

**Department of Mental Health**  
**Guidelines for Implementation of Policy #21-01 – LGBTQIA+ Non-Discrimination Policy**  
**Revised April 2024**

In conjunction with the DMH LGBTQIA+ Non-Discrimination Policy (see [DMH Policy #21-01](#)) and DMH-wide vision and themes for Race, Equity and Inclusion (REI) integration (see [REI Integration Themes and Vision Statements.pdf](#)), the following operational guidelines and glossary have been set forth in an effort to establish best practices for delivering culturally responsive and equitable services to lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual (LGBTQIA), and gender non-conforming (GNC) persons<sup>1</sup>.

These guidelines:

- facilitate voluntary disclosure and documentation of sexual orientation and/or gender identity;
- support neutral and inclusive language;
- create a welcoming environment of care and work setting; and
- provide best practices for health care delivery to persons who identify as LGBTQIA+.

DMH is dedicated to being an affirming, inclusive, respectful, and safe environment that is intentional about equity for persons served and for all our staff. DMH is committed to creating and upholding a culture of inclusion for our LGBTQIA+ community. As DMH strives to be a model of health equity, we understand that our organizational success is intertwined with our collective awareness, and that we must continue to evolve and respect the identities of those in the LGBTQIA+ community.

<b>Environment</b>
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Creating an affirming, inclusive, respectful, and safe environment promotes trust and safety which can improve the health of persons who identify as LGBTQIA+. Before engaging in services, individuals need to know and feel that they are welcome. This means creating space where individuals can freely express themselves. Gender stereotyping, misconceptions and biases are not tolerated by anyone (e.g., client to staff, staff to client, client to client, staff to staff) and must be acknowledged and addressed. Toward this end, suggestions include:

At Agency Level

- *Hiring LGBTQIA+ staff at all levels throughout the agency to create a welcoming environment, and toward the delivery of equitable and competent services throughout the system.*
- *Using affirmative images, via artwork, signage, brochures, “safe space” stickers, etc. that include LGBTQIA+-friendly themes such as rainbows, transgender symbols, photos of LGBTQIA+ people.*
- *Ensuring websites clearly post non-discrimination policies and include images that are LGBTQIA+-themed.*
- *Adding affirmative imagery and content to education and marketing materials.*

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<sup>1</sup> The Glossary at the end of these Guidelines includes definitions of commonly used terms that are used in the Policy and Guidelines.

#### At Individual Level

- *Fostering an environment where people are treated with dignity and respect.*
- *Being aware of misconceptions, biases, stereotypes, and other communication barriers.*
- *Using gender-neutral language.*
- *Educating yourself about LGBTQIA+ and GNC health, partake in agency and secretariat LGBTQIA+ trainings.*
- *Understanding the impact of intersecting identities and oppressions.*

#### **Disclosure & Confidentiality**

An individual's sexual orientation and gender identity shall be exclusively determined by that individual; not by their legal guardian, a clinician, or anyone else. In addition, the degree to which an individual chooses to publicly identify as LGBTQIA+ or GNC shall be exclusively decided and acted on by that individual. For various reasons (including personal safety and comfort) an individual who identifies as LGBTQIA+ or GNC may choose to not disclose this information. Persons may disclose their sexual orientation and/or gender identity when, and if, they feel ready and when, and if, a safe environment and trusting relationship has been established.

#### **Names & Pronouns**

All persons shall be addressed by their self-identified name and pronouns in use. Recognizing persons by their chosen name and pronouns is a form of mutual respect and basic courtesy. Nothing may be more personal than the way in which people refer to our name and pronouns.

