



National Conversation on LGBT Mental Health

LGBT Health and Wellbeing



Background

It is time to talk about the mental health of LGBT communities. In 2018, we reported alongside the Equality Network and Scottish Trans Alliance, LGBT Youth Scotland and Stonewall Scotland that lesbian, gay and bisexual (LGB) people are twice as likely to report symptoms of poor mental health compared to heterosexual people; and that we have a 1.5 times higher prevalence of depression and anxiety disorders. Our trans siblings fare even worse in mental health terms, with studies showing 88% have experienced symptoms of depression and 35% have attempted suicide at least once.¹

This makes it really important that our mental health services are inclusive and accessible for LGBT people. We know, for example, that 66% of trans people have used mental health services. Discrimination in services, particularly healthcare services, however is something LGBT people continue to experience, while 71% simply feel unable to be open about their sexuality or gender with healthcare professionals.



¹ LGBT Health and Wellbeing et al 2018: *LGBTI Populations and Mental Health Inequality*
LGBT Health and Wellbeing Policy / January 2020 / Rosie Tyler-Greig

At LGBT Health and Wellbeing, we provide a counselling service specifically for LGBT people. Too often, we hear from our clients that they have struggled to get mental health support elsewhere which affirms and gives the right weighting to their sexual orientation or gender identity. The right approach can make the world of difference to a person's mental health outcomes. With high demand for our services, we want to do more to raise awareness about the needs of LGBT adults in accessing mental health services and to help build the capacity of mainstream services to respond to some of the specific experiences and needs of this community. By mainstream services,

To begin this work, we ran a day of engagement events focussed on LGBT people's experiences of accessing mainstream mental health services. We called this our *National Conversation on Mental Health*. This report will tell you about the day and the key messages that came out of it. The report is supported by a podcast, available on our website, which allows you to listen to the experiences of four LGBT people in accessing mainstream mental health services. This is a conversation we hope will continue, and so you will also find information at the end of this report about other ways you can get involved.

About our day of engagement

On Sunday 22nd September we held a day of engagement addressing the experiences of LGBT people who access mainstream mental health services in Scotland, and asking how we might improve their experiences. We held a total of three events. These were:

A Community Brunch for LGBT community members. This was to facilitate information sharing and peer support around engaging with mental health services, and to get a sense of the barriers people experience as well as potential solutions. Our See Me Proud Champions, who run our volunteer-led anti-stigma campaign in collaboration with See Me Scotland, facilitated table discussions and presented the opportunity for participants to give confidential feedback about their experiences of using mainstream mental health services. Many of the participants from this session stayed on to take part in the next event, helping us build on their comments.

A Community Discussion for both LGBT individuals and mental health organisations, to continue the conversation about barriers and potential solutions. We heard from a panel of LGBT people who shared their personal experiences of accessing mainstream mental health services, and followed this with a plenary discussion. We ended with table-top discussions where we addressed what organisations could do to be more inclusive. As part of this, we asked organisation representatives to commit to doing one thing which could help improve access.

A Spoken Word Event for LGBT community members. This was to facilitate information sharing and peer support around the variety of mental health experiences within the LGBT+ community. The event was organised in partnership with Real Talk, a social enterprise dedicated to storytelling for mental wellbeing, and we heard from four LGBT people who told stories themed around their mental health journeys.

On the day, we engaged 105 participants in person. We also engaged our Twitter audience of 7,264 followers by tweeting live from the community discussion.

Key messages

We received lots of feedback from participants, detailing their lived experience of using mainstream mental health services. We also collected their views on where improvements are needed. Below is a summary of the key messages.

The time people are waiting for help with their mental health must be reduced

Waiting lists can be *'the cruellest thing about any form of healthcare'*. In the case of mental health support around gender or sexual orientation, the point at which someone reaches out for support they have likely already been dealing with the issue for some time. They have reached a crisis point, or at least realised that they need external help, and so a wait can be particularly agonising.

Panel participant, Carrie Marshall told those gathered for the Community Discussion that she had called the Sandyford clinic with mental distress in October 2016 - and *"the first counselling appointment [she] was able to get was in March 2019"*. She noted that *"a waiting period can be a long period of silence"* for a person in urgent need of support. She reflected that if she had not been able to access private treatment she may not still be here.

