

# **LGBT+ Mental Health Audit Tool**



A guide for mental health services and organisations to becoming more LGBT+ inclusive

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# The development of the audit tool

### Background

LGBT Health and Wellbeing launched its Mental Health Demonstration Project in July 2010. The project was the first of its kind in the UK. The project was funded by the Scottish Government. A key outcome of the project was to develop a practical and lasting tool that would support the development of LGBT+ inclusive practice within mental health services.

The tool was developed with input from a wide range of statutory and third sector representatives. This included advisory group members from the Scottish Recovery Network (SRN), Scottish Government, NHS Health Scotland, CAPS Independent Advocacy and NHS Lothian. The audit tool was also shaped by our research with individuals who directly use mental health services.

The audit tool is designed to be used by any individual or team that provides a direct service to people. It is aimed at helping services think about their current practice and identify any further steps that they can take to improve their current practice.

#### Update

A refresh of the tool was given in 2021 by members of the <u>LGBTQIA+ Collective Advocacy</u> group at CAPS Independent Advocacy to reflect current changes in terminology and best practice. The group is made up of a diverse range of people identifying as LGBTQIA+, with lived experience of mental health issues, living in Edinburgh.

The intersecting identities of the group provided a good scope of experiences and viewpoints to input into the tool. The group was eager to contribute to the refresh of the tool, to ensure that the voices of people in the community were being seen and heard and to ensure that spaces are safe and inclusive. Refreshing the tool gave members a voice to share what they would like to see from services and was an empowering experience to do something for their community.

Members of CAPS also developed several resources to accompany the audit tool which can be found on the LGBT Health & Wellbeing site.

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## **About LGBT Health and Wellbeing**

LGBT Health and Wellbeing works to improve the health, wellbeing and equality of lesbian, gay, bisexual and transgender (LGBT) people in Scotland.

We create and promote opportunities to improve and equalise the social, emotional, physical and mental health and wellbeing in Scotland, through a programme of activities, events, courses and community groups.

For further information about our work visit www.lgbthealth.org.uk



## **Being LGBTQIA+: current experience**

# Background context

Attitudes towards lesbian, gay, bisexual, transgender, queer, questioning, intersex people and other people identifying under the LGBTQIA+ umbrella, have undergone significant and positive change over recent decades. In many ways, LGBTQIA+ visibility is much higher, and whilst the Equality Act (2010) has given LGBTQIA+ people greater legal protection from discrimination, ignorance, negative attitudes, and stereotypes around LGBTQIA+ people and identities continue to be prevalent in society.

LGBTQIA+ people constitute a very significant minority: 2019 statistics show around 6% of the adult population identify as LGB (ONS 2019). However, the UK does not routinely collect data on the prevalence of transgender and nonbinary communities. This indicates how these groups are overlooked. Whilst increasing numbers of LGBTQIA+ people can live open, happy and successful lives, many others face complex challenges. LGBTQIA+ people in Scotland continue to encounter discrimination, prejudice, stigma, harassment and hate crime, based on their sexuality and/or gender identity.

Whilst many LGBTQIA+ individuals have no issues or concerns regarding their own identity, they may be contending with the prejudices of others, the intolerance of other people, or a lack of understanding or acceptance from others.

Many LGBTQIA+ people continue to face rejection (or fear of rejection) by family, friends, colleagues, neighbours and therefore often avoid being "out" in many spheres of their lives. Societal ignorance, marginalisation or outright hostility can result in acute health inequalities including a very high prevalence of psychological distress (increasingly referred to as "minority stress") and poor mental health. This can cause LGBTQIA+ people to feel unable to access mental health services, even in a crisis.

Reasons may include previous experience of poor, non-inclusive treatment or support, and fear of having to explain or "out" themselves in order to correct or challenge a person's incorrect assumption.

The LGBT in Britain report by Stonewall in 2018 found that:

- One in seven LGBT people (14%) have avoided treatment for fear of discrimination because they're LGBT.
- One in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23%) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff.

• One in twenty LGBT people (5%) have been pressured to access services to question or change their sexual orientation when accessing healthcare services. While one in five trans people (20%) have been pressured to access services to suppress their gender identity.

Coupled with these complex needs is a widespread lack of understanding of the day-to-day experiences and challenges faced by many LGBTQIA+ people. This means the response of many mainstream health and support services often fails to fully meet the needs of LGBTQIA+ people.

