



mental welfare
commission for scotland

LGBT inclusive mental health services

Good practice guide

August 2022



Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

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

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

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Introduction

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, learning disability, neurodiversity, dementia and related conditions and their family/friends may also find this guide helpful.

Why did we produce this guidance?

The purpose of this guidance is to raise awareness in relation to LGBT rights, and promote positive and equitable experiences for people identifying as LGBT who access mental health services, health and social care services and community services. We hope that this guidance will support mental health and health and social care services to provide high quality care and support to everyone with a mental illness.

Scotland's LGBT Legal Landscape

- The Hate Crime and Public Order (Scotland) Act 2021 consolidates and brings the legislation up to date.
- The Civil Partnership (Scotland) Act 2020 means that all couples in Scotland have the same choices of legally recognised relationships.
- Scotland was the first UK country to consult on same-sex marriage and subsequently legalised it through the Marriage and Civil Partnership (Scotland) Act 2014.
- The Equality Act 2010 makes it unlawful to discriminate on the basis of sexual orientation and provides protection to transgender people who are proposing to undergo, are undergoing, or have undergone part of a gender reassignment process.
- The Sexual Offences (Scotland) Act 2009 eliminated sexual orientation and gender identity discrimination from sexual offences law.
- The Offences (Aggravation by Prejudice) (Scotland) Act 2009 provides the most inclusive legislative definition of gender identity/transgender (with transgender identity).
- The Adoption and Children (Scotland) Act 2007 amended the law on adoption to allow same-sex couples to adopt jointly.

LGBTQI identities

Developing your understanding of the lives and experiences of LGBT people will help you provide inclusive services. This guide aims to provide a basic overview of some of the key issues to consider.

It is helpful to consider that there are three interlinked elements to our identity: sex, gender and sexual orientation which assists with our understanding that the identity of a person is more complex than a binary male and female identity.

Below is a list of commonly used terms related to sex, gender, sexual orientation, lesbian, gay, bisexual and trans people.¹ The list below is not exhaustive and links providing further information and guidance can be found at pages 16–17.

Sex is usually defined male or female and is assigned to a person based on their primary sex (biological) characteristics and reproductive system.

Gender usually refers to masculine or feminine gender traits and can be assigned based on a person's biological sex characteristics. Gender is culturally defined.² Some people prefer not to be defined in the masculine or feminine and prefer to be identified as having a non-binary gender identity.

Sexual Orientation can be described as a person's sexual and/or romantic attraction to people. Some people may not have a sexual orientation but may have a romantic attraction to others, people who identify as asexual, for example.

Traditionally, the term **heteronormative** means that society assumes that men have a masculine gender aligned with their physical male sex and have a sexual and/or romantic attraction to women (heterosexual). Women's physical sex is aligned with the feminine gender and they have a sexual and/or romantic attraction to men (heterosexual).

Please also note that a person can identify as **intersex**, where a person has biological characteristics of both male and female or whose biological characteristics do not align with traditional female or male gender assumptions. Intersex people may identify as male, female or non-binary. Intersex is not a sexual orientation or gender identity.

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

There are other terms and acronyms used as well, but the important message to remember is that people do not fit into neat boxes or assumptions. You must always focus on the individual that you are treating or caring for and take their lead from how they describe themselves and their identity.

¹ <https://www.stonewall.org.uk/help-advice/faqs-and-glossary/list-lgbtq-terms>

² For example, cultural factors can be assumed to align with a person's physical sex, such as girls are associated with the colour pink and boys are associated with the colour blue.

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

Lesbian: refers to a woman with an emotional, romantic and/or sexual orientation towards another woman, who can identify as masculine or feminine gender or non-binary gender.

Gay: refers to a person with emotional, romantic and/or sexual orientation towards a person on the same sex. A man who is romantically or sexually attracted to men. Some women prefer the term gay instead of lesbian.

Bisexual: A person who is romantically, emotionally or sexually attracted to more than one sex or gender.

Transgender/Trans: is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, non-binary, trans man, trans woman, trans masculine or trans feminine.

Queer: is a term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. Although some LGBT people view the word as a slur, it was reclaimed in the late 80s by the queer community who have embraced it.

Coming out: when a person first tells someone/others about their orientation and/or gender identity. Coming out can be a continual process throughout a person's life.

There are other terms and acronyms used, but the important message to remember is that people do not fit into neat boxes or assumptions. You must always focus on the individual that you are treating or caring for and take your lead from how they describe themselves and their identity.

Also, it is important to have awareness of the issues which can be faced by **LGBT carers** (partners, family or close friends). These can include the devaluing of LGBT relationships, such as presumptions of heterosexuality, awkwardness or avoidance from staff, and exclusion of same-sex partners from decision making in favour of the individual's biological family. These can add to the stress experienced by carers.

Lesbian, Gay, Bi and Trans (LGBT) Experience

LGBT Population

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. With almost 60% of trans people and 27% of LGB people reporting that they have experienced a lack of understanding of their needs through their experience of healthcare,³ this guidance aims to support greater understanding for health and social care staff.

There is currently no accurate data around the trans population with current estimates set at around 24,000 trans individuals living in Scotland. Individuals across the trans community are more likely to have thought about taking their own lives and around 37% are reported to have avoided healthcare treatment as they fear discrimination from services.⁴

Social attitudes and experiences of discrimination and hate crime

Attitudes towards LGBT people have undergone significant and positive change over recent decades. In general, LGBT visibility is much higher, and significant legislative advances have given LGBT people greater legal protection from discrimination. However, negative social attitudes and stereotypes continue.

