

Sexual Minority Youth (LGBQ) Mental Health Clinician Resource



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About this Resource

Welcome! This resource is intended for clinicians who are wanting to know more about how to support clients who identify as a sexual minority. This resource provides education, things to consider, and next steps to work towards providing competent and affirming care for clients. When learning about any type of diversity, it is imperative to remember that we don't know what we don't know. That is, you can never fully understand someone else's lived experience because you haven't lived it. However, it is crucial that we are life long learners and aim approach each client's experience with humility and compassion. It is the responsibility of clinicians to educate themselves and provide the best care possible to LGBQ youth.

Informed by Lived Experience



The voices of the queer community must be central in understanding how to best support well-being. This resource was created in consultation with a white cisgender woman in her twenties, who identifies as queer and has lived and living experience of mental health difficulties and chronic physical health issues. She informed the content of this resource and quotes from her are included throughout. This is the perspective of one person's lived experience and does not represent all LGBQ people.

Understanding Sexual Orientation

Sexual minority is a label that encompasses a diverse set of identities including Lesbian, Gay, Bisexual, Questioning and Queer identities (e.g. pansexual, fluid, etc.). The language in this resource reflects the current perspective of the LGBTQ+ community. It is important to note that language is continually evolving and clinicians should be sure to educate themselves on the most affirming language to use (American Psychological Association, 2021).

Sexual Orientation Describes who you are attracted to

Sexual Minority People whose sexual orientation differs from the heterosexual majority

Gay Attraction to individuals of the same gender

Lesbian A woman attracted to other women

Bisexual Attraction to more than one sex or gender, not necessarily to the same degree

Pansexual Attraction independent of gender

Queer An umbrella term used to describe anyone who does not identify as heterosexual.

Questioning Describes someone in the process of exploring their sexual and/or identity

Gender Identity Inherent internal sense of gender

Gender Expression External presentation of a person's gender

Important considerations

Sexual minority identities are **normal variations of diversity in human sexuality** and are not pathological. While a person may discover and explore their sexuality over the course of their life, a person's sexuality cannot be changed by other people. Gender is a distinct social construct that is separate from sexual orientation and gender identity does not determine sexual orientation (American Psychological Association, 2021; Lare & Vigorito, 2022).



Affirming Care Matters

Youth is an important developmental period for LGBQ individuals (Hall et al., 2021). Sexual minority youth also experience mental health disparities and minority stressors (CDC, 2025; Marshal et al., 2011). Clinician competency in these areas is particularly important to working with youth in late childhood and adolescence (Dunbar et al., 2017).

LGBQ Sexual Identity Development Milestones Average Ages

First Attraction	12.7 years
Questioning Sexual Orientation	13.2 years
Self-Identification	17.8 years
Sexual Activity	18 years
First Time Coming Out	19.6 years

(Hall et al., 2021)

Mental Health Disparities

LGBQ youth experience higher rates of depression, self-harm, suicidal ideation and attempts compared to their heterosexual peers (CDC, 2025; Marshal et al., 2011). Specifically, 45% of LGBQ youth considered suicide and 14% attempted suicide in 2022. LGBQ youth experience mental health difficulties as a result of having a stigmatized identity; they are not inherently predisposed to mental health challenges because of their sexual orientation (Trevor Project, 2022).

Lesbian and Gay
youth have a
increased risk of
suicide attempts

▲ **3.7x**

Bisexual youth
have a increased risk
of suicide attempts

▲ **4.9x**

LGBQ youth are more
likely to utilize
mental health services
than heterosexual
youth

▲ **2x**



Affirming Care Matters

Minority Stress Theory

Minority stress theory provides a relevant framework for understanding how having a queer identity becomes a source of psychological risk for mental health difficulties. Meyer (2003) proposes that the higher prevalence of mental health challenges among queer people can be explained by systemic (external) and internal stressors.

Distal Stressors

Objective, external events or conditions inflicted on individuals.

Discrimination
Microaggressions
Prejudice

Proximal Stressors

Internal, subjective experiences that arise in response to stigma.

Anticipated Rejection
Identity Concealment
Internalized Homophobia

Highlight: Bisexual Youth

Bisexual people face unique stressors largely because their identity is often marginalized or invalidated in ways that differ from both heterosexual and lesbian/gay experiences. They frequently encounter bisexual erasure and invisibility, where their orientation is dismissed as temporary, confused, or not real, along with stereotypes and microaggressions from both heterosexual and LGBTQ+ communities (Israel, 2018).

These experiences can lead to isolation, difficulty with self-acceptance, and limited social support, as well as exposure to discrimination, stigma, and violence. Overall, this combination of invalidation and lack of recognition contributes to higher levels of stress and poorer mental and physical health outcomes compared to other groups (Israel, 2018).