## The audit tool explained

#### Why use the audit tool?

• The Equality Act 2010 consolidates many of the protections against discrimination in employment and the provision of goods and services. Any organisation delivering a public service must consider the needs of different groups who might use the service and commit themselves to tackling inequality. As well as ensuring you work within the law you can also use this tool to ensure that you are treating LGBTQIA+ service users fairly and equally.

The Scottish Government Mental Health Strategy also covers the need for equal access under commitment 14 – equality of access to services.

• Using the tool will help to encourage you to think about LGBTQIA+ people's experience of your service. Recognising the diverse needs of individuals is a core component of providing good quality care and support – LGBTQIA+ affirmative practice enhances people's overall experience of your service.

• It is easy to use and designed to help you think about what practical steps you can take to develop your service, so it meets the needs of the LGBTQIA+ community. This tool is about recognising diversity and how this shapes people's experience of your service.

• Simple changes can have a significant impact on the way that LGBTQIA+ people experience your service. The tool can also be used to promote, share and celebrate good practice in order to improve the standard of service delivery for LGBTQIA+ people.

#### Who should use it?

Any individual or team that provides mental health services could benefit from using the audit tool. The tool is designed to help you think about your practice and the practical steps that you can take to continue to improve your current practice.

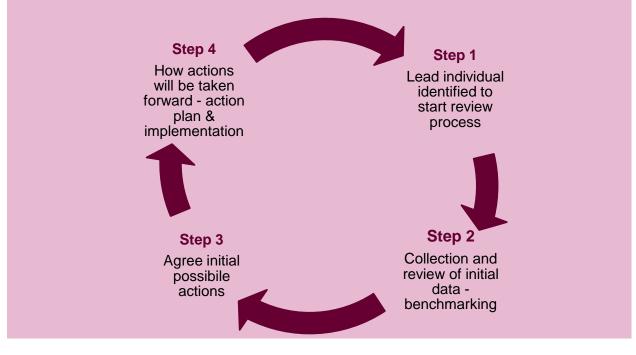
The audit tool has been developed with input from LGBTQIA+ people and a wide range of statutory and third sector representatives.

#### How to use it?

This tool can be used to gain an overall "snapshot" of your service and it will help you think about ways that you can continue to develop your practice in a way that supports LGBTQIA+ inclusion. lt is suggested that several staff get together to jointly complete the You might also want to audit. involve people who use your service. Joint discussion around the completion of the audit tool is helpful to generate ideas and explore ways of doing things.

### The audit tool process

You can start to use the audit tool at any time; however, you will need to think about the circular nature of the review process. Once you have completed step 4 you will need to agree when you plan to start the process again. This will also help you identify the progress you have made and the steps you can take toward further progress.





1. Staff providing services are supported to develop an <b>awareness of working</b> <b>with LGBTQIA+ people</b>	2. The service is <b>safe and</b> <b>accessible</b> for LGBTQIA+ people		3. The service has relevant <b>policies</b> <b>and procedures</b> to support LGBTQIA+ inclusive practice
4. The service undertakes relevant equality monitoring with sexual orientation and gender identity included			e is proactive about its publicity, and

### Thinking about evidence gathering

You do not need to physically gather all this information, but the main thing is you know that it exists, and you could use it to showcase your practice.

Evidence can be gathered from various sources; some examples may include:

<ul> <li>Service literature including brochures and leaflets</li> </ul>	<ul> <li>Review and assessment paperwork</li> <li>Daily case notes (whilst maintaining</li> </ul>
and leanets	service user confidentiality)
<ul> <li>Information contained on your websi</li> </ul>	Complaints / Suggestions log
-	
including signposting to LGBTQIA+	<ul> <li>Other service evaluations or self-</li> </ul>
specific organisations	 assessments
	<ul> <li>Training records and plans</li> </ul>
<ul> <li>Results from annual surveys,</li> </ul>	<ul> <li>Induction records and development</li> </ul>
inspections, or consultations	plans
······································	Service or organisational newsletters
<ul> <li>Discussions from staff teams, people</li> </ul>	Relevant policies and procedures
who use your service, and carers	

You may think that no LGBTQIA+ people are using your service because no one has come out to you; but this is highly unlikely.

- Don't assume because someone hasn't told you they are LGBTQIA+ that they are not. This could lead to you unintentionally misinterpreting their needs.
- Assuming that people are heterosexual is common. Making assumptions about sexual orientation may not be intentional but it can make people feel excluded and isolated.
- Remember the LGBTQIA+ people you support might have had negative experiences coming out to services in the past.
- Managers need to acknowledge and be supported to open discussions. Concerns around this are normal and worries should be discussed at the outset.
- The following pages display each category and how you may want to include more detailed actions and notes to help you gather your ideas and evidence. These are just ideas to get you started – there is space to complete your notes for each subsequent category.

