

Twenty10 Counselling Service Needs Analysis
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1. Background

Twenty10 is a non-government organisation that provides services for young people (under 26) who are same-sex attracted and gender diverse or questioning their sexuality or gender, and who are homeless or at risk of homelessness. Twenty10 is the only youth specific same-sex attracted and gender diverse service within Sydney. Twenty10 advocates for a culturally and religiously inclusive service, and has readily accessible resources, including; books and DVDs, a telephone based information and referral service, medium-term accommodation, a group program and daily drop-in including access to meals, internet, laundry and shower facilities as well as intensive assistance¹. Twenty10 also offers counselling and case-management as well as state-wide training. Twenty10 offers assistance to young people, their families, workers and support people. Over the last year Twenty10 has assisted over 380 young people². The current study aimed to examine Twenty10's current capacity to address the mental health needs presented by its clients.

A structured interview was conducted with Twenty10 client services staff (Coordinator Client Services, Intensive Assistance and Drop-in Worker, Counsellor and two Case Managers). This provided an overview of the face-to-face needs presented within drop-in, case-management, counselling and intensive assistance clients. Twenty10's intake database was also reviewed over a four-week period preceding the current report to provide a brief overview of telephone based requests for assistance made to the service. A literature review was also conducted to provide background evidence for the need for adequate mental health assistance for the clients of Twenty10.

2. Literature Review

Research regarding the effects of minority stress on same-sex attracted people and the developmental difficulties associated with adolescence provides significant evidence for the necessity of specialist mental health services for same-sex attracted and gender diverse young people.

Several large-scale population-based samples have shown that compared to heterosexuals, same-sex attracted and gender diverse individuals are at higher risk of significant adverse health outcomes (Williamson, 2000), including mental health concerns (Cochran, Sullivan, & Mays, 2003; Fergusson, Horwood, & Beautrais, 1999; Fergusson, Horwood, Ridder, & Beautrais, 2005; Gilman, et al., 2001; Sandfort, de Graaf, Bijl, & Schnabel, 2001). For example, research has identified for same-sex attracted people higher rates of anxiety and depression (Igartua, Gill, & Montoro, 2003), substance use disorder (Coleman, Rosser, & Strapko, 1992), suicide attempts (Cochran, Mays, Alegria, Ortega, & Takeuchi, 2007) and unsafe sexual practices (Dew & Chaney, 2005; Rowen & Malcolm, 2002).

Not all same-sex attracted and gender diverse individuals experience mental health concerns. Research findings indicate that when higher rates of mental health concerns are identified for same-sex attracted individuals, these occur in areas that are consistent with the psychosocial stressors that they face due to their sexuality (Meyer, 2003; Pachankis, Goldfried, & Ramrattan,

¹ For an overview of services please see: <http://www.twenty10.org.au/>

² Sex: Female (n=196), Male (n=184). Culture: 15% Culturally and Linguistically Diverse Background, 8% Indigenous Australian, 77% Other. Age: 3.2% 10-14, 46.6% 15-19, 45.4% 20-24, 4.8% 25.

2008). Current research has predominantly focused on the precariousness of developing a same-sex attracted identity in a socio-historical context in which same-sex attraction continues to be associated with stigma, prejudice and covert and overt discrimination (Pachankis, et al., 2008; Sandfort, Melendez, & Diaz, 2007). These environments represent significant stress for same-sex attracted individuals, placing them at risk for developing adverse mental health outcomes (DiPlacido, 1998; Mays & Cochran, 2001; Meyer, 1995, 2003). This stress has been labelled “minority stress” (Sandfort, et al., 2007).

The transition from childhood to adulthood during adolescence within modern, western, industrialised societies has been identified as a period of uncertainty, conflict and anxiety. In addition to changing social circumstances, adolescence is a period of significant biological change, including changes in the brain leading to the development of new cognitive capacities (Cole, 2005).

Due to minority stress, this period is further complicated for same-sex attracted and gender-diverse young people. Significant numbers of young same-sex attracted and gender-diverse young people experience rejection from peers and family due to their sexuality or gender diversity (e.g., D’Augelli, Hershberger, & Pilkington, 1998). They also experience homophobic/transphobic bullying and violence in schools (e.g., Hillier, Turner, & Mitchell, 2005; Pratt & Buzwell, 2006) and within homes (e.g., Rosario, Schrimshaw, Hunter, & Gwadz, 2002). Research has indicated that same-sex attracted and gender-diverse young people have a higher risk of emotional distress and subsequent adverse mental health outcomes than heterosexual youth (Rosario et al., 2002). With particular relevance for Twenty10’s target population, increased risk of negative outcomes has been identified for homeless same-sex attracted and gender diverse young people (Cochran, Stewart, Ginzler, & Cauce, 2002).

