

Consultation Response: Mental Health in Scotland – a 10 year vision

Equality Network and Scottish Transgender Alliance
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About Equality Network and Scottish Transgender Alliance

Equality Network is a national lesbian, gay, bisexual, transgender and intersex (LGBTI) equality organisation in Scotland existing since 1997. Scottish Transgender Alliance is the only transgender-specific equality policy project in Scotland and is based within the Equality Network since 2007. This consultation response is on behalf of both Equality Network and Scottish Transgender Alliance. It is based on our research into LGBTI inequalities, including specific research into transgender people's mental health service experiences, together with our ongoing engagement with LGBTI people across Scotland.

Introduction

Equality Network and Scottish Transgender Alliance welcome this consultation of the Scottish Government's 10 year mental health strategy. Our research and community engagement has identified mental health as a priority issue for LGBTI people, both in regard to LGBTI people facing ongoing discrimination and inequality within mental health services and in regard to LGBTI people experiencing high levels of mental health problems, self-harm and suicide. In our Scottish Parliament 2016 Election LGBTI Equality Manifesto, Equality Network and Scottish Transgender Alliance called for the needs of LGBTI people to be specifically addressed in the Scottish Government's mental health strategy.

Consultation Question 1: Priorities

We welcome the eight priorities outlined in the consultation, especially priorities 2, 3, 5 and 8 focusing on prevention and early intervention for children and young people, primary care, access to mental health services and human rights. We would like to see the phrasing of Priority 1 become more inclusive and we strongly urge the Scottish Government to include a ninth priority addressing discrimination and inequality.

"There's still awkwardness and sometimes outright hostility, plus a lot of heterocentrism, from people working within the NHS."

Bisexual, intersex and non-binary disabled person, 35-44, Glasgow¹

¹ French T, Magić J, Kent R (2015) 'The Scottish LGBT Equality Report: lesbian, gay, bisexual and transgender people's experiences in Scotland' Equality Network p.43

<http://www.equality-network.org/resources/publications/policy/the-scottish-lgbt-equality-report/>

Rationale for rephrasing priority 1 on perinatal mental health:

While we welcome the focus of priority 1 on perinatal mental health, we urge the Scottish Government to rephrase this priority in a manner which is more inclusive of the diverse gender identities of those who give birth in Scotland.

Increasing numbers of trans men and non-binary trans people are giving birth and they represent a particularly vulnerable group for perinatal mental health problems.² Trans people who become pregnant often face substantial hostility from friends, families, healthcare providers and even other trans people who find the idea of a pregnant man or non-binary person disturbing to their expectations around sex and gender. Trans men who go through pregnancy can be so worried about hostile reactions from others that they hide their pregnancy from as many people as possible and experience significant social isolation and increased anxiety. The hormonal and physical changes of pregnancy often increase their gender dysphoria which increases the risk of postpartum depression, self-harm and suicide.

We therefore consider it to be important for priority 1 to be rephrased as: **Focus on prevention and early intervention during and soon after pregnancy.**

Rationale for Equality and Human Rights to be two separate priorities:

We strongly welcome the focus of priority 8 on human rights. The early actions identified and the first two paragraphs describing the desired results work very well together and tackle key human rights issues. However, it is our view that to achieve the result of “people with mental health problems experience less discrimination and fewer health inequalities, improved access to mental health services and improved employment”, this result would be better relocated under a separate priority focused specifically on addressing discrimination and inequality. At present, this result has no associated early action and is in danger of being sidelined within priority 8.

Both human rights and equality are important and often related areas. It is often useful to combine an equality analysis with a human rights one. However, they are distinct categories of issues and approaches that require different actions to achieve progress. Equalities and human rights are also often not very well understood and can easily be conflated. Unpicking them as two distinct priorities is a relatively easy mechanism to avoiding this. In this situation it will also make it easier to identify and address specific areas of need which should not distract from each other, especially in relation to preventing fundamental human rights violations of people detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 and addressing service provision discrimination in regard to Equality Act 2010 protected characteristics.