This is evidenced for example through sexual orientation reported hate crime, which is the second most reported hate crime in Scotland, with a 24% increase in 2019-20 and a further 5% increase in 2020-21. There has largely been a year on year increase LGBT hate crime since 2010.⁵ The number of negative incidents reported which relate to being or being perceived as LGBT is around 40%.⁶

Around the same time, the UK has seen a year on year decrease of people who self-identify as heterosexual or straight, from 95.2% in 2015 to 93.7% in 2019, which equates to around 1.4 million people aged 16 years and over. Those aged 16-24 years identifying as LGB has increased from 4.4% in 2018 to 6.6% in 2019; there is also a small increase in people over the age of 65 years identifying as LGB.⁷

Higher prevalence of poor mental health

Therefore, with an increasing number of people identifying as LGBT and an increase in LGBT related hate crime coupled with the LGBT community being more likely to experience poor mental health and negative experiences of accessing services, the Commission offers some guidance around the ways in which staff across health and social care services can ensure that no-one fears seeking health and social care services and staff are informed to challenge stigma and discrimination experienced by the LGBT community.

³ <https://www.stonewallscotland.org.uk/our-work/stonewall-research/lgbt-scotland-%E2%80%93-health-report>

⁴ <https://www.stonewallscotland.org.uk/our-work/stonewall-research/lgbt-scotland-%E2%80%93-health-report>

⁵ <https://www.copfs.gov.uk/images/Documents/Statistics/Hate%20Crime%20in%20Scotland%202020-21/Hate%20Crime%20in%20Scotland%202020-21.pdf>

⁶ Government Equalities Office (2018) *National LGBT Survey: Research Report*, p.66

⁷ Office of National Statistics (2019) *Sexual Orientation, UK: 2019*

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2019#sexual-orientation-in-the-uk>

Although this guide focuses on LGBT inclusion, much of the learning is transferrable 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.

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 and LGBT identities pathologised.

Conversion therapy

LGBT people may still be offered conversion therapy to 'cure' them. Conversion therapy are methods which claim to 'cure' people of their sexual orientation and/or gender identity. The 2018 UK National LGBT Survey found that 7% of LGBT people, of which 10% of trans people, have been offered conversion therapy; 2% reported that they had undergone conversion therapy.⁸ Being LGBT is not an illness; there is no medical or scientific evidence that conversion therapy can change person's sexual orientation or gender identity. Such practices are harmful, discriminatory and degrading and based on the incorrect and harmful notion that sexual and gender diversity are disorders to be corrected.

Conversion practices can result in psychological and physical damage, which contributes to mental health problems and creates barriers to accessing help.

We believe that everyone, regardless of sexual orientation or gender identity, with a mental illness, learning disability or other mental disorder 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 to deliver a positive person centred experience.

The Scottish Government is committed to banning conversion practices as far as possible by the end of 2023, which is being progressed the ending conversion practices expert advisory group.⁹

⁸ For more information please see [National LGBT survey: research report \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728422/national-lgbt-survey-research-report.pdf)

⁹ Ending Conversion Practices Expert Advisory Group - gov.scot (www.gov.scot)

What can you do as a practitioner in the field of health and/or social care?

The individual

Avoid assumptions

- Do not assume that a patient is heterosexual or cisgender.
- 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, and may change again.
- Don’t assume someone’s gender or gender pronouns. If you feel it appropriate to do so, share your own gender pronouns and ask the person what pronouns they use.
- 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 for the person and does not detract from their care and treatment needs.
- 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.

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.

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.
- Names and pronouns are personal and important. Calling someone by the wrong name or ‘misgendering’ them by using an incorrect pronoun can feel disrespectful. Therefore, if you are unsure of which pronoun to use, e.g. he, she or they, ask the person.
- If you accidentally use the wrong pronouns when speaking to (or about) someone, calmly apologise, correct yourself, and continue speaking.

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.

Tips for helping Jessica:

- Build a rapport with Jessica in the same way you would with any other patient
- 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.
- 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 issues should be addressed in risk assessments and care plans.
- Be honest about gaps in your knowledge. If you are unsure about something, ask the patient to explain a bit more, or seek advice from a specialist external LGBT organisation.

LGBT partners and carers

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 antidepressants 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.

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.

The Environment – is it inclusive?

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?

Challenge homophobia, stigma and discrimination

- **Speak up**
- Do not stand by if you hear and/or see homo/bi/ transphobic language or behaviour being displayed by patients or by staff.
- Challenge homophobic, biphobic and transphobic language. Report hate crime and hate speech.

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.
www.lgbthealth.org.uk/type-category/audit-tool/

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 trans and bisexual issues, as well as lesbian and gay ones.

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.

Monitoring sexual orientation and gender identity

- Monitor gender identity and sexual orientation across your service.
- LGBT people not only experience higher instances of mental health issues, but they often experience further discrimination and marginalisation when accessing services to address these mental health inequalities. It is essential that all mental health services take proactive steps to improve care, provide equitable access to services and work to reduce LGBT mental health inequalities. Monitoring sexual orientation and gender status will enable services to understand the specific needs of their LGBT patients and recognise the ways in which services may need to be improved to provide more inclusive person centred care.

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.

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 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

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

LGBT Helpline Scotland

The LGBT Helpline Scotland provides information and emotional support (phone, email or livechat) 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.

www.lgbthealth.org.uk/services-support/lgbt-helpline-scotland/

0300 123 2523 (Tuesday & Wednesday 12-9pm; Thursday & Sunday 1-6pm)

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

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

Scottish Trans

The Scottish Trans 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



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