- *Staff should not assume gender based on a person's voice, clothing, appearance, or documentation, or ID.*
- *If you don't know someone's pronouns, it's okay to ask.*
- *Always use someone's pronouns in use unless you've been asked not to do so for a specific reason (e.g., safety or privacy concerns).*

Sometimes a person is accidentally misgendered. When mistakes are made they should be acknowledged, an apology should be given, and efforts should be made to move forward in a respectful manner. Keep your apology *brief* so that it doesn't become about you and your mistake. However, intentionally misgendering a person can be hurtful and a form of harassment. Staff members may not use language (for examples go to page 7 section on Harassment) that a reasonable person would consider demeaning, question, or invalidate a person's actual or perceived gender identity or expression. Not all persons identify on a binary scale—male or female—and may instead refer to themselves as “genderqueer,” “genderfluid,” “non-binary,” or other terms. Accordingly, the use of pronouns shall be determined by the individual, including the use of gender-neutral pronouns such as “they/them” or “ze/hir”. It is appropriate and best practice to ask someone which pronouns they use. This should be done in a private setting. If you are unsure of one's pronoun, use their first name instead of a pronoun. Never assume based on a person's hair, voice, body type, clothing, or name what pronoun they use.

## Email

Staff are encouraged to share which pronouns are preferred as part of a “signature.”

**Example:** *Jess Miller, LICSW*  
*Clinical Social Worker*  
*Pronouns: he, him, his*  
Or  
*Gabe Smith*  
*MHW*  
*Pronouns: they, them, their*

## Meetings

In-person or virtual meetings: As a best practice, introduce yourself using your personal pronouns.

## Official Communications

Official DMH documents (e.g., service applications and intake forms) may require the use of an individual’s legal name. However, those forms must do so by including spaces for the following:

- Legal name
- Chosen name (if applicable)
- Gender identity
- Pronouns

## Record Management

There shall be a process by which persons served can have their name and/or gender entered in their records from the date of request onward. Any entry in the medical record, however, cannot be modified or changed. Records may include biological sex assigned at birth when it differs from stated gender and when there is a reason that this medical information is needed in the care or planning for benefits for the person.

Employees who wish to change their name and/or gender may do so by contacting their human resources liaison/office and follow guidance at [Name Change Job Aid.pdf](#).

## Additional Resources

For additional resources please see our Pronouns Memorandum here [DMH Spotlight on Equity - Pronouns.pdf](#)

## Documentation

As recommended by major health care organizations, such as the Institute for Medicine and Joint Commission, to ensure the delivery of high-quality equitable care, staff should ask persons to self-identify their gender identity, sexual orientation and name and pronouns in use. Addressing individuals by their name and pronouns is part of person-centered care. Throughout the intake and screening process, staff should avoid making assumptions about an individual’s gender based on anything other than their own gender description. If an individual has not self-identified their gender identity, sexual

orientation and name and pronouns in use, best practice is to politely ask. Persons may be reluctant to disclose information and are not required to do so. Staff should explain why this information is sought, how it is integral to providing critical care, how the information is protected and disclosed.

- *Record gender identity and sexual orientation (SOGI) data in the medical record using the Patient Care System gender identity and sexual orientation assessment.*
- *It is best practice to ask a person served if they use a name other than their legal name or the name on file. If they do, record their self-identified/chosen name in the “also known as” (AKA) field. It is also recommended to ask what pronouns a person uses. It should be noted that a person’s presentation and gender identity may be fluid and this should be a continuous dialogue.*
- *Explain to the person served why it is important to collect SOGI information and that it will be used appropriately to improve service delivery.*

#### **\*Special Considerations When Working with Children, Youth & Families**

When working with families:

- Actively engage families in ways that acknowledge where they are in the process of understanding their child’s gender and gender presentation and acknowledge the family’s cultural background.
- Work to help families decrease risk and increase well-being for their LGBTQIA+ and GNC children.
- Be knowledgeable about resources to help parents, families, and guardians with LGBTQIA+ and GNC children, such as PFLAG groups and publications, SAMHSA’s “Helping Families to Support Their LGBT Children,” Sidney Borum’s Monthly Drop-in Night for Parents of Transgender Young People in Boston,” etc.

