

# LGBT inclusive mental health services

A guide for health and social  
care service providers



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# Mental Welfare Commission for Scotland

## Who we are

We protect and promote the human rights of people with mental health problems, learning disabilities, dementia and related conditions.

## What we do

- Provide advice, information and guidance to people who provide mental health and learning disability services.
- Empower individuals and their carers through advice, guidance and information.
- Check that individual care and treatment is lawful and in line with good practice.
- Promote best practice in applying mental health and incapacity law.
- Influence legislation, policy and service development.

## Who is this guidance for?

We hope that staff in mental health wards, community services and primary care services will find this guide useful.

People who are receiving care or treatment for mental ill health and their family/friends may also find this guide helpful.



## Why did we produce this guidance?

We hope this guidance will raise awareness of LGBT rights in mental health services, and help health and social care services to provide high quality care and support to **everyone** with a mental illness.

People who are lesbian, gay, bisexual and/or trans (LGBT) make up at least seven per cent of the population. This percentage is probably higher as many people are reluctant to answer questions about their sexuality and/or gender identity in surveys.

LGBT people experience higher rates of mental ill health, particularly anxiety, depression and eating disorders, than the general population. There is also a higher rate of suicidal ideation and self-harm: 20-25% compared with 2.4% in the general population.

Gender and sexual orientation are protected characteristics under the Equality Act 2010 (for more information on the Equality Act 2010, see the equality section on page 15). Although this guide focuses on LGBT inclusion, much of the learning is transferable to other equality strands.

Mental illness is still linked with stigma, as is minority gender identity, sexual orientation and other protected characteristics such as ethnicity and disability. Stigma and negative interactions have a major impact on LGBT people's mental health and wellbeing.

Stigma is particularly prevalent against transgender people: according to the Scottish Trans Alliance, 63% have experienced one or more negative interactions in general mental health services.

## Mental Welfare Commission for Scotland

Compared to most people who access mental health services, LGBT people are much more likely to have experienced:

- bullying and name calling at school
- hostility or rejection by family
- danger of violence in public places
- rejection by some religions
- harassment
- casual homophobic/biphobic/transphobic comments
- negative experiences of healthcare professionals

This may be particularly true for older people who will have grown up at a time when same sex relationships were illegal.

LGBT people may still be offered conversion therapy to 'cure' them. Being LGBT is not an illness; there is no evidence that conversion therapy can change sexual orientation or gender identity and it can be harmful.

Even though awareness of LGBT issues has improved, a survey in 2012 found that 99% of LGBT young people had heard gay being used as a derogatory term and 55% had experienced homophobic bullying. Eighteen per cent of people in Scotland still hold discriminatory attitudes towards same sex relationships.

These experiences can contribute to mental health problems and also create barriers to accessing help.

We believe that everyone – regardless of sexual orientation or gender identity – with a mental illness, learning disability, dementia or related condition should be treated with dignity and respect. We want mental health services to be as accessible as possible to LGBT people, to understand their needs, and deliver a positive person-centered experience.

## LGBT identities

It is easy to get confused and to cause offence without meaning to do so. Some concepts can be difficult to understand, especially gender identity. This refers to which gender someone identifies with, while sexual orientation refers to who someone is attracted to. Like anyone else, trans people can be straight, gay, lesbian or bisexual.

Below is a list of commonly used terms related to lesbian, gay, bisexual, and trans people.

**LGBT** is the acronym widely used to describe lesbian, gay, bisexual and trans people. Other terms used include LGBTI, where I stands for intersex, and LGBT+, where the plus sign stands for a range of less common gender/sexual orientations.

**Intersex** people are born with variations of sex characteristics which do not always fit society's perception of male or female bodies. Intersex is not the same as gender identity or sexual orientation.

**Transgender** people and **trans** people are equivalent inclusive umbrella terms used to describe people whose gender identity or gender expression does not fully correspond with the sex they were assigned at birth. There are a wide variety of more specific terms, including (but not limited to) trans women, trans men, non-binary people, and cross-dressing people. For more info see the contact details for the Scottish Trans Alliance on page 19.