In summary, same-sex attracted and gender diverse people are at risk of higher adverse health outcomes due to minority stress. Adolescent same-sex attracted and gender diverse people are suggested to be particularly vulnerable given the biological, psychological and social changes that accompany this period of transition. The current literature review provides evidence for the need for adequate mental health services for this population.

3. Staff Interviews

3.1 Common presentations

Staff identified that clients presented to Twenty10 with a wide range of diagnosed and undiagnosed, acute and chronic, mental health concerns. Most common presentations were identified as follows: clinical disorders (i.e., mood and anxiety disorders, Schizophrenia, eating disorders and substance dependence), sub-clinical concerns (i.e., worry and low mood), engagement in high-risk behaviours, substance use, self-harm and suicidality. Dual diagnosis was also reported to be common (substance abuse and mental health concern), with young people often presenting with multiple and complex needs. Young people presenting to Twenty10 were also reported to commonly require counselling assistance for issues such as: experiences of trauma, physical and emotional abuse, sexual assault, homelessness, confusion about sexuality and gender, distress about negative responses to their sexuality or gender, low self-esteem, family rejection due to sexuality or gender identity, family breakdown, dysfunctional family backgrounds and cultural conflict.

3.2 Demand for mental health and counselling assistance

Whilst some young people presenting to Twenty10 were already linked in with mental health and counselling supports, a majority were not. Staff advised that young people reported that this was often due to concern that mental health professionals with limited or no experience

working with gender and sexuality may not understand their concerns. Other times young people perceived that they had a mental health concern but were unsure about what to do or where to go. Some young people also reported negative experiences within the mental health system. Staff members reported that it can be challenging for workers and the service to manage young people with complex mental health needs who may present in constant crisis and require specialist assistance but who are unable or unwilling to access specialised support.

3.2.1 Drop-in

Of the clients currently regularly attending drop-in at Twenty10 (N=40), 87% (n =35) presented with mental health and counselling related concerns. Of these clients only half (n=18) were currently engaged with mental health services.

3.2.2 Intensive assistance

During the time of the current report, Twenty10 provided intensive assistance for nine young people. Two thirds of these young people have diagnosed chronic mental health concerns. Of these clients, only half are engaged with mental health services (two with outpatient mental health services).

3.2.3 Case-management

Twenty10 currently employs two case-managers currently with a case-load of approximately 10 clients each. Case-managers identified that 80 – 86% of their clients at any given time present with ongoing mental health/counselling needs.

3.3 Limitations in capacity to meet demand

3.3.1 Internal limitations

Access to counselling at Twenty10 is reported by staff to be limited. At the time of this report, the counsellor was available for 25 hours per week, with a capacity for only 12 clients. However, due to demand the counsellor currently has 20 active clients. This includes face-to-face clients, rural phone based clients, occasional attendance clients, and wait list clients. In the last three months 25 requests for counselling assistance were made. Due to time constraints, the counsellor was only able to offer a counselling sessions to approximately a third (n= 8) of these.

In addition, staff identified service limitations in terms of lack of specialised service providers based at Twenty10. Whilst the current counsellor is able to provide assistance for many of the concerns young people present with, they are unable to provide specialist mental health assessment and treatment for the complex presentations that are reported to be predominantly present at Twenty10 (e.g., for diagnosed psychological conditions such as mood and anxiety disorders and Schizophrenia). Further, staff identified the gap that due to high demand it is not possible to offer longer-term counselling that some clients may require. Finally, one staff member identified the need for availability of a female counsellor.

3.3.2 External limitations

Whilst links have been established with external counsellors and providers of specialist mental health assessment and treatment (e.g., Headspace, BMRI, ACON and independent private practitioners), access to these services is often limited in terms of availability and waiting lists. In addition, other services that Twenty10 has utilised have been reduced over the last 12 months due to funding.

Access to external providers is further complicated by a perceived lack of available providers who may be experienced in working with same-sex attracted and gender-diverse young people and who are able to bulk-bill through Medicare³. In addition to difficulties in gaining access to experienced bulk-billing providers, there are also limitations in terms of the number of sessions that can be bulk-billed through Medicare under the Australian Government's Better Access to Mental Health Care initiative. Rebates are typically available for only 6 - 12 sessions (18 sessions under exceptional circumstances). Staff indicated they perceived that this time is not often adequate to deal with the complex presentations that young people often present to Twenty10 with.