When working with minors who have a goal of social transition and support of their gender or medical treatment related to their gender dysphoria, including various forms of gender affirmation such as puberty blockers, cross-hormone treatment, or surgical intervention, but who may be at risk if this information was disclosed to parents/guardians, providers should:

- Consult with the DMH legal office if there are concerns with disclosing or withholding information from a minor’s parents or LARs. While parents or LAR are entitled under Massachusetts law to a minor’s health information and/or records, ideally, a minor’s gender identity or sexual orientation should not be disclosed to their parents or legal guardians without the minor’s consent, and shall include a discussion of options and implications.
- Seek clinical consultation regarding the options for social and medical interventions available for the youth, and the risks and benefits to the youth’s health and mental health for these options, as well as the risks and benefits of not exercising these options.

### Integrated Health Services

The provision of physical, mental health, and substance use care requires that all staff have a foundational knowledge and awareness of special considerations in caring for LGBTQIA+ and GNC individuals, including:

- Understanding mental health issues in the context of gender identity or sexual orientation.
- The ways in which oppression and minority stress have negative impacts on the mental and physical health of LGBTQIA+ and GNC persons.
- The benefits of working in an interdisciplinary approach when working with LGBTQIA+ and GNC individuals and the importance of working collaboratively with families (or other natural supports) and other providers to meet the needs of LGBTQIA+ individuals.

It is appropriate to support a person's served goals.

Transgender and gender non-conforming individuals should have access to consultation with health care professionals who have specialized knowledge and training in the medical care of gender-diverse patients for all health care.

Transgender and gender non-conforming individuals seeking transition-related health care, including hormone therapy or gender confirming surgery, should have access to knowledgeable and experienced care that follows the current standards of care and is not contingent on rewards or prescribed behavior.<sup>2</sup>

Transgender and gender non-conforming individuals who are currently undergoing hormone therapy should have readily available access to these medications, just as any other individual has the right to obtain medications that have been prescribed to them.

Consultation with a knowledgeable and experienced medical professional shall be provided to transgender and GNC individuals who are accessing hormones that are not prescribed by a DMH physician and who are admitted to a DMH inpatient facility.

DMH DOES NOT CONDONE OR ENDORSE CONVERSION THERAPY. Chapter 8 of the Acts of 2019, *AN ACT RELATIVE TO ABUSIVE PRACTICES TO CHANGE SEXUAL ORIENTATION AND GENDER IDENTITY IN MINORS* makes such therapy illegal.

### Searches at DMH Operated Inpatient Facilities

Persons may only be searched at DMH operated inpatient facilities in accordance with DMH regulation, policy, and procedure (See DMH Policy #19-01). When a search is authorized, staff should make all reasonable attempts to ensure that individuals are comfortable with the gender identity of the staff member conducting and overseeing the search.

- *A transgender, intersex, or gender non-conforming individual may be more comfortable with a staff member whose gender may or may not match their gender identity.*

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<sup>2</sup> See section on "Special Considerations when Working with Children, Youth, and Families"

### Room Assignments

In programs and/or housing segregated by sex, transgender and intersex individuals may be placed in the rooms, programs, and/or housing that corresponds to the gender an individual lives and identifies as. Decisions regarding room assignments, including placement of persons in a single room, should be made in consultation with the individual, and parent/LAR of minors as necessary. Placements shall be assigned with consideration of the wishes of the transgender and/or intersex individual. Some transgender and/or gender non-conforming individuals may not feel ready to be in the gendered space with which they identify. Concerns for privacy and emotional and physical safety should always be taken into consideration. Placements that go against the wishes of a transgender and/or intersex individual shall have a specific documented credible basis and shall not be based on a gender identity reason. Absent a clinical review of necessity, transgender individuals shall not be placed in a single room against their wishes if the program has the capacity to provide multiple occupancy rooms.

- *A transgender woman (MTF) should be placed in rooms, programs and/or housing for women, and a transgender man (FTM) should be placed in rooms, programs and/or housing for men, unless the individual indicates that they wish to be placed elsewhere.*
- *A non-binary individual (an individual who does not identify as a man or a woman) should be placed in rooms, programs, and/or housing that the individual feels is appropriate for their care.*

### Bathroom & Shower Facilities

Allow individuals to use bathrooms and showers that correspond to their gender identity. Offer the facilities based on a person's concerns regarding safety and comfort.