A separate ninth priority focused on addressing discrimination and inequality could more effectively accommodate the result “people with mental health problems experience less discrimination and fewer health inequalities, improved access to mental health services and improved employment” and create specific space in the strategy for clear actions to produce

² Light A, Obedin-Maliver J, Sevelius J, Kerns J (2014) ‘Transgender Men Who Experienced Pregnancy After Female-to-Male Gender Transitioning’ *Obstetrics & Gynecology* 124:1120-7
http://journals.lww.com/greenjournal/Fulltext/2014/12000/Transgender_Men_Who_Experienced_Pregnancy_After.9.aspx

that result. The result could also be made even stronger by including services in general rather than referencing mental health services only. People with lived experience of mental health issues are at particular risk of encountering specific barriers to accessing wider healthcare services, education, housing and justice. Some of these service provision inequalities, along with minority stress and other factors, may explain why research consistently finds higher than general population average rates of poorer mental health in those with protected characteristics. It would provide the opportunity to carefully target a number of specific mental health service inequalities affecting particular minority groups, such as bisexual people, trans people, deaf people and asylum-seekers, who are at significantly higher risk of experiencing mental health problems.

A priority focused on addressing inequalities would also enable the important issue of intersectionality to be included clearly within the strategy. Intersectionality is a term that can be used in reference to the identity and/or experiences of a person who has more than one protected characteristic (for example: a deaf lesbian woman). It can be used in reference to how protected characteristics, and the distinct forms of discrimination associated with them, intersect and interact (for example: when racism and transphobia are both directed towards the same person). It can also refer to an approach to tackling equality issues and needs for those who have more than one protected characteristic (for example: intersectional analysis highlights specific issues for LGBTI asylum seekers which are easily overlooked if only a single stranded analysis is used).

We would like the Scottish Government to engage with their strategic equality partners to explore options on how to develop a ninth priority focused on addressing discrimination and inequality. One option to discuss for wording this priority could be: **Ensure that equality for people with mental health problems is achieved and protected across all the protected characteristics and their intersections.**

Consultation Question 2: Actions

Equality Network and Scottish Transgender Alliance believe that the early actions suggested in this strategy should be expanded as described below in order to better address the mental health service needs of LGBTI people. We also support the amendments suggested by LGBT Youth Scotland and Stonewall Scotland in their response to this consultation.

Actions relating to priority 2 (young people):

The early actions relating to priority 2 (young people) need to explicitly recognise that lesbian, gay and bisexual young people and transgender young people are vulnerable populations with extremely high rates of mental health distress, self-harm and suicide. The Department of Health funded 'Queer Futures' research study in 2016 reported finding that 89% of 789 LGBT participants aged 15-25 had self-harmed, 98% had experienced suicidal thoughts or feelings and 58% had planned or attempted suicide. The study found that transgender young people were nearly twice as likely to have self-harmed and one and a half times more likely to have planned or attempted suicide than cisgender(non-trans) LGB participants.³

³ McDermott E, Hughes E, Rawlings V (2016) 'Queer Futures: Understanding lesbian, gay, bisexual and trans (LGBT) adolescents' suicide, self-harm and help-seeking behaviour' Lancaster University, p.27-30
<http://www.queerfutures.co.uk/wp-content/uploads/2016/06/Queer-Futures-Final-Report.pdf>

Intersex young people must also be recognised as a vulnerable population (numbering between 0.05% to 1.7% of young people)⁴ the mental health support needs of which have not yet been given adequate consideration by mental health service providers despite the high likelihood of intersex young people being affected by traumatic experiences of childhood genital surgeries, hormonal interventions, school bullying and stigma.⁵

The actions within priority 2 should be made explicitly inclusive of developing work supporting the mental and physical health of LGBTI young people. This is particularly key for intersex young people because they can be very severely harmed by medical professionals attempting to surgically alter the physical sex characteristics of their bodies before they are old enough to give fully informed consent or by coercing intersex young people to conform to gender and sex characteristic stereotypes or to undergo medical treatments and intimate examinations. The mental health of intersex people is extremely tightly bound up with the degree to which they receive physical healthcare that respects the human rights of the child, especially the right to bodily autonomy and self-determination.

Developing work supporting the mental and physical health of transgender young people is also particularly important because delayed access to puberty blockers can needlessly increase the levels of depression, anxiety, self-harm and suicide attempts experienced by a pubertal transgender young person. While the Child and Adolescent Gender Identity Clinic recognises the importance of timely access to puberty blockers for trans young people, Scottish Government pressure through a dedicated action within the Mental Health Strategy would provide a much needed impetus for the NHS to make vital improvements in the level of collaborative working between the Child and Adolescent Gender Identity Clinic and local CAMHS, Educational Psychology, Endocrinology and Primary Care services regarding transgender young people's health needs.