Our own counselling service is the only LGBT specific service available in Scotland. In Edinburgh we currently have a four month waiting period for therapy, and this is around six months in Glasgow. Due to demand which could not be met, the Glasgow service was forced to close its waiting list for a nine month period at the start of 2019.

A 'whole person' approach is the best approach

We heard that too often mental health practitioners have a lack of awareness about LGBT identities. This can lead to assumptions about the manner in or extent to which someone's identity has influenced their mental health condition. It can prevent therapists from seeing and treating the whole person.

Participants talked about often feeling an onus to educate their therapist. For example, panellist Iain French talked about accessing therapy for support with bereavement. When he revealed that he had a same-sex partner, he was asked questions about *"a typical LGBT experience of poor mental health ..."* Iain reveals he felt *"like a project ... not like [she] was looking at [him] as a person, just as an identity"* He was then given a leaflet about being gay and suicidal which wasn't at all appropriate for his personal circumstances. Moreover, he was asked to review the content for other gay identifying clients. It had been assumed that his sexuality provided at least a partial rationale for his depression, and that he would be able to offer advice on behalf of others.

Similarly, panellist Jen Henderson recalled her psychiatrist asking whether her sexual orientation was underlying her mental illness. It was not, but the assumption was again that people who have had to explore their sexuality and identify outside the heterosexual mainstream cannot be entirely ok with that. And as panellist Susan McKinstry pointed out, assuming that the characteristics a person has are related to their mental illness wrongly suggests that mental ill health is *“inevitable for some groups of people”*.

Through both positive and negative stories, participants demonstrated the need for non-judgemental practitioners who see ‘a person, not an identity’ and who strive to understand, and believe, what a person says about the roots of their distress. The fear of this not happening can be a real barrier to LGBT people accessing the care and support they need. For example, panellist Carrie Marshall said about coming out as trans within the healthcare system *‘I did not tell anyone [for years] because I didn’t want to be judged or treated weirdly’*. Whenever someone engages with a new mental health professional, it is usual that they need to actively consider the professional’s assumptions and decide whether or not it is safe to come out. The fact that this decision exists, and the emotional weight it carries, can be a barrier in itself to accessing services – fully or at all.

Awareness of structural inequality is key to understanding the experiences of LGBT people

Throughout the day, a recurrent theme was the need for mental health professionals to be aware of the context within which people’s identities exist and how this impacts mental health. As panellist Susan McKinstry pointed out, society is organised around homophobic, ableist and patriarchal structures. This means that people seeking support have likely experienced a combination of direct and indirect prejudice and discrimination throughout their lives. They are likely therefore to experience some degree of ‘minority stress’ or, as Jen put it, *‘shared trauma’*. This can look like the expectation of rejection or a need to explain or defend oneself after coming out; or it can look like the anticipation of less good treatment. Whatever it looks like, it is a barrier to people coming forward for help.

It is important to highlight that your practice is inclusive – and really mean it too.

Participants and panellists talked about the helpfulness of having clear visual indicators that a mental health professional is LGBT inclusive in their practice. This means cues such as, for example, advertising which represents LGBT people, rainbow lanyards or signage, or a well displayed commitment to equality and diversity within service provision. This can make a huge difference to the confidence and comfort of an LGBT person who is considering or accessing a service. For example, panellist Carrie Marshall reflected *‘If there had been even the slightest hint that someone in the building knew about LGBT issues I would have come out years before instead of waiting until ... I reached crisis point’*.

However, participants made it clear that visual indicators should only be used where staff have been trained and are genuinely able to offer an LGBT inclusive service.



Recommendations: making mainstream mental health services inclusive of LGBT people

Throughout the day, we received recommendations from participants and panel members about the ways in which mainstream mental health services could become more inclusive of LGBT people. They range from simple things that can be put into practice easily and quickly, to things that require a little more time and consideration. We have listed the recommendations below:

Always ask service users how they like to be referred to and what pronouns they use.

Lead by example! Everyone has preferred pronouns – state yours (she/her; he/him; they/them) in email footers or when meeting new people. This could help trans people accessing your service feel more comfortable coming out and saying how they like to be referred to.

Accept that non-binary people exist and respect 'they/them' pronouns for people who do not feel exclusively male or female. They is a singular pronoun. You are definitely using correct English.