If possible, provide single-stall gender-neutral bathrooms for all individuals to use. Do not offer this as the only option for transgender and gender non-conforming guests. Restricting choices in this way may draw unwanted attention to the individual or situation.

Ensure bathrooms and shower stalls accommodate the need for privacy and safety of all individuals.

Where available, offer – but do not mandate – to all persons the use of individual shower stalls. If only open stalls exist in the facility, staff should make accommodations to ensure the privacy and safety of all. For example, staff can divide shower stalls with curtains or may make arrangements for people to use the shower at a time when the shower area is closed to others. As with bathroom facilities, do not require this as the only option for transgender and gender non-conforming persons. Restricting choices in this way may draw unwanted attention to the individual or situation.

### Clothing/Grooming

Expectations for attire should not be based on gender or gender identity. Gender non-conforming clothing and grooming practices should be accepted. The goal of this is to allow personal freedom and exploration in dress, gender expression, and presentation.

**Examples:**

- *A requirement that all persons wear clothing that covers their body from the chest to the knees is not based on gender.*
- *If a skirt is appropriate for your environment, then it is appropriate for anyone.*

There may be instances where clothing or grooming may need to be modified in order to adhere to safety and security practices.

**Examples:**

- *Long hair can be tied back.*
- *Fingernails must be maintained at a length that adheres to DMH safety and security practices.*
- *Jewelry may be worn as permitted by DMH safety and security practices.*

<b>Harassment</b>
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The DMH LGBTQIA+ Policy, Executive Order 592, and the EOHHS Sexual Harassment Policy all affirm that all LGBTQIA+ and GNC persons shall be treated with respect and shall be free from harassment due to their sexual orientation, or gender identification. Toward this goal, the agency shall work toward the creation of an environment that is safe and welcoming for all, including LGBTQIA+ and GNC individuals, and encourage intervention in instances where there is harassment.

**Examples of behavior that may constitute harassment of LGBTQIA+ and GNC persons include:**

- *Deliberately not using the person's self-identified/chosen name and/or pronouns.*
- *Asking a person's former name for unnecessary reasons.*
- *Inappropriate asking about a person's body, genitals, whether or not a person has had or plans to have surgery, or about their sexual activity for unnecessary reasons.*
- *Making derogatory remarks, jokes, insults, threats, or epithets about a person's sexual orientation, gender identity, gender expression, or other anti-LGBTQIA+-GNC comments.*
- *Deliberately disclosing someone's sexual orientation, gender identity, or intersex condition without their consent.*
- *Deliberately disclosing, without consent, that someone cross-dresses or dresses in a gender non-conforming manner.*
- *Telling someone that they cannot use a specific bathroom.*
- *Deliberately providing subpar care based on a person's sexual orientation or gender identity, such as denying treatment, withholding information, or neglecting their mental health needs.*
- *Creating an atmosphere that feels unwelcoming or hostile towards LGBTQ+ individuals by allowing or participating in conversations or actions that perpetuate discrimination, bias, or prejudice.*
- *Excluding LGBTQIA+ individuals from group activities, therapy sessions, or support groups based on their identity.*

A violation of the LGBTQIA+ Non-Discrimination Policy may subject an employee to disciplinary action even though such violation may not constitute unlawful harassment.

## Workplace Protections & Hiring

All LGBTQIA+ and GNC persons are protected by applicable state and federal non-discrimination laws including, but not limited to:

- Title VII of the Civil Rights Act of 1964
- MGL, c. 151B
- MGL, c. 272
- Executive Order 592

DMH employees and persons receiving services are also protected by the DMH LGBTQIA+ Non-discrimination policy.

Privacy and confidentiality may be critical for transgender employees who may be transitioning. For such individuals, Human Resources (HR), in conjunction with an appropriate manager and the Diversity Officer, shall ensure that workplace gender identity and transition issues are handled appropriately. This includes having HR work with managers and employees to ensure that employees fully understand their health benefits, leave and time off, and process for changing identification.

