEMENT

Thank you for your participation in this research project. Your assistance is greatly appreciated and respected. The researcher realizes that you may have discussed some information that is quite sensitive. If, as a result of your participation in this study, you feel the need for extra support, you may contact your regularly assigned worker for assistance. Or, if you prefer, the researcher will be able to provide you with some referral resources to consult. If, after your interview, you feel the need to advise the researcher of more information pertaining to the topic, please call Tracy Shockey at (909) 369-5714. Should you have questions or comments for the researcher's faculty advisor please call Dr. Ray E. Liles at (909) 880-5557. If you wish to have the information you provided withdrawn from the study, please call Tracy Shockey at (909) 369-5714 and ask that the interview records with your code number be destroyed. Withdrawing from the research project will not effect your care or receipt of services from this agency. If you would like to obtain the results of this study, you may contact Tracy Shockey at (909) 369-5714 after June 20, 2002.

Again, thank you!

Code Number \_\_\_\_\_

Date \_\_\_\_\_



APPENDIX G  
RESOURCES

## RESOURCES

Gay and Lesbian Center of the Inland Empire  
(909) 882-4488.

Queer Alliance: All-Inclusive Support Group  
(909) 787-2267.

Heartland Christian Fellowship  
(909) 361-3333.

Parents & Friends of Lesbians and Gays (PFLAG)  
(909) 787-2267  
Meets at noon on 3rd Sunday of month at 4055 Jurupa Ave. Riverside.

Mental Health Emergency  
911

Mental Health Support  
call regular worker OR call Crisis & Outpatient Services at 358-4705 to learn  
about brief therapy options.

Suicide Prevention Helpline  
686-4357.

## REFERENCES

- American Psychiatric Association. (1973). Diagnostic and statistical manual of mental disorders (2<sup>nd</sup> ed.). Washington DC: American Psychiatric Press.
- Anthony, W. A., Cohen, M., Farkas, M., & Cohen, B. F. (2000). Clinical care update: The chronically mentally ill, case management - more than a response to a dysfunctional system. Community Mental Health Journal, 36(1), 97-106.
- Appleby, G. A., & Anastas, J. W. (1998). Not just a passing phase: Social work with gay, lesbian, and bisexual people. New York: Columbia University Press.
- Ball, S. (1994). A group model for gay and lesbian clients with chronic mental illness [Electronic version]. Social Work, 39(1), 109-116.
- Cabaj, R. P., & Stein, T. S. (Eds.), (1996). Textbook of homosexuality and mental health. Washington, DC: American Psychiatric Press Inc.
- Cochran, S. D., & Mays, V. M. (2000). Lifetime prevalence of suicide symptoms and affective disorders among men reporting same-sex sexual partners: Results from NHANES III [Electronic version]. American Journal of Public Health, 90(4), 573-579.
- Coursey, R. D., Farrell, E. W., & Zahniser, J. H. (1991). Consumers' attitudes toward psychotherapy, hospitalization, and aftercare. Health and Social Work, 16(3), 155-161.
- Dincin, J., Gerhart, U. C., Rapp, C. A., Rubin, A., & Bowker, J. P. (Eds.). (1985). Education for practice with the chronically mentally ill: What works? Washington DC: Council on Social Work Education.
- Faria, G. (1997). The challenge of health care social work with gay men and lesbians. Social Work In Health Care, 25(1/2), 65-73.
- Fassinger, R. E. (1991). The hidden minority: Issues and challenges in working with lesbian women and gay men [Electronic version]. Counseling Psychologist, 19(2), 151-176.

- Grinnell, R. M., Jr. (1997). Social work research & evaluation: Quantitative and qualitative approaches (5<sup>th</sup> ed.). Itasca, IL: F.E. Peacock.
- Harris, H. L., & Licata, F. (2000). From fragmentation to integration: Affirming the identities of culturally diverse, mentally ill lesbians and gay men. Journal of Gay & Lesbian Social Services, 11(4), 93-103.
- Helfand, K. L. (1993). Therapeutic considerations in structuring a support group for the mentally ill gay/lesbian population. Journal of Gay & Lesbian Psychotherapy, 2(1), 65-76.
- Jones, M. A., Gabriel, M. A. (1999). Utilization of psychotherapy by lesbians, gay men, and bisexuals: Findings from a nationwide survey. American Journal of Orthopsychiatry, 69(2), 209-220.
- Karger, J. H., Stoez, D. (1998). American social welfare policy. New York: Longman.
- Liddle, B. J. (1999). Gay and lesbian clients' ratings of psychiatrists, psychologists, social workers, and counselors. Journal of Gay & Lesbian Psychotherapy, 3(1), 81-93.
- Mallon, G. P. (Ed.). (1998). Foundations of social work practice with lesbian and gay persons. New York: Harrington Park Press.
- McBee, S. M., Rogers, J. R. (1997). Identifying risk factors for gay and lesbian suicidal behavior: Implications for mental health counselors [Electronic version]. Journal of Mental Health Counseling, 19(2), 143-156.
- National Association of Social Workers. (1996) [Electronic version]. Code of Ethics.
- Oetjen, H., Rothblum, E. D., (2000). When lesbians aren't gay: Factors affecting depression among lesbians. Journal of Homosexuality, 39(1), 49-74.
- Paradis, B. A. (1987). An integrated team approach to community mental health. Social Work, 32(2), 101-104.

- Perez, R. M., DeBord, K. A., Bieschke, K. J. (Eds.) (2000). Handbook of counseling and psychotherapy with lesbian, gay and bisexual clients. Washington DC: American Psychological Association.
- Rabin, J., Keefe, K., Burton, M. (1986) Enhancing services for sexual minority clients: A community mental health approach. Social Work, 31(4), 294-298.
- Ross, M. W. (Ed.). (1988). The treatment of homosexuals with mental health disorders. New York: Harrington Park Press.
- Ryan, C. C., Bradford, J. B., Honnold, J. A. (1999). Social workers' understanding of lesbian needs. Journal of Gay & Lesbian Social Services, 9(4), 250-262.
- Riverside County Department of Mental Health. (1997). Policy Manual, #203.
- Van Wormer, K., Wells, J., Boes, M. (2000). Social work with lesbians, gays, and bisexuals: A strengths perspective. Needham Heights, MA: Allyn & Bacon.