

Mental Health and Sexual Minorities in the African Diaspora: Implications on Public Health Practice and Social Services

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Study Focus

The International Sexuality and Mental Health Research Project (ISMHRP) focuses on examining the impact of racism and homophobia on mental health amongst Black LGBTQ people in Africa, the Caribbean, Europe, and the United States.

Study Goals and Objectives

Goal 1: To gain knowledge about the needs and issues of LGBTQ Black communities throughout the Diaspora.

Objectives:

- Gain a demographic picture of Black LGBTQ persons internationally.
- Gain knowledge about the quality and quantity of oppressive experiences.

Study Goals and Objectives

Objectives: To gain knowledge about:

- The health and mental health of this population.
- The health and human services in the region, particularly pertaining to the cultural competence with this population.
- Service utilization by this population.

Study Goals and Objectives

Goal 2: Examine the relationships between variables, especially the impact of racism and homophobia on mental health, service utilization and social functioning.

Objectives:

- Assess the relationship between oppression, depression and anxiety.
- Assess the impact of oppression on health and human service utilization.

Theoretical Orientations

Community Based Participatory Research

- Wherein participants guide and benefit from both the process and products of the research (Lantz, Israel, Schulz, & Reyes, 2006).

The Ecological Perspective

- Fundamental to considering the impact of all the systems in the participants' experience. Essential here as many variables intersect to form the participants experience (Bronfenbrenner, 1979).

Strengths Perspective

- Enables researchers to see beyond the plethora of challenges facing Black LGBTQ people in developing countries. Instead, it mandates us to seek out the wealth of resources, resiliencies and contributions that undoubtedly exist (Saleeby, 1996).

Study Sites

- Nassau, The Bahamas – July 2006
- London, United Kingdom – March 2007
- Trinidad, West Indies – July 2007
- Cape Town, Johannesburg and Pretoria, South Africa – December 2007

Study Methodology

Mixed Methods

Quantitative – Self-administered survey

- Measurement Scales: CES-D, BAI, several self-report measures of racism, homophobia and their internalized correlates, health service utilization and outness queries.

Qualitative – Focus group discussion

Importance of the Study

- Many studies regarding sexual orientation focus primarily on the experiences of White American or White European people. A few studies focus on LGBTQ people of color but focus primarily on people living in the so called developed countries.
- Existing research highlights the need for cultural sensitivity with regard to how sexual orientation and gender are experienced for people of African, Asian, Latino and Native American descent (Greene, 1997; Ng, 1997).
- People in the African Diaspora are consistently faced with navigating their identities in a context where racism is ubiquitous.
- This navigation is necessary because of the international scope of anti-Black racism.
- LGBTQ people of African descent face some imposition - be it subtle or overt - of Eurocentric culture, as well as oppression based on sexual orientation and gender identity.
- LGBTQ people of African descent also have a unique experience of sexuality discrimination related to the level of economic, health and educational resources available in these regions.
- This study is designed to ask the unasked questions about this population and thus fill this gap in the literature and contribute to culturally competent health and human service provision.

Salient Issues for LGBTQ People of Color in Western Countries

Ethnic minority LGBTQ people in Western societies must function in 4 distinct communities:

1. Eurocentric heterosexual communities
2. Ethnic minority heterosexual communities
3. Euro-American gay male, lesbian, bisexual, and transgender communities
4. Ethnic minority LGBTQ communities

Salient Issues for LGBTQ Black people in Africa and the Caribbean

- Impact of colonialism
- Local and national beliefs about sexual orientation
- Legislation regarding sexual orientation
- Gender roles and privileges (particularly the importance of the preservation of patriarchy)

Preliminary Findings Nassau, The Bahamas Demographics

- **Age Range:** 21-53 years old, 22% were 25 years and younger
- **Race:** Predominantly Black and Biracial
- **Religion:** Predominantly Christian
- **Gender:** Predominantly male, 1 Transgender
- **Sexual Orientation:** Predominantly gay, with fewer bisexuals and 1 transgendered heterosexual
- **Accessibility:** Majority cited LGBT friendliness and cultural inclusiveness as needed

London, United Kingdom Demographics

- **Age Range:** 28-50 years old
- **Race:** Black African (64%)
- **Religion:** Predominantly Christian, then Muslim and Buddhist
- **Gender:** Predominantly male, about 18% women
- **Sexual Orientation:** Predominantly gay, then bisexual, fewer lesbians, one transgendered person identified as heterosexual
- **Accessibility:** Cultural inclusiveness was important (64%) and Low costs or no fees for care (36%)