Recruitment/hiring efforts should include, but not be limited to, the following:

- Outreach to LGBTQIA+ organizations/groups to hire LGBTQ+ staff at all levels of the organization, to increase LGBTQIA+ competency and representation and, to create a welcoming environment for LGBTQIA+ and GNC individuals.
- Awareness of responses to diversity questions in interviews that reflect LGBTQIA+ knowledge, skills, experience, and/or competence.

## Training

The Department of Mental Health is committed to ensuring its staff have a foundational knowledge and awareness of LGBTQIA+ and GNC issues, including, but not limited to the following:

- How mental health issues may or may not be related to gender identity and the impact of minority stress;
- The benefits of working in an interdisciplinary approach when working with LGBTQIA+ and GNC individuals and the importance of working collaboratively with family and/or other providers; and
- The impact of culture, including language, and implications for assessment and treatment.

Suggested specialized trainings may include, but are not limited to, the following:

- Train supervisors/managers regarding supporting LGBTQIA+ staff and/or staff working with LGBTQIA+ and GNC individuals.
- Explore different tracks to be developed for different disciplines and job titles, and offer specialized trainings for each.
- Train Child, Youth, and Family staff on the specialized medical needs and options for transgender, intersex, and gender fluid children under the age of 18 – for instance, the different types of puberty blockers and hormone treatment, how these may help, which physical changes that puberty or medications may cause and are reversible and which are not.



- Train staff to understand the need to help such children engage with pediatricians who have training and experience in working with gender diversity and who can talk to youth and their families about gender identity; gender dysphoria; options for delaying puberty and/or ensuring a puberty which conforms to a child's gender identity; sexual health; family planning and reproductive options for the future.
- Train staff working with children on the legal rights of LGBTQIA+ and GNC minors as well as the legal rights of the parents/guardian in relation to these guidelines, and ideas on how to work through the common conflicts and ethical dilemmas which exist when providing care; Provide resources within DMH and at community agencies which advocate for LGBTQIA+ and GNC persons and persons with lived mental health experience which can be accessed when trying to address these issues.
- Train staff on the rights of the transitioning and transgender person in relation to medical benefits and coverages for transition, ongoing specialized care if needed, etc.
- Training staff on MHIS changes.

All staff should be made aware of other educational resources/opportunities such as webinars, websites, listservs, trainings, etc. Explore multiple options for dissemination of this information.

In the development of LGBTQIA+ training:

- Training should include strategies for addressing individuals in a respectful manner.
- Training should include recognition of personal biases, including cultural and religious biases.
- Training should cover intersectionality
- Training should include the hallmarks of tokenism/stigmatization.
- Trainings should be developed and delivered by appropriate trainers, including LGBTQIA+ and GNC individuals, when possible or practicable.
- Trainings should ideally be developed collaboratively and offered to the larger DMH "community," including vendors, families, and persons served.
- Area Diversity Committees should include LGBTQIA+ and GNC issues and be consulted with for these issues.

## GLOSSARY

**Asexual:** describes a person who experiences little or no sexual attraction to others. A person can additionally or instead be aromantic, meaning they do not experience romantic attraction.

**Assigned sex:** designation at birth as female, male or intersex. Based on anatomy, chromosomes, and hormones.

**Chosen name:** The name a person identifies with for the purposes of self-identification and how they expect to be referred to by others during their care or their employment.

**Cisgender:** A person whose gender identity aligns with societal expectations of their assigned sex.

**Disability:** A physical or mental condition that substantially limits one or more major life activities of a person; a record of having such impairment; or being regarded as having such impairment.

**Discrimination:** Any unlawful work-related act, policy or practice by which DMH or a contracted vendor, by itself or through its agent, and because of actual or perceived membership in a Protected Class status, commits Harassment, discharges or refuses to hire or employ an individual, or discriminates against an individual in compensation or in terms, conditions or privileges of employment, unless based upon a bona fide occupational qualification.

**Diversity Manager/Officer:** The EHS Employee who is responsible for planning, organizing and directing all aspects of diversity, affirmative action, and equal employment within the DMH.