Actions relating to priority 3 (primary care):

Depression and anxiety relating to LGBTI minority stress⁶ (stigma, prejudice, and discrimination creating a hostile and stressful social environment that can cause mental health problems) ought to be addressed promptly and effectively within primary care services in order to avoid escalation to A&E interactions around self-harm or suicide attempts or the entrenchment of alcohol and drug misuse. Therefore, the Scottish Government should commit to specifically testing and evaluating from LGBTI perspectives some of the models of supporting mental health in primary care. The early action within priority 3 (primary care) which relates to the evaluation of the Distress Brief Intervention should include evaluating how well it is used to assist LGBTI people, especially in regard to managing difficult emotions and problem situations caused by minority stress. The recommendations to be made on next steps for improving the Distress Brief Intervention should include evidence-based recommendations for best practice use by primary care providers with LGBTI people.

“Mental health is a huge problem. I think we all internalise homophobia, biphobia and

⁴ United Nations Human Rights Office (2015) 'Free & Equal Intersex Factsheet' United Nations https://unfe.org/system/unfe-65-Intersex_Factsheet_ENGLISH.pdf

⁵ Christian Ghattas D (2015) 'Standing up for the human rights of intersex people: how you can help' OII-Europe <http://oiieurope.org/standing-up-for-the-human-rights-of-intersex-people-how-can-you-help/>

⁶ Meyer I, (2003) 'Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence' Psychol Bull. 129(5):674–697. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2072932/>

transphobia to a certain degree. This can manifest itself in poor physical and mental health.”

Gay male, 25-34, Edinburgh⁷

“There is not enough understanding of the ways that LGBT inequalities can impact on mental health by mental health service professionals.”

Disabled lesbian woman, 25-34, Glasgow⁸

Actions relating to priority 5 (access to services):

The early actions relating to priority 5 (access to services) need to be expanded to include addressing capacity and waiting times within psychiatrist-run gender identity clinics and also to include the expansion of provision of specialist transgender counselling services.

The early actions for priority 5 also need to be expanded to address the need to improve safety within mental health services for bisexual service users and transgender service users by addressing current prejudicial attitudes from other service users and staff.

The Bisexuality Report from The Open University (2012) found that (out of all the common sexual identity groups), bisexual people most frequently have mental health problems, including depression, anxiety, and self-harm, alongside higher suicide rates. This has been found both internationally and in the UK specifically, and has been linked to experiences of biphobia and bisexual invisibility. Our Equality Network research into bisexual people’s experiences of service provision found that health services were a particular area of concern for bisexual people and several respondents particularly recounted incidents of direct explicit biphobia from mental health practitioners, including having their bisexuality incorrectly defined as a characteristic of borderline personality disorder and being mocked about their sexuality by mental health professionals. One respondent stated:

“I’ve experienced serious homophobia and biphobia from NHS services, including...a psychotherapist who told me that because I’m bisexual, it was my fault I’d been raped.”⁹

Our Trans Mental Health Study 2012 found that 20% of trans respondents has been disbelieved about being trans by a NHS mental health professional and 27% had been misgendered by a mental health professional. 17% had been verbally harassed by transphobic mental health service providers.

“Healthcare professionals are inadequately trained to deal with many of the issues of having an LGBT identity.”

Non-binary transgender person, 35-44, Edinburgh¹⁰

We are also particularly concerned that LGBTI service users with intersectional identities,

⁷ French T, Magić J, Kent R (2015) ‘The Scottish LGBT Equality Report: lesbian, gay, bisexual and transgender people’s experiences in Scotland’ Equality Network p.44

<http://www.equality-network.org/resources/publications/policy/the-scottish-lgbt-equality-report/>

⁸ Ibid. p.42

⁹ Rankin S, Morton J, Bell M (2015) ‘Complicated? Bisexual people’s experiences of and ideas for improving services’ Equality Network p.62

<http://www.equality-network.org/wp-content/uploads/2015/04/Complicated-Bisexual-Report.pdf>