**Gender reassignment** is the language used in the Equality Act to refer to any part of a process of transitioning to live in a different gender (regardless of whether any hormonal or surgical changes take place). Some trans people who undergo gender reassignment might refer to themselves as transsexual people.

## LGBT identities

LGBT people are not a homogenous group but rather a diverse community who at times can share common inequalities and experience prejudice.

The important message to remember is that people don't fit into neat boxes. You must always focus on the individual that you are treating or caring for.

Also, be aware of issues which can be faced by **LGBT carers** (partners, family or close friends). These include devaluing of LGBT relationships, presumptions of heterosexuality, awkwardness or avoidance from staff, and exclusion from decision making in favour of their partner's biological family. These can add to the stress experienced by carers.

"Living in my area there is the perception of the public that I have to blend in to; no one has discriminated against me but I don't know what would happen if I was more open." LGBT mental health patient 2016.



## What can you do as a mental health practitioner?

### Avoid assumptions

Do not assume that a patient is heterosexual. Use gender neutral language in initial questions, such as "Do you have a partner?" or "Do you live with someone?" Use gender neutral language when asking about previous relationships, as sexuality may have changed; or the gender of their partner may differ if the patient is bisexual.

Do not assume you know someone's sexuality or gender identity based on the way they look. Respectfully asking is often the best thing to do.

Someone might be LGBT but not want to be 'out' (being open about their LGBT identity) to professionals. For some people, it is a very private matter irrelevant to their need for care or treatment.

Do not assume that an LGBT patient is out to all of their family. Treat this as confidential information unless you have asked if it is OK to mention it.

Be aware that sharing a person's transgender status without their permission is an offence under the Gender Recognition Act 2004.

Do not assume that an LGBT patient has had positive previous experiences of mental health services: many will not have.

"In my experience in hospital, blokes made jokes about young gay men and compared them to paedophiles." LGBT mental health patient 2016.

### Case study

Susan has been in a relationship with Joy for five years. Previously she was married but is now divorced. She is being admitted to a mental health ward for assessment and the nurse asks her if she has a husband or boyfriend to be next of kin. She feels awkward and names her ex-husband as next of kin. She then feels guilty about this which makes her feel worse. Joy feels offended that their relationship has not been recognised.

## What can you do as a mental health practitioner?

### Avoid inappropriate questions

This means asking questions that deal with more intimate topics than you would ask someone who is not LGBT. Do not let curiosity override your usual sensitivity.

If you are unsure of which pronoun to use, e.g. he or she, ask the person. If you get it wrong, apologise briefly and continue the conversation: profuse apologies often lead to more awkwardness.

### Case study

Since he was 12, James has identified more as a female than a male. In his late teens and early twenties, he had a number of admissions to a psychiatric ward. She now fully identifies as a woman; she wants to be known as Jessica and wears female clothing and make-up although gender reassignment surgery has not yet happened. Jessica was admitted to a mixed hospital ward where she was known as James during a previous admission. She was admitted for observation as she has been having suicidal thoughts. Some of the patients in the ward are making fun of Jessica and some of the staff are at a loss as to how to refer to her.

## What can you do as a mental health practitioner?

Tips for helping Jessica:

- Ask Jessica how she prefers to be addressed.
- Staff and other patients may need some advice from either leaflets about trans issues or specialist organisations.
- Do not refer to her as Jessica in inverted commas in case notes. It is her preferred name.
- If the ward has separate gender bathing and toilet facilities, ensure that Jessica can access facilities appropriate to her gender identity.
- Build a rapport with Jessica in the same way you would with any other patient.
- Ensure that any medication, including gender reassignment hormone medication (such as hormone tablets, injections and topical gels) Jessica is already receiving are continued in the same manner as any other prescribed medication would be.
- Provide her with the opportunity to discuss her gender identity in private.
- Ask whether she has any concerns about her current and future safety, dignity and privacy and how these can be addressed.
- Issues arising from her gender identity should be addressed in risk assessments and care plans.