Affirming Care Matters

LGBQ Reported Difficulties Seeking Services:

- Lack of provider knowledge
- Provider discomfort discussing sexuality
- Microaggressions
- Pathologization of identity
- Heteronormative assumptions
- Rejection or dismissal by providers

(Bishop et al., 2022; Boekeloo et al., 2024)

Common Clinical Pitfalls

Over/Under-Emphasizing the Role of Sexuality to Mental Health

Over-emphasizing sexuality can lead clinicians to wrongly attribute all distress in LGBQ youth to their identity, overlooking other important factors like trauma, family dynamics, or school stress. Under-emphasizing it can cause clinicians to miss the impact of minority stress, discrimination, or concealment, resulting in an incomplete understanding of the youth's mental health needs. Clinicians should not automatically assume that sexuality is a source of distress (Bishop et al., 2022; Boekeloo et al., 2024).

Assuming that “Coming Out” is the Best Thing To Do

Assuming that coming out always leads to positive outcomes may pressure youth into disclosure before they are ready. In addition, given that youth are often dependent on their caregivers for housing and financial support, coming out may create an unsafe environment for them or put them at risk of losing access to these essential resources. Coming out to family and friends has been identified as a period of increased suicide risk (Mann & Barbee 2026).

Minimizing Discrimination Experiences

Minimizing discrimination experiences can lead clinicians to overlook the impact of minority stress on LGBQ youth's mental health and lead to feelings of invalidation for the client. For example, bullying related to sexual orientation may be dismissed as “typical school stress,” or family rejection reframed as “normal parental concern,” which can downplay the significance of the youth's lived experience (Bishop et al., 2022; Boekeloo et al., 2024).

Asking Clients to Provide Education

Asking clients to provide education places an unfair burden on LGBQ youth to explain their identities or experiences, which can reinforce power imbalances in the therapeutic relationship. It may also shift focus away from their presenting concerns and contribute to feelings of exhaustion or invalidation, especially if they are repeatedly put in the position of “teaching” others (Bishop et al., 2022; Boekeloo et al., 2024).

What Clinicians Need to Know

Inclusive Language

Using **inclusive language in practice and on intake forms** signals to LGBQ clients that you are inclusive and may allow them to feel more comfortable bringing concerns to you. It is especially important to **avoid language that pathologizes or implies preference or choice around sexuality** (American Psychological Association, 2021).

Mirror the language that the client uses and how they describe themselves with their consent. Clients may experience greater feelings of validation when clinicians indicate they are heard and understood by describing their identity in the same way (American Psychological Association, 2021).

Examples

- Caregivers/Guardians instead of Mother/Father
- Asking about clients' pronouns
- Partner instead of girlfriend/boyfriend
- Sexual orientation instead of sexual preference
- Identity instead of lifestyle choice
- Questioning instead of sexual confusion
- Sexual exploration instead of experimenting

“The language can totally make or break if someone will ever see you (the clinician) again. So, making sure that you're using words that aren't heteronormative or anything that has an implicit bias.”

Visible Affirmations

Clients felt increased confidence in the service provided when the clinician had:

- Pride flags visible
- Used inclusive language in intake forms
- Had a position statement inclusive of queer clients

Research and lived experience have indicated that clients will specifically seek out clinicians who have some indication of being LGBQ-affirming in an effort to avoid identity based discrimination (Bishop et al., 2022).



“I definitely had to look for a therapy place that specifically mentioned 2SLGBTQIA+ friendly”

Critical Reflection

The Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS) - Select Questions

- Have I received adequate training to work with LGBQ clients?
- Do I need more supervision?
- Would I feel unprepared discussing issues related to sexual orientation?
- What assumptions do I have about Lesbian, Gay, & Bisexual individuals?
- Am I aware of the systemic barriers within the mental health system?
- Am I aware of the reasons why there are mental health disparities?
- What has my culture/religion taught me about LGB people?

Clinicians should examine their:

- Personal Biases
- Assumptions about sexuality
- Cultural/religious influences
- Clinical training gaps

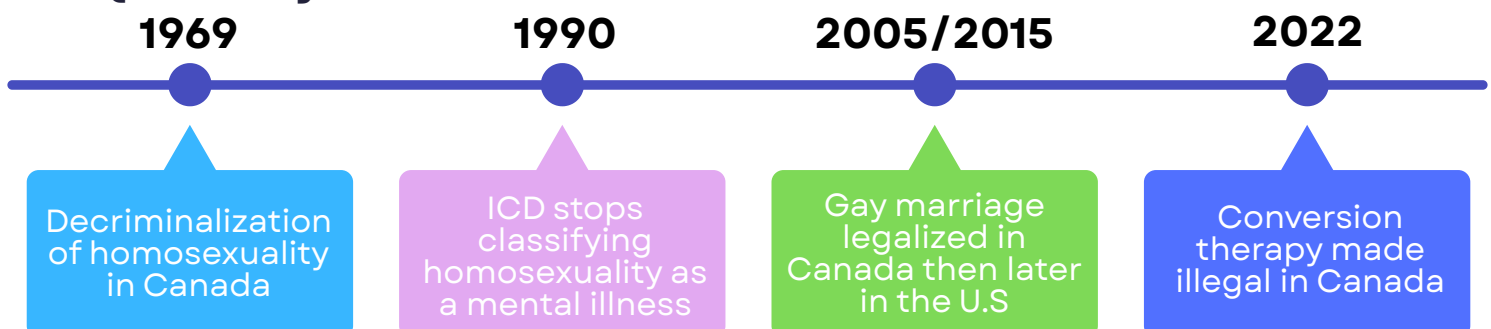
The LGBT-DOCSS is a clinical skill self-assessment for providers that measures attitudes, knowledge, and clinical preparedness for working with LGBQ and transgender clients. It helps clinicians reflect on their competence in delivering affirming care and identify areas for further training or growth in LGBTQ+ health competencies (Bidell, 2017).

