

# Scientists Would Like to Remind Us Being LGBT Is Not A Mental Disorder



**Kat Callahan**

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The World Health Organisation released a report this week detailing the extent with which sexual orientation and gender expression/gender identity are pathologised in *The International Classification of Diseases and Related Health Problems*. The conclusion: being LGBT+ is perfectly normal, and the current reporting practice should be stopped.

In 1973, homosexuality was struck from the *Diagnostic and Statistical Manual of Mental Disorders*, and with the most recent edition, what had been labeled gender identity disorder is now recognised as gender *dysphoria*. So-called "conversion therapy" has been **soundly** debunked, and made illegal in California and restricted to adults in New Jersey. Yet, despite the 1990 removal of homosexuality as a mental illness from *The International Classification of Diseases and Related Health Problems*, the pathologisation of both it and gender identity continue.

According to the **report** from a group headed by Susan D. Cochran, sexual orientation and gender identity are still negatively connected to mental healthcare issues in the form of

development and orientation" and "Z-70 categories: counselling related to sexual attitude, behaviour and orientation." The report makes it clear that these two categories are extraneous when considering the mounting evidence that gender identity and sexual orientation are not themselves inherently disordered. Issues that arise due to how an individual is coping, or rather not coping, with circumstances (like, you know, the world regularly being shitty towards you) *around* orientation and/or identity are already covered by other categories.

*Both concerns about gender identity and sexual orientation difficulties can well be addressed using other ICD categories. First, people with a same-sex orientation or gender nonconformity or who present with related concerns and who also meet the definitional requirements of a disorder (other than those covered by the F66 categories) can be diagnosed using existing categories. It is not justifiable from a clinical, public health or research perspective for a diagnostic classification to be based on sexual orientation. Second, the needs of individuals without a mental health or behavioural disorder can be classified using the Z categories if, for example, they require counselling related to sexuality. In this way, ICD-11 can address the needs of people with a same-sex orientation in a manner consistent with good clinical practice, existing human rights principles and the mission of WHO.*

Cochran told **Take Part** that the current classification system doesn't rest on adequate evidence, and that the current classifications, while improvements on previous classifications, are still within a framework of faulty assumption without empirical support.

*[It] doesn't make sense to put something in a book and say 'This is a disease' when there's no proof that it is a disease.*

However sexual orientation and gender identity have come to be viewed by the medical and mental healthcare communities in the United States, Australia, New Zealand, Canada, UK, and much of Western Europe, many other countries where being LGBT+ is a crime or heavily restricted (such as Saudi Arabia, Iran, Russia, and Uganda) seem likely to object to the changes.

LGBT+ rights organisation GLAAD is **reporting** Ugandan president Yoweri Museveni