Staff also identified that young people can find attending external services to be daunting due to previous uncomfortable experiences or due to the clinical nature of some services. For example, young people often expressed to staff members concern that mental health professionals that are not experienced in working with gender and sexuality issues might not understand their concerns in these areas. Staff also reported that some young people have had experiences of homophobia and transphobia within the mental health system. Finally, staff identified that young people often feel more comfortable accessing counselling at Twenty10 because it is within a familiar environment that is identified by them to be a safe space in terms of their sexuality or gender diversity.

3.4 Resource needs

The following resources were identified by staff to assist them to meet the needs of young people presenting to Twenty10 with counselling needs/ mental health concerns.

3.4.1 Counselling team

All staff identified that Twenty10 requires more internally based professionals to assist with meeting the demand for assistance with counselling/mental health needs. This need is supported by evidence cited above at point 3.2 and 3.3, indicating that demand far exceeds capacity including referral options to external services/providers. It was suggested that a Twenty10 counselling team be created. It was suggested by staff that this team be multidisciplinary and consist of individuals with the capacity to engage with same-sex attracted and gender diverse young people and their families.

3.4.2 Specialist mental health providers

All staff identified the need for specialists who are able to provide specialist mental health services for young people presenting with mental health problems. Staff members identified the need for a registered psychologist and a clinical psychologist. They reported that this was because these were the providers they most often referred clients externally to, for the purpose of administering clinical assessments and the diagnosis and treatment of psychological conditions.

3.4.3 Family counselling

Staff identified the need for a counsellor (regardless of discipline) to provide family focused services, including mediation, support and psycho-education. This suggestion is supported by literature indicating significant family related concerns for same-sex attracted and gender diverse young people and by staff reports that this is a common request for counselling assistance (3.1).

³ http://www.psychology.org.au/medicare/fact_sheet/

3.4.4 More training to assist non-counselling staff

Staff identified the need for further training to assist them in their work with young people presenting with complex mental health needs. Staff indicated that often it was difficult to motivate young people to engage with mental health services. In addition, they identified that when young people with complex needs were not tied in with appropriate services and were presenting in constant crisis this made progress on case-management goals challenging. Staff also reported that responding to these young people can require significant resources. Thus, staff requested further training to assist them to manage clients prior to engagement with appropriate specialist services.

3.5 Service needs

The following requirements in addition to the current counselling position were identified by staff members as minimum service needs in order to meet the current demand for mental health and counselling assistance.

- 2-3 further positions, at least 1 fulltime, ideally consisting of a clinical psychologist, a registered psychologist with mental health training and a counsellor (e.g., social worker, psychotherapist).
- A female provider.
- A psychiatrist with gender experience to assist gender diverse young people who are seeking sex reassignment surgery. Two letters of recommendation from a psychiatrist are often required for sex reassignment surgery⁴. In addition, a psychiatrist would be able to assist with medication reviews for Twenty10 clients.

In terms of ideals for this proposed counselling team a majority of staff identified the need for generalist providers who would be able to provide assistance for a range of issues rather than specialist in one or two areas (e.g., substance abuse). Staff were also open in terms of therapeutic modalities. Staff indicated preference for a team of individuals who utilised diverse modalities (e.g., CBT, mindfulness, Narrative Therapy and Art Therapy). Ideal areas of experience were congruent with those listed at 3.1. It was identified that capacity for family work was particularly important. In addition, experience in group therapy experience was also identified. Finally, the capacity to provide phone based counselling was also identified given that Twenty10 is a state-wide service.

3.6 Proposed counselling service team utility

Staff identified that the availability of a counselling service team would greatly assist clients as well as assisting them in their work with clients.

3.6.1 Improving access

- More onsite specialist services would increase accessibility to mental health assistance.
- Staff identified that the provision of counselling/mental health services through Twenty10 would ensure access to practitioners with experience in working with same-sex attracted and gender diverse young people.
- Staff reported that clients often won't follow-up with another service due to previous experiences with providers who had not experienced working with gender or sexual diversity. It was therefore suggested that young people requiring mental health services but who were hesitant in accessing these, due to previous experiences or concerns about not being understood, may be more willing to attend services based at Twenty10.