If you are unsure about something, ask the patient about their experience and how you can best support them, or seek advice from your employer or a specialist external LGBT organisation.

## What can you do as a mental health practitioner?

### Acknowledge LGBT partners and carers

Do not make LGBT partners feel awkward or excluded.

Acknowledge the importance, for some LGBT people, of a group of friends (their family of choice). They may be a crucial source of care and support. Be aware that there may be tensions between the role of biological family, family of choice and a same sex partner.

### Case study

Ross is a 23 year old gay man with a diagnosis of depression. He has been on anti-depressants for several years which he has found to be generally beneficial to his wellbeing. Recently he has been going through a difficult time due to pressures at work and a family bereavement. He has visited his GP who has referred him to a community psychiatric nurse (CPN). Ross has gone to see the CPN with his partner Martin, but the CPN will only talk to Ross about his difficulties without Martin being present. Ross explains his recent feelings of anxiety and depression and the CPN asks directly if being gay is a factor in Ross' increased depression. Ross says no to this, but is not forthcoming with further information. The CPN then recommends an increase in his medication levels and a referral to a mindfulness course that is being run in the local hospital. Ross does not follow up on the course nor take the higher dose of medication.

## What can you do as a mental health practitioner?

Tips for helping Ross:

- Ask if he wants his partner to be present at the session. It was clear that Ross wanted his partner to be acknowledged and present to support him.
- Ask open questions about why Ross thinks he is feeling worse. Do not make assumptions.
- Do not assume that being gay has anything to do with why Ross is presenting for support; and do not assume it does not.
- Bear in mind that sexual orientation can impact on relationships with family, and give rise to discrimination and hate crime; all of which can have an impact on mental health.
- Be aware that not fully acknowledging Ross' sexual orientation may have been perceived as insulting and contributed to his non-compliance with treatment.

### Look around

Are there posters, leaflets and other informative materials in your ward, clinic or care setting inclusive of LGBT people, and people with other protected characteristics? For example, are there posters that show same sex couples?

Are there posters or leaflets for LGBT groups or services in public areas?

### Speak up

Do not stand by if you see homophobic language or behaviour being displayed by patients or by staff.

## What can your service do?

### Environment

It is important to create an environment where LGBT people feel safe and able to be themselves. They should not need to hide who they are for fear of negative reactions or harassment. Make sure LGBT friendly posters and leaflets are displayed and local LGBT groups are signposted.

Use the LGBT Health and Wellbeing audit tool to assess how LGBT friendly your service is, then develop an action plan to deal with any issues found.

<http://www.lgbthealth.org.uk/online-resources> (under audit tools)

### Staff

Make LGBT awareness part of induction training for all new staff. Have regular refresher training for existing staff at all levels, from managers to front line staff. Ensure that training includes lesbian, gay, bisexual, and trans issues.

### Policies and Procedures

Your complaints procedure should explicitly include discrimination, and should be clear and accessible. There should also be a way for people to make anonymous complaints so they do not need to out themselves to report discrimination.

Monitor gender identity and sexual orientation across your service.

### Good Practice example

NHS 24 identified improving mental health services as a key organisational priority.

The service considered groups which they knew experienced particularly high levels of poor mental health. Building on existing work to improve equality for LGBT people, NHS 24 set up a partnership between Stonewall Scotland and Breathing Space, their mental health hotline.

Through this, they ensured that staff were trained in LGBT mental health issues and developed joint resources to promote the service as LGBT friendly.

## Equality and Human Rights

Human rights are for everyone. They were recognised by law in 1953 when the European Convention on Human Rights (ECHR) came into force.

The ECHR consists of articles that apply to everyone in the UK and the rest of Europe.

Article 14 is a relevant example for this guide:

### Article 14 - Right not to be discriminated against

The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

In 1998, the Human Rights Act embedded most of the fundamental rights and freedoms of the ECHR directly into UK law.