<b>Category one:</b> Staff providing services are supported to develop an awareness of working with LGBTQIA+ people.	Evidence – where can I find evidence?	What we are doing well?	How could we improve?
Self-assessment focus area			
1. All staff receive continuous up to date LGBTQIA+ awareness training and are encouraged to reflect on their practice.			
2. Staff understand the specific mental health inequalities that LGBTQIA+ people may face as part of their continuous professional development (CPD).			
3. Staff have complete confidence in discussing matters relating to the LGBTQIA+ spectrum and can confidently, and appropriately, ask / answer related questions.			

Category one Staff providing services are supported to develop an awareness of working with LGBTQIA+ people. Self-assessment focus area	Evidence - where can I find evidence?	What we are doing well?	How could we improve?
4. Staff are knowledgeable and confident to signpost people to relevant LGBTQIA+ organisations			
5. Staff have an understanding about negative LGBTQIA+ stereotypes so that they can recognise and challenge these when they arise. To create a "safe space".			

• Ensure that all staff receive LGBTQIA+ awareness training, which includes acknowledging stereotypes and recognising any unconscious bias or assumptions that may be present

- Existing training materials (out with LGBTQIA+ specific training) should also be reviewed for LGBTQIA+ inclusivity.
- Service can signpost staff members to additional LGBTQIA+ training and resources outside of workplace training as part of CPD.
- Active discussion on LGBTQIA+ issues and topics are encouraged within the teams and workplace.
- Staff have easy access to information relating to LGBTQIA+ health and wellbeing to help with signposting.
- Staff are aware of issues related to intersectionality and account for this in their practice.

#### See our Intersectionality resource for more details.

Any other notes:

"You can never underestimate the significance and the importance of having a practitioner who has a holistic approach to the people that they're seeing."

Category two The service is safe and accessible for LGBTQIA+ people. Self-assessment focus area	Evidence - where can I find evidence?	What we are doing well?	How could we improve?
1. The service environment is welcoming and there are visible explicit signs of LGBTQIA+ inclusivity.			
2. Staff challenge stereotypes and assumptions, including from other people who use the service. The service does not tolerate discriminatory language or behaviour. Staff take appropriate action to ensure people feel safe within the service, including maintaining confidentiality.			
3. Partners and carers who belong to the LGBTQIA+ community are fully involved in care/support planning. Service providers are aware of individual needs and needs in relationships.			

Category two The service is safe and accessible for LGBTQIA+ people. Self-assessment focus area	Evidence - where can I find evidence?	What we are doing well?	How could we improve?
4. Ensure the service has policies in place that target discrimination, bullying/harassment, and complaints. These policies should be regularly updated to reflect changes in wider- policy and service user feedback.			
5. Staff help create open communication and do not use language that assumes heterosexuality, cisgenderism, allosexuality and the gender binary.			

• Service will develop a "Safe Space" policy clearly setting out expectation of all staff to challenge discriminatory remarks.

• Develop a "statement of care" or support that explicitly states that the service wants to work with all sections of the community – LGBTQIA+ affirmative language is used.

• Review service information/literature in reception areas. Literature examples include leaflets on rights of LGBTQIA+ identities and magazines targeted to the LGBTQIA+ community.

Creating a safe space resource: http://www.lgbthealth.org.uk/wp-content/uploads/2015/01/Creating-a-safe-space.pdf

Any other notes:

<b>Category three</b> The service has relevant policies and procedures to support LGBTQIA+ inclusive practice	Evidence - where can I find evidence?	What we are doing well?	What we could improve?
Self-assessment focus area			
1. The service has policies in place that relate to information sharing regarding sexuality and gender identity (including transgender people, non-binary people, and other gender identities).			
2. The service has procedures in place that recognise the diversity of sexuality and gender identities. Staff should also be able to recognise intersecting identities within the LGBTQIA+ community, and other communities.			
3. Staff are clear about the expectations on them to challenge discriminatory views or actions. The service has an anti-bullying policy that makes specific reference to LGBTQIA+ people. There are separate procedures for dealing with discriminatory behaviour from staff and people who access the service.			