⁴ http://www.gendercentre.org.au/choosing_a_surgeon.htm

3.6.2 Improving service provision

- Staff identified that having mental health support would assist them in their work with young people to achieve case-management outcomes. It was identified that when young people were not linked in with specialist mental health services that case-management may become counselling and crisis management. It was identified that for young people with complex presentations specialist mental health assistance was necessary in order to work on case-management goals.
- Staff identified that it would be easier to make referrals to mental health specialists.
- That an onsite counselling team would assist workers to support young people in their counselling. For example, workers would find it easier to access their clients mental health providers to be able to work out joint strategies or to obtain supporting documentation.
- Staff also articulated that they would appreciate being able to be sure that the providers seeing clients for assistance with mental health concerns would have an understanding of gender and sexuality issues.

3.7 Telephone based requests for assistance

Twenty10 offers a state-wide information and referral telephone service. An examination was conducted of calls received in the last four week period (5 April 2010 to 15 May 2010, N=20).

A majority of calls received during this period were requests for counselling assistance. Of calls received during this period, three were requests for assistance with housing, four general information and 13 sought counselling assistance.

Examination of callers seeking counselling assistance (n=13) indicated that a majority of these callers sought assistance with concerns related to coming-out (n=7). Five of these callers requested assistance with adverse family responses to their sexuality and two school related concerns. Other callers requesting counselling assistance requested counselling assistance to address experiences of homophobic violence (n=2), AOD abuse (n=2), gender related concerns (n=1) and depression and anxiety (n=1).

A majority of requests for counselling assistance were received from young people (n=11). However, requests were also made by parents (n=2). Two of the callers were from rural areas.

Only one of the callers seeking counselling found that the advice provided to them over the phone was adequate to meet their concerns. The 12 other callers sought further counselling. Of these, three were linked in with the Twenty10 counsellor, five were made appointments with case-managers to assess their needs further, and four were referred to external counselling providers.

3.8 Recommendations

The following recommendations are made in view of; the common presentations and needs reported by staff via interviews, short-term analysis of telephone call records and literature review.

3.8.1 Counselling team:

Funding be obtained to increase Twenty10's capacity to address the mental health concerns and counselling needs presented by its clients through the development of a counselling team, rather than the current model of a sole practitioner and reliance on often unavailable or unaffordable external resources. It is recommended that this team be a diverse team consisting of: a clinical psychologist and/or a registered psychologist who specialises in treating mental illness and a generalist counsellor regardless of discipline.

3.8.2 Increase current counsellors hours:

Funding be immediately obtained to increase the hours of the current counsellor.

3.8.3 Psychologist/Clinical Psychologist:

Funding be obtained to employ a registered psychologist⁵ and/or clinical psychologist⁶ with experience in working with same-sex attracted and gender diverse young people, to provide specialist assessment, diagnosis and treatment of psychological and mental health problems.

3.8.4 Counsellor:

Funding be obtained to employ a fulltime counsellor (e.g., social worker, psychotherapist).

It is suggested that it might be useful to employ a practitioner who is eligible to provide supervision,⁷ with the view that the proposed counselling team may eventually extend to include volunteer counsellors (e.g., intern psychologists seeking supervised placements for registration purposes, clinical psychologists in training etc).

3.8.5 Community capacity building:

Adequate funding be obtained to engage in community capacity building to:

- a) Build referral networks with specialist mental health providers with experience with same-sex attracted and gender diverse people, who can bulk-bill Twenty10 clients or who are willing to provide services for Twenty10 clients with a reduced gap between the scheduled fee and Medicare rebate, and,
- b) Provide specialist mental health training opportunities for mental health professionals without experience in order to assist them in their work with same-sex attracted and gender diverse adolescents.

Referral networks: 92 psychologists were identified through the APS Find a Psychologist webpage⁸ using the search terms adolescent, gay/lesbian issues, 200km radius from Sydney. Not all psychologists are members of the APS and not all APS members list themselves through this search function. This suggests that there are many other psychologists/clinical psychologists who may be able to assist Twenty10 to meet demand. Further, in addition to psychologists there are many other experienced professionals (e.g., social workers, counsellors, psychotherapists) who may also be able to assist the young people who access Twenty10.

It is suggested that networking include discussions with local hospitals to negotiate the possibility for a Psychiatrist Registrar to visit Twenty10 on a regular basis (e.g., fortnightly for half day).