The Human Rights Act directly affects the rights of people in their daily lives; all public authorities, such as hospitals, schools, local authorities and courts are required to comply with those rights.

The Equality Act 2010 consolidated all anti-discrimination legislation in the UK. It covers a range of issues relevant to specific protected characteristics.



## Equality and Human Rights

Sexual orientation, for example, is one such protected characteristic, alongside race, sex, gender reassignment, disability, age, marriage and civil partnership, pregnancy and maternity, and religion and belief.

This means that everybody, whether they are lesbian, gay, bisexual or heterosexual, is protected from discrimination based on their sexual orientation.

The Equality Act 2010 includes a clear set of public sector duties (the public sector Equality Duty), and is designed to support and guide public bodies in addressing inequalities experienced by their staff and service users. The duty covers all the work of a public body, including the services it contracts out to external organisations.

The general duty states that public bodies, such as the NHS, in all of their functions, must consider:

- eliminating discrimination, harassment and victimisation
- advancing equality of opportunity
- fostering good relations between different groups

## Where to get advice, information and resources

The following organisations are experts on LGBT specific issues, and offer a range of advice, information and resources.

### LGBT Health and Wellbeing

LGBT Health and Wellbeing promotes the health, wellbeing and equality of lesbian, gay, bisexual and transgender people in Scotland. They provide support and services for adults in Glasgow and Edinburgh, with a particular focus on mental and emotional health.

They also deliver the Scottish LGBT Helpline and work with practitioners to raise awareness of LGBT issues and make mainstream services more accessible and inclusive.

Their website contains a range of information resources aimed at professionals, including the LGBT mental health audit tool.

[www.lgbthealth.org.uk](http://www.lgbthealth.org.uk)

### LGBT Youth Scotland

LGBT Youth Scotland is the largest youth and community-based organisation for lesbian, gay, bisexual and transgender (LGBT) people in Scotland.

They offer information and advice, primarily for young LGBT people, but also to families, carers, schools and other supporters of young people.

[www.lgbtyouth.org.uk](http://www.lgbtyouth.org.uk)

## Where to get advice, information and resources

### LGBT Helpline Scotland

The LGBT Helpline Scotland provides information and emotional support to lesbian, gay, bisexual and transgender people and their families, friends and supporters across Scotland. They also support those questioning or wanting to discuss their sexuality or gender identity.

<http://www.lgbt-helpline-scotland.org.uk/>

0300 123 2523 (Tuesday and Wednesdays 12-9pm)

### Equality Network

The Equality Network is Scotland's national lesbian, gay, bisexual, transgender and intersex (LGBTI) equality and human rights charity. They have a range of resources and deliver training on LGBTI issues. The network also has an online directory of LGBTI organisations across Scotland.

[www.equality-network.org](http://www.equality-network.org)

### Equality and Human Rights Commission (EHRC)

The EHRC is a statutory non-departmental, independent public body which works to safeguard and enforce the laws that protect people's rights to fairness, dignity and respect.

They use their powers to challenge discrimination, promote equality of opportunity and protect human rights. The EHRC works with other organisations to achieve these aims.

The EHRC has produced guidance on sexual orientation discrimination.

<https://www.equalityhumanrights.com>

<https://www.equalityhumanrights.com/en/advice-and-guidance/sexual-orientation-discrimination>

## Where to get advice, information and resources

### Stonewall Scotland

Stonewall Scotland works with a range of stakeholders from individuals, local groups, public bodies and voluntary sector to deliver national and international work and campaigns.

[www.stonewallscotland.org.uk](http://www.stonewallscotland.org.uk)

### Scottish Trans Alliance

The Scottish Trans Alliance is part of the Equality Network. It specifically works to improve gender identity and gender reassignment equality, rights and inclusion in Scotland. STA provides a number of useful resources as well as a very informative "intro to trans terms" available from their website.

[www.scottishtrans.org](http://www.scottishtrans.org)





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