Trinidad, West Indies Demographics

- **Age Range:** 28-50 years old
- **Race:** Black African (64%)
- **Religion:** Predominantly Christian
- **Gender:** about 18% women
- **Sexual Orientation:** predominantly gay, also significantly bisexual
- **Accessibility:** Cultural inclusiveness was important (64%) and Low costs or no fees for care (36%)

Service Utilization Findings

- In the Bahamas:
 - 87 % of the sample report not being out as LGBTQ to service providers due to fear of stigma
 - 87 % concerned about whether or not they were receiving the best care for their needs

Service Utilization Findings

- Bahamas
 - 87 % not out to service providers
 - 87 % concerned about best care
- London
 - 68 % not out to service providers
 - 42 % concerned about best care
- Trinidad
 - 93 % not out to service providers
 - 63 % concerned about best care

Findings on Oppression

- In the Bahamas:
 - 77 % of respondents report experiencing racism
 - 100 % report experiencing homophobia and heterosexism

Findings on Oppression

Bahamas

- 77 % experienced racism
- 100 % experienced homophobia and heterosexism

London

- 94 % experienced racism
- 78 % experienced homophobia and heterosexism
- Almost all immigrant participants report homophobia in country of origin

Trinidad

- 86% experienced racism
- 87% experienced homophobia and heterosexism

Findings on Mental Health

- In the Bahamas:
 - 86% of respondents scored as mildly depressed
 - 36% of respondents scored with moderate anxiety

Findings on Mental Health

- Bahamas:
 - 86% mildly depressed
 - 36% moderate anxiety
- London:
 - 58% mildly depressed
 - 47% moderate anxiety
- Trinidad
 - 45% mildly depressed
 - 10% moderate anxiety

Findings on Mental Health

- In all three countries significant internalized oppression was noted in at least 75% of the total sample population.
- In both Caribbean countries, mental health treatment was not pursued by more than 10% of the population.

Role of Race and Ethnicity

- In London, it was clear that despite the legislative support for LGBTQ unions, Black LGBTQ persons felt they experienced less freedom than their white counterparts.
- In Trinidad, Black and Indian LGBTQ persons felt that more tolerance was shown to Indian LGBTQ than to Blacks
- In the Bahamas, Black LGBTQ respondents report that White Bahamians and White European tourists are treated with more tolerance and respect than are they as Black Bahamian nationals.

Role of Race and Ethnicity

- With the understanding that the experience of people of African heritage is not monolithic in any community, it is important to consider what it means to be Black in the region under study and how that relates to what it means to be from the region.
- Pride in nationhood and in one's unique representation of the Black experience must be understood for the layers of meaning it contains
- Consider how “pride in nationhood” resonates with their experience of sexual orientation.

Importance of an Integrated Approach of Social Work and Public Health

- Strategies to assist clients in limiting the impact of oppression on health and mental health service utilization and social functioning are necessary.
- Social Work and Public Health professionals must work together to understand and address the relationships between oppressive experiences, risk behavior and health disparities.

Emerging Themes

Caveats for Researchers and Practitioners:

- Must explore our own values about race, class, gender and sexual orientation.
- Those of African descent or LGBTQ orientation need to be culturally introspective so as to avoid projecting their own experience of being Black or LGBTQ onto the participants or on the research as a whole.

Implications for Public Health and Social Work Practice and Research and Social Policy

- Emphasize need to avoid biases throughout all aspects of the research process (Martin & Meezan, 2003).
- Work collaboratively towards the elimination of health disparities through practice and research.
- Utilize National Association of Social Workers Code of Ethics and Standard of Cultural Competence as guidelines for the use and dissemination of findings (NASW, 1996; 2000)
- Utilize the Principles of the Ethical Practices of Public Health version 2.2 (Public Health Leadership Society, 2002) and the Code of Ethics for the Health Education Profession (Society of Public Health Education, 2002)
- Address the dynamics of power in social work and public health practice as practitioners and researchers. Are we interrupting oppression or reinforcing oppressive institutions and practices? (Hasenfield, 1992).
- Determine the role of the researcher and practitioner as the initiator, consultant, and collaborator. It is important to match skills-set and expertise with the needs and wants of the community (Stoecker, 1999).

Please Contact Us With Your Suggestions or Support

Please contact us if you have ideas about how we can strengthen the study and widely disperse the findings to make them available to all educators, practitioners, and policy makers who work with LGBTQ populations - that includes all of us!

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