Training: As reported by staff at 3.2 & 3.3.2, some of the young people they have worked with have expressed concern that the mental health professionals they have been referred to haven't had experience in working with same-sex attraction and gender diversity, due to this these young people have perceived that their concerns might not be understood. Training for health professionals may assist in this matter. It is suggested as a further incentive for practitioners to

⁵ <http://www.psychology.org.au/community/specialist/clinical/>

⁶ <http://www.psychology.org.au/community/specialist/clinical/>

⁷ http://www.psychreg.health.nsw.gov.au/psy_supervisor.htm

⁸ <http://www.psychology.org.au/FindaPsychologist/Default.aspx?ID=1204>

attend training that this training be developed so that it may provide practitioners with professional development points for their professional body (e.g., APS, Australian Association of Social Workers, Psychotherapy and Counselling Federation of Australia).

It is also recommended that training opportunities for psychologists include reference to the Australian Psychological Society's (APS; 2000) Guidelines for psychological Practice with lesbian, gay, and bisexual clients and provide copies of the APS (2001) Sexual orientation and homosexuality Tip Sheet. The APS Gay and Lesbian Issues and Psychology Interest Group Review would also be a useful resource to utilise and promote in this matter⁹.

3.8.6 Mental health promotion campaign:

Sometimes due to fear of not being understood or rejected and experiences of minority stress (including homophobia) same-sex attracted people may feel unable to disclose their sexuality or may feel concerned that they won't be understood (Pachankis, Goldfried, & Ramrattan, 2008). Whilst training for providers would be useful to assist them in their work with same-sex attracted and gender diverse young people, assisting young people directly to address this concern may also be useful. It is recommended that funding be obtained or links established with an organisation/s that may assist in developing a mental health promotion campaign to let young people know that it is okay to disclose their sexuality or gender questioning to mental health providers if they want to. This campaign may include the suggestion that practitioners place a brochure or poster in their service to this effect. For example, some practices include copies of the APS (2001) Sexual orientation and homosexuality Tip Sheet with other brochures. A further suggestion may be a campaign similar to ACON's Lesbian and Gay Anti-Violence Project Safe Place program¹⁰. A Rainbow Tick accreditation system is currently being planned for Victoria's health system in 2011 to improve the health care of same-sex attracted and gender diverse people by ensuring inclusive practice¹¹.

3.8.7 Brokerage:

Due to possible obstacles and barriers to developing the recommended counselling team based at Twenty10 (e.g., space constraints and time required for recruitment and service development) it is recommended that funding be obtained for the gap between the scheduled fee and Medicare rebate to facilitate access to private providers.

3.8.8 Work with families:

71% of callers seeking counselling assistance from Twenty10 sought assistance with family related concerns. Counselling regarding family difficulties was also reported at 3.1 as one of the main requests made by young people. Thus, it is recommended that funding be obtained to increase capacity to work with families.

3.8.9 Staff training:

Staff engage in training to increase knowledge and skills in providing evidence-based best practice case-management to individuals presenting with significant mental health concerns. Funding is already available for this and staff have been encouraged to make opportunity of this.

⁹ http://www.groups.psychology.org.au/glip/glip_review/

¹⁰ <http://www.avp.acon.org.au/anti-violence/Safe-Place-Program/What-is-the-Safe-Place-Program>

¹¹ <http://www.starobserver.com.au/news/2010/06/07/rainbow-ticks-for-health/26290>

3.9 Concluding remarks

Review of information gathered through interviews with client services staff and call records over a four week period indicates that Twenty10 is currently unable to meet client demand for counselling and mental health assistance. In summary: 93% of callers contacting Twenty10 for counselling assistance were unable to have their needs met by the service due to service limitations. Approximately 80 - 90% of clients who have attended drop-in and clients who have received case-management are reported to present with mental health concerns. 50% of clients who have attended drop-in and who have received intensive assistance, presenting with mental health concerns or counselling needs, are currently not linked in with services to address these needs. This is reported to be either due to clients reluctance to be engaged with services, lack of providers, wait lists and Twenty10's inability to meet these needs due to limited availability and lack of specialist mental health providers.

In view of the significant risk facing Twenty10's clients given their experience of minority stress and the process of adolescence in addition to psychosocial stressors such as homelessness, this initial examination highlights the need for further funding to be available to Twenty10 for the development of a specialist counselling service and/or to facilitate access to relevant services (e.g., community capacity building, brokerage, promotion campaign). Twenty10 promotes a holistic approach to biopsychosocial health. It is proposed that the addition of a counselling team to the services currently being provided (e.g., case-management, counselling, drop-in, groups etc) would further extend Twenty10's capacity to provide holistic mental health assistance for same-sex attracted and gender diverse young people.

Author Note

Raina Jardin is a psychologist who has worked as a counsellor at Twenty10. Her M.Psych.(Clin) thesis examined minority stress and mental health in a sample of gay men. Email: raina.jardin@gmail.com.

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