¹⁰ French T, Magić J, Kent R (2015) ‘The Scottish LGBT Equality Report: lesbian, gay, bisexual and transgender people’s experiences in Scotland’ Equality Network p.42

<http://www.equality-network.org/resources/publications/policy/the-scottish-lgbt-equality-report/>

especially neurodiverse/autistic LGBTI people, deaf LGBTI people and LGBTI asylum-seekers, experience compounded barriers to accessing mental health services. Discussing sexual orientation, gender identity and sex characteristics can be very stressful and difficult at the best of times. The greater the mental health distress someone is experiencing, the more difficult they are likely to find it to get clinicians to properly understand and respect their sense of self, personal history and needs. Falling within an intersection which further marginalises the likelihood of being listened to and understood by clinicians will compound the challenges, frustrations and fears experienced by a service user and rapidly increase the risk that they will experience discrimination or harassment while attempting to access a mental health service. Actions on improving access to services should include explicit steps to reduce these compounded access barriers through the development of small scale projects looking in depth at tackling intersectional issues and then scaling up learning.

At present, very few mental health professionals have received specialist training in LGBTI equality and inclusion. Consequently, levels of biphobia and transphobia remain particularly high among mental health service providers and action specifically to increase training and awareness of LGBTI people's rights and equality is much needed.

Actions regarding priority 7 (parity with physical health):

The early actions relating to priority 7 (parity with physical health) should be expanded to include the need for employment and welfare programmes to take account of the negative mental health impact of minority stress resulting from experiences of family rejection, hate crime, and discrimination in service provision and employment.

Actions regarding priority 8 (human rights):

The early actions relating to priority 8 (human rights) need to include specific reference to upholding the dignity of service users who are in mental health distress, including respecting their gender identity, sexual orientation and other protected characteristics, and upholding the privacy of their personal information in front of third parties. There should be an early action to review what areas within mental health services, especially within wards, are designated gender-neutral or gender-specific and how to ensure that gender-specific spaces do not cause a transgender service user's gender identity to be undermined and that sufficient dignity and privacy is provided.

Actions regarding our proposed new priority 9 (addressing discrimination and inequality):

Early actions to take forward a new priority focused on addressing discrimination and inequality could help address the need for services to be trained to identify single strand, multi-strand and intersectional issues related to mental health and to be supported to deal with them. They could also help mental health services and equality organisations to further develop collaborative understandings of lived experiences and needs in regard to mental health problems, what approaches and principles are most effective in dealing with them and better support other services to do likewise.

We strongly encourage the Scottish Government to engage with their strategic equality partners in fleshing out what early actions to include in an equalities priority.

We suggest that four early actions for consideration may include:

- The development of a set of key equality related principles specific to providing

services for people with mental health problems. (eg: no service provider should suggest that a person's lesbian, gay or bisexual orientation is a symptom of their mental health issues).

- Publishing service provider guidance on how mental health problems intersect with the protected characteristics and discrimination, harassment and victimisation within service provision. This could include good practice examples and case study examples of single strand, multi-strand and intersectional issues experienced by diverse people with mental health problems when accessing services.
- Deliver an equalities focused training module and support materials for services to improve their understanding of the experiences, identities and needs of diverse people with mental health problems and how to create inclusive services which uphold equality.
- A programme of engagement with diverse people with mental health problems and equality organisations that will ensure that all the above actions are based on real life experiences of inequality and their impact on mental health and access to services.

With regard to developing indicators measuring clinical and personal mental health outcomes, the gender of service users must be able to be recorded not only as men or women but also as non-binary so that outcome measures can be used for non-binary trans people without the distress and harassment of having their gender identity invalidated as currently occurs when clinicians use the existing Clinical Outcomes in Routine Evaluation (CORE) forms.

Consultation Question 3: Results

In ten years time we would like to see:

- Mental health services which are fully inclusive and affirming of all LGBTI service users and that better take multiple discrimination and intersectionality into account.
- Mental health services that are better equipped and supported to deal with the human rights related issues all people with mental health problems experience and that uphold the human rights of the most challenging and distressed mental health service users.
- Mental health services that are well equipped and supported to deal with the particular issues people with mental health problems face due to inequality, discrimination and harassment from single stand, multi-strand and intersectional perspectives across all the protected characteristics.

Further Information

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