<b>Category three</b> The service has relevant policies and procedures to support LGBTQIA+ inclusive practice	Evidence - where can I find evidence?	What we are doing well?	What we could improve?
Self-assessment focus area			
4. Service learning and development plans include LGBTQIA+ training to allow staff to develop their knowledge and skills to enhance their inclusive practice.			
5. Policy, procedure and service development is undertaken within the context of the Equality Act and Equal Opportunities legislation.			
However, services should be aware of gaps within legislation and be wary of using 'other' boxes and limited options for self-identities.			

- Learning and development plans continue to look at ways to enhance LGBTQIA+ affirmative practice.
- Increase staff/management knowledge of requirements contained in the Equality Act and gaps within Equality legislation.
- People who use the service are made aware of organisational policies, and people are involved in developing these.
- An active anti-discriminatory environment is promoted by increasing staff awareness on how to spot and address discrimination.

See our Spotting and Addressing Discrimination resource for more details.

Any other notes:

Category four The service undertakes relevant equality monitoring with sexual orientation and gender identity included Self-assessment focus area	Evidence - where can I find evidence?	What we are doing well?	What we could improve?
1. Staff understand why monitoring is important feel confident and have awareness in engaging in discussion about sexuality and gender identity with people who use the service. Monitoring information covers the spectrum of LGBTQIA+ identities and there are options to self-identify. Monitoring acknowledges how people identify may change over time			
2. Monitoring information is regularly collated and used to identify trends and gaps in service delivery to make sure that the service is being provided equally.			
3. The service makes clear to people using the service the reasons why monitoring information is measured and how this information will be used.			

<b>Category four</b> The service undertakes relevant equality monitoring with sexual orientation and gender identity included	Evidence - where can I find evidence?	What we are doing well?	What we could improve?
Self-assessment focus area			
4. The service actively promotes itself to the LGBTQIA+ community and is proactive in seeking ways to make links with LGBTQIA+ organisations and community groups.			
5. The service consults LGBTQIA+ organisations to gain both other professional perspectives and perspectives of those with lived experience.			

• Equality monitoring forms should have more options than government guidance, and space for self-identification (see Scottish Trans Alliance guidance).

• People can change the way they identify over time so ensure that monitoring forms are updated to reflect this, so that monitoring is accurate.

• Review and periodically update monitoring information to ensure they include the spectrum of LGBTQIA+ identities.

Any other notes:

Category five The service is proactive about its promotion, publicity and engagement. Self-assessment focus area	Evidence – where can I find evidence?	What we are doing well?	What we could improve?
1. The service promotes its work in LGBTQIA+ media and promotes LGBTQIA+ services and groups in its own communication materials. This kind of two-way communication is integrated into the overall promotional strategy.			
2. Service resources are inclusive of the needs of the LGBTQIA+ community to ensure that LGBTQIA+ people feel comfortable accessing the service.			
3. Establish links with LGBTQIA+ services and community groups to connect people with and display these online.			

Category five The service is proactive about its promotion, publicity and engagement. Self-assessment focus area	Evidence – where can I find evidence?	What we are doing well?	What we could improve?
4. The service promotes its "safe space" policy and celebrates the ongoing learning and development of the staff team regarding LGBTQIA+ inclusive practice.			
5. The service looks for opportunities to engage with LGBTQIA+ people who might not ordinarily access the service. For example, attending Pride, linking with LGBTQIA+ services, ensuring promotional material is available in LGBTQIA+ services.			

• Develop LGBTQIA+ specific promotional material, including links to specialist LGBTQIA+ organisations in general material.

• Ensure the service has visible and readily accessible information relating to LGBT Health and Wellbeing and other organisations – at the service reception, in resource library or on notice board.

• Services should have an LGBTQIA+ advocate who can regularly review the work and material of the service from an LGBTQIA+ perspective, to ensure that it remains compliant with the guidelines of this tool and addresses any other relevant issues.

ny other notes:			

# **Next steps**

Completing the overall self-assessment will have hopefully helped you think in detail about how your service is currently engaging with LGBTQIA+ people and other ways that you could look to develop your LGBTQIA+ inclusive practice.

- You will have identified some key action points for continuing to improve your practice.
- Be realistic and ensure that a range of people follow upon these action points, as this will help your service keep the momentum going.
- Remember that the audit process is cyclical.

The top 5 things	that we will continue to do:	
1.		
2.		
3.		
4.		
5.		

The top 5 things we are going to change – indicate what, how and when:	
1.	
2.	
3.	
4.	
5.	



#### Celebrate, promote and showcase your good practice!

#### For more information

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