**Employee:** Any individual holding a full or part-time position, including a state employee, contract employee, individual consultant, temporary employee, volunteer, trainee, intern, or student, regardless of whether the individual receives compensation and the source of funding for the position. A current client of a facility or program who provides services at that facility or program will not be considered an employee at that facility or program.

**Equity:** A feasible state in which all people have equal civil rights, opportunities, and access to resources; reached by valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of disparities

**Equitable Care:** Delivering care that does not differ in quality according to characteristics of the patient or patient group such as their age, gender, gender geographical location, cultural background, ethnicity, religion and socioeconomic status.

**Gender Expression:** The manner in which a person expresses gender through clothing, appearance, behavior, speech, etc. A person's gender expression may vary from the norms traditionally associated with the person's assigned sex at birth. Gender expression is a separate concept from sexual orientation and gender identity. For example, a male may exhibit an effeminate manner, but identify as a heterosexual male. Gender expression may look different throughout time and in different cultures.

**Gender Fluid:** A person's gender identity shifts over time (rapidly or slowly) between any number of binary and/or nonbinary genders.

**Gender Identity:** An individual's internal view of the person's gender; one's innermost sense of being male, female, both or neither. One's gender identity may or may not correspond to the sex assigned at birth. Gender identity includes, but is not limited to trans woman, woman, trans man, man, agender, genderqueer, genderfluid, non-binary, and many others.

**Gender Non-Conforming (GNC):** A person who does not follow culturally dominant ideas and/or stereotypes about how the person should look or act based on the male or female sex they were assigned at birth.

**Harassment:** Any unlawful work-related speech or behavior that is subjectively and objectively unwelcome, offensive, or intimidating, and is based on actual or perceived membership in or association with a Protected Class that creates an abusive working environment.

**Inclusion:** Authentically bringing excluded individuals and/or groups into processes, activities, and decision making in a way that results in equitable outcomes for all people.

**Individual Served:** A person who is receiving DMH services at a DMH operated or contracted inpatient facility, mental health center, or other community program.

**Intersectionality:** The complex, cumulative manner in which the effects of different forms of discrimination combine, overlap, or *intersect*.

**Intersex :** An umbrella term for differences in sex traits or reproductive anatomy. Intersex people are born with these differences or develop them in childhood. There are many possible differences in genitalia, hormones, internal anatomy, or chromosomes, compared to the usual two ways that human bodies develop.

**Legally Authorized Representative (LAR):** A guardian or other fiduciary granted applicable authority by a court of competent jurisdiction, or, in the case of a minor, the parent(s) or other individual or entity with legal custody of the minor.

**LGBTQIA+:** Individuals who identify as, or are known to be, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, or gender non-conforming. For the purposes of the policy, DMH is using the term "LGBTQIA+." However, the intent of the policy and this guidance is to include all persons who, in any way or manner, identify on the spectrum of diverse Sexual Orientations and Gender Identities.

**Misgendering:** When you intentionally or unintentionally refer to a person, relate to a person, or use language to describe a person that doesn't align with their gender identity.

**Non-Binary:** Individuals who do not identify their gender identity as male or female, but might identify as both male and female, an identity in between the spectrum of male and female, or completely outside of the spectrum of male or female. Non-binary individuals reject the idea that there are just two genders. Other terms that often fall under this umbrella are genderqueer, gender fluid, agender, and many others.

**Pronoun:** Take the place of someone's name.

**Protected Category:** A group of people protected by law from discrimination or harassment based on their membership or association in the group. Pursuant to M.G.L. 151B, protected categories include race, color, religion, national origin, ethnicity, ancestry, age, disability, sexual orientation, gender identity, gender expression, intersex condition, military status, and criminal record (for employment applications only).

**Sexual Orientation:** A person's emotional, romantic, and/or sexual attraction to persons of the same or different gender.

**Resources:**

[Equitable Health Care Requires Inclusive Language \(hbr.org\)](https://hbr.org/equitable-health-care-requires-inclusive-language)