Do not assume the gender of a patient's partner(s). Enquire about a person's relationships and family using neutral terms. Pay attention to, and respect, the terms a person uses to describe their loved ones.

Believe that the person you are treating is expert in their own situation and care. Let them tell you what is causing their distress and work with them on the basis of their account.

Be aware of the minority stress a person may experience as a member of a protected group, or groups. Homophobia, biphobia, transphobia, ableism, sexism and racism are deeply entrenched in our society. They are at play in explicit ways and subtle ways, they are there both with and without intent. They absolutely affect how we think about ourselves, relate to others and move in the world.

Take steps to ensure you and your staff are aware of issues affecting LGBT communities, and how you can facilitate inclusion. LGBT inclusion training is a good place to start.

Use a range of cues to indicate that you/your organisation are aware and accepting of the diversity of sexual orientations and experiences of gender. This could include, for example: signage showing same-sex couples, rainbow lanyards for staff, a clearly displayed inclusion policy, non-presumptuous language and introductions with preferred pronouns.

Where possible, include people with a range of protected characteristics, including trans history and minority sexual orientation, in the design and delivery of mental health services. This might mean thinking about the diversity of your staff team and / or engaging the right communities. Ensure those you work with to advance inclusion are well enough to participate and have all the resources they need to do so comfortably and remain well.

Commitments

We collected feedback forms from representatives of organisations providing some form of mental health support to their clients. They suggested a range of actions which they felt were achievable in their day-to-day work and would help to make their service more inclusive for LGBT people. The actions were as follows:

Be active in seeking out LGBT voices to influence and inform projects.

Create or seek inclusion training for your organisation, for people at all levels.

Pilot community networking events and promote Pride in Practice packs.

Share explicit communications about being available for the LGBT community.

Use more visual indications of LGBT ally-ship

Acknowledge barriers, both visible and invisible, to people coming forward. Ask for feedback, stay curious and try improving inclusion.

Avoid making assumptions. For example, use neutral language when referring to a person's partner(s) and always ask what pronouns the person uses and how they would like to be addressed.

Link with organisations who support LGBT health and wellbeing, especially mental health. Collaborate on activities to learn together, or help promote activities and create intersecting paths between your communities.

What's next?

We will be using our event findings and resources to shape our wider engagement work with mental health professionals and their organisations as well as with other LGBT and equality organisations. Our aim is to promote understanding of the lived experience of LGBT people and to improve access to mental health services for this community in really tangible ways.



On our day of engagement on 22nd September, we gave participants a set of positive affirmation cards. These were created out of the content of See Me Proud's *Rainbow Wall of Feedback* from Edinburgh Pride and Mardi Gla 2019. The Champions asked people to contribute answers to a series of questions, including 'what advice would you give your younger self?' Look out for these cards at our future events!

How can you get involved?

The day of engagement is over, but the conversation has only just begun. There are lots of ways you can get involved – by increasing your knowledge of the issues, and by engaging with LGBT Health and Wellbeing to work in partnership for more inclusive mental health services.

- **Listen to and share the podcast** that accompanies this report. We are grateful to our friends at the Health and Social Care Alliance Scotland for supporting us to turn the panel discussion from the community discussion event into a shareable audio resource.
- **Join the conversation online** – what would make mental health services more inclusive for LGBT people? What are you doing in your mental health organisation or practice to increase inclusion? **#WellHealthy**
- **Get in touch** if you would like us to talk further to you or your organisation, or have a specific enquiry about something in this report or our mental health work.

Email: admin@lgbthealth.org.uk **Phone:** 0131 5231100

With thanks to the organisations who participated



ACUMEN Network at Recovery Across Mental Health (RAMH): <https://ramh.org/our-services/acumen-2/>



Mental Welfare Commission: <https://www.mwscot.org.uk/>



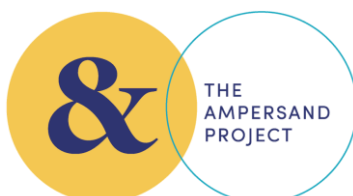
Shakti Women's Aid: <https://shaktiedinburgh.co.uk/>



Royal College of General Practitioners: <https://www.rcgp.org.uk/>



Victim Support Scotland: <https://victimsupport.scot/>



The Ampersand Project: <https://theampersandproject.com/>