Self-Education

Experience of Growing Up LGBQ

It is important for clinicians to remember that coming out is not a one-time event; it is something that LGBQ youth are required to do repeatedly with various people and across various settings. Clinicians should consider the various intersections of religion/ religious education, culture, and community beliefs in influencing the youth's experiences. Additionally, defining and redefining one's sexual orientation can be a process that takes time for some youth (Hall et al., 2021).

LGBQ History



Community Strengths and Resilience

Social and peer support are protective factors for LGBQ youth mental health. Additionally, having supportive communities and progressive political climates are also protective. Being connected to others with similar experiences can be a strong source of connection and joy for LGBQ youth (Ancín-Nicolás et al., 2024; Saewyc et al., 2021).

“Being at university, I felt like it (being queer) was actually something that helped my mental health because it was something that could help me relate to other people and make me feel like I was part of an in group”

Family Relationships

LGBQ youth are often born into families where their caregivers **do not share or fully understand their sexual identity**, which can shape early experiences of difference and belonging. **Family rejection** is a source of minority stress. It is important to try to understand client's relationships with their family of origin. **Chosen family** is a support network that may consist of friends, mentors, partner who act as family. Clinicians should understand that for LGBQ individuals especially these relationships should be weighted equally as important as biological family (American Psychological Association, 2021; Meyer, 2003; DeChants et al., 2022).



Peer Victimization

Sexual minority youth report **more sexual harassment and bullying** than their heterosexual peers. **Victimization and social support** mediate the relationship between sexual minority identity and psychosocial symptoms (Semprevivo, 2023).

Clinicians can help foster protective supports including:

Feeling safe at school

Feeling valued by their community

Intervening in bullying



(Williams et al., 2005)

Intersectionality

It is important to consider that the experiences of Lesbian, Gay, and Bisexual youth are **not a monolith**. There are differences in experiences of mental health difficulties within the research.

Clinicians must also consider the **intersections of gender, race, culture, religion, disability** and how these systems of oppression interact. These identities may also affect levels of acceptance in/accessibility of LGBQ spaces (American Psychological Association, 2021).



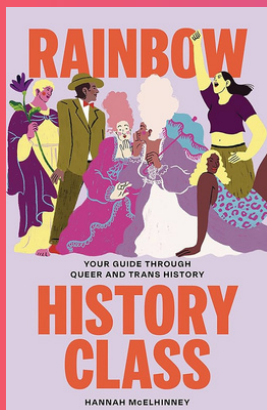
Questions for Self-Reflection

- How does the youth describe their identity?
- What language feels affirming?
- Who are their safe/supportive people?
- What experiences have they had with discrimination?
- What other identities are part of their experiences?
- Do concerns exist around disclosure or concealment?
- What forms of minority stress are present?
- What are their goals?

(American Psychological Association, 2021)

"It's really isolating and it's difficult, but I don't think anybody truly understands how lonely and distressing the journey of **realizing you're different in some way is and having to come to terms with it yourself and then keep telling people about it basically over and over again...** that is why it's so important that we have services in place and work together as a community to support these people because there are lots of ways that you can feel, especially marginalized people, that you're different and it's hard."

Resources

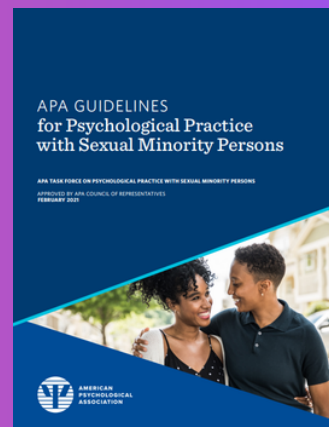


[Rainbow History Class by Hannah McElhinney.](#)

- [Rainbow Health Clinician Resource Library.](#)
- [CAMH Client Resource List](#)



[Moonlight \(2016\).](#)



[APA Guidelines for Psychological Practice with Sexual Minority Persons](#)

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