

LGBTIQ Families and Perinatal Anxiety & Depression

Planning and having a baby is a time of adjustment and change. LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex and Queer) families are like any other when it comes to starting a family, sometimes the community, family and friends, may not understand the journey undertaken in bringing a baby into the world. While there is an expectation of joy, sometimes these feelings can be overridden with stress, difficulties in adjusting to a new way of life, sleep-deprivation, anxiety and depression.

Perinatal (during pregnancy and the year after birth) anxiety & depression can be confusing and distressing, and for families who are suffering it is often hard to speak about. It's important to know that help is available and seeking support early leads to a faster recovery. (For more information, please see the PANDA FACTSHEET *Anxiety & Depression in Pregnancy & Early Parenthood*)

Risk Factors

PANDA recognises that whilst perinatal anxiety and depression can affect families from all cultures and socio-economic classes, there may be some significant added risk factors for parents who identify as LGBTIQ. In fact there is research¹ to suggest that LGBTIQ parents may experience higher levels of perinatal anxiety and depression than other population groups.

Society: Discrimination and Isolation

Many people may assume that because you have a baby, you are in a heterosexual relationship. In reality, 22% of lesbian couples and 3% of gay male couples have a child or children living at home with them². It may be hard to find the professional, non-judgemental help that you need.

Sometimes LGBTIQ parents face discrimination or have their roles, methods of conception or abilities to parent questioned. As well as this, some LGBTIQ families or intending parents may find that their friendship groups do not include many parents or other children, or may not provide adequate support to them in their parenting role.

Social Stigma

Worry about social stigma can also impact LGBTIQ families. Many members of the LGBTIQ community grew up with bullying, harassment or discrimination. It can be hard to think about your child being faced with these issues in the future. Some people also may believe that children of LGBTIQ parents are disadvantaged when actually the research is clear that this is not the case¹.

Family

Parenting issues can be compounded by the fact that some members of the LGBTIQ community may have experienced difficult relationships with their families of origin. Often when people have their own children they rely on, or desire, the support of their family. New parents also often think about how they would parent differently, and this may bring up unresolved past issues concerning their own families of origin.

¹ Rainbow Families Council. Accessed 2013). Website: <http://www.rainbowfamilies.org.au/>

² Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., & Patel, S. (2012). Private lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians (Vol. no. 86). Melbourne:

³ Mothers Matter. Queer Families and Post-Natal Depression. (Accessed 2013). Website: <http://www.mothersmatter.co.nz/Family-Whanau/Queer-families.asp>

Often, being a gay, lesbian, bisexual, transgendered or intersex parent can feel like a pretty invisible position³.

Previous History of Mental Health Issues

A previous history of mental illness is a risk factor for developing perinatal anxiety and depression⁵. A lack of positive coping and support strategies may become problematic during pregnancy or early parenthood, especially if previous mental health issues have been untreated.

Conception Complications

Difficulties and the stress of IVF, surrogacy, donors or co-parenting arrangements can contribute to parents developing perinatal anxiety or depression.

Non-Biological Parents

Non-biological parents can experience perinatal anxiety and depression as well. In heterosexual relationships around 1 in 10 men experience anxiety or depression following the birth of their baby⁶.

It is frequently harder for the non-biological parent to access support services and help, and they may feel invisible or neglected in the process of having and caring for a family. Worries about extra responsibilities, role changes, financial burdens and changes in sexual relationships may also impact on the non-biological parent.

LGBTIQ non-biological parents may experience insensitive questioning or assumptions from family of origin, friends or service providers (or not have their role as a parent validated) and they may experience high levels of anxiety about their future parental role in families where separation occurs⁷.

Non-biological parents may also be unsure of how to assist their partner if they are suffering from perinatal anxiety and depression.

Getting Help

If you or someone you know is experiencing signs of perinatal anxiety or depression for two weeks or more, its important to seek help. You might:

- Contact PANDA for support, information, referrals and telephone counselling.

- Let your GP or other trusted health professional know what you're experiencing. (PANDA may be able to provide referrals to an LGBTIQ friendly GP)
- Look for local playgroups or parenting groups for LGBTIQ families. These websites may be helpful:
 - www.rainbowfamilies.org.au
 - <http://playgroupaustralia.org.au>
 - www.gaydadsaustralia.com.au
 - <http://www.samesame.com.au>

Remember, you are not alone. There is help available and with the appropriate treatment and support you can begin to feel better and enjoy your new family member.

Personal Story

"Being a lesbian mum was alot harder than I expected. People frequently questioned where my baby came from and how I became a parent. Health professionals assumed I was heterosexual and I found the mother's group I was referred to by my Maternal Child Health Nurse really unaccepting.

The group was full of mothers in heterosexual relationships whose lives were completely different from mine.

They all had help from grandparents as well, whereas I was not able to get this support. I felt really isolated and confused - not just about my baby and the feelings of sadness and anxiety I was experiencing, but also about our place in the world.

Thankfully I was able to see a GP at a LGBTIQ friendly clinic. She knew alot about postnatal depression and the services available, and referred me to a fantastic counsellor and a 12 week postnatal depression support group. I felt better not just because of the support I received, but also because she accepted my family and understood the unique difficulties we faced. Reaching out for help was one of the best things I could have done."

⁴ Gorboz, J., Dowsett, G., Mitchell, A., Couch, M., Agius, P., & Pitts, M. (2008). Feeling Queer and Blue: A review of the literature on depression and related issues among gay, lesbian, bisexual and other homosexually active people. A Report from the Australian Research Centre in Sex, Health and Society, La Trobe University, prepared for beyondblue: the national depression initiative. Melbourne: La Trobe University, Australian Research Centre in Sex, Health and Society.

⁵ Ross, L. F., Steele, L., Goldfinger, C. & Strike, C. (2007). Perinatal depressive symptomatology among lesbian and bisexual women. Archives of Women's Mental Health, 10(2), 1434–1816.

⁶ Paulson, J. F. & Bazemore, S. D. (2010). Prenatal and postpartum depression in fathers and its association with maternal depression: A meta-analysis. JAMA, 303(19), 1961-1969. (doi:10.1001/jama.2010.605)

⁷ Bouverie Centre, La Trobe University (2012). Guidelines for healthcare providers working with same-sex parented families.



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