

# Lesbian, gay, bisexual, trans and queer good practice guide

Guidance for service providers on how to develop  
LGBTQ+ affirmative practices



Developed in  
partnership with



# Foreword

## Islington Mind

Around nine percent of the UK population are lesbians, gay, bisexual or transgender individuals, a community within which one in six is still expected to experience homophobic, biphobic or transphobic hate crime at some point in their lives.

LGBTQ+ individuals also experience significantly higher levels of moderate to enduring mental health problems than the general population: 42 percent of gay men, 70 percent of lesbians and 90 percent of lesbians from BME communities experience mental health problems at some point in their lifetime, 60 percent of young trans individuals attempt suicide.

At Islington Mind we have been offering a specialised pan-London LGBTQ+ service which has supported LGBTQ+ individuals experiencing a wide spectrum of mental health problems for the last 18 years.

**I have been coming here for four years. I keep coming because what is offered is a unique service. It helps to promote recovery and self-esteem. The group is a community in its own right. Being among people who have a shared experience of the mental health system validates my experience and is different to what is offered by trained professionals.**

Outcome service user

This service is called Outcome and it offers a safe space with therapies and activities aimed at improving mental health, confidence and resilience and at acquiring new skills. The service is run by specialist LGBTQ+ mental health professionals with a team of volunteers, half of whom are service users.

As a specialist LGBTQ+ service we have taken steps to make sure our offer was inclusive of

the great diversity that exists within LGBTQ+ communities.

85 percent of Outcome's clients are from the most vulnerable, deprived and marginalised groups within the LGBTQ+ community, facing multiple disadvantages due to their sexual orientation and/or gender identity combined with mental health problems, ethnicity, age, physical or sensory impairments, economic background and sometimes asylum-status.

At Outcome we believe that services can only be truly effective if they fully understand and cater for the complexity and unique identity of each individual.

Here are some examples of the type of complex identities Outcome has worked with over the years:

- BME LGBTQ+ people who are challenged by triple discrimination, very often are rejected by family and friends and are disproportionately affected by homophobic violence.
- Trans individuals who present with severe social isolation and with complicated mental and physical health needs; many encounter negative interactions when accessing mainstream services.
- LGBTQ+ Asylum Seekers and Refugees who were persecuted in their home countries and faced daily fear for their lives. Many have developed severe mental health problems as a result of torture and trauma and are in need of support with the challenging process of asylum seeking.
- LGBTQ+ people with autism spectrum disorder – 70 percent of whom are at risk of experiencing mental health problems and social exclusion.
- LGBTQ+ women survivors of domestic abuse.

In a recent survey 70 percent of our LGBTQ+ service users reported experiencing significant



difficulty in receiving an appropriate response that considers their complex needs from generic mainstream services. They reported feeling 'misunderstood' and/or 'mistreated by health professionals' despite being statistically greater users of services. As a result they avoid accessing services or disclosing their sexuality, which adversely impacts their recovery.

It is everyone's right to have good mental health and every mental health service provider should strive to make their services accessible and inclusive to all. Services should also be fully aware of the particular vulnerabilities experienced by LGBTQ+ individuals and take proactive steps to embed LGBTQ+ affirmative practices.

I believe that this LGBTQ+ good practice guide is a great starting point to help services develop awareness and understanding of the sensitivities and the specialised needs of LGBTQ+ individuals experiencing a mental health problem.

The guide contains useful tips and advice and I hope this will help many other services develop the confidence to fully engage with their LGBTQ+ clients and co-design services like Outcome that have proven to be life saving for the many LGBTQ+ people that we supported over the years.

Sigal Avni, Outcome  
Islington Mind



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# 1. How this guide can help you

The guide is designed to support local Minds and other mental health service providers in ensuring that their services are genuinely inclusive, and cater for the needs of people who are lesbian, gay, bisexual, trans, non-binary, and queer (LGBTQ+).

Based on the pilot work undertaken by Mind over the strategic period 2012–16, this guide focuses on two dimensions in particular: Affirmative practice for inclusive services and demographic monitoring.

This is because our consultations highlighted that these are the two areas in which services would benefit from tangible advice. In addition, by implementing affirmative practices and by improving demographic monitoring, services will be in a much stronger position to effectively support not only people who are LGBTQ+ but also many other minority groups that are too often overlooked and have poorer experiences of support when accessing mental health services.

At Mind, we know it can be daunting to engage in conversations about complex topics like sexual orientation and gender identity. That's why we've included a comprehensive glossary of terms at the end of this guide and we invite readers to refer to it whenever they might come across terms they are not yet familiar with.

This good practice guide is designed to be part of the set of tools that organisations like us and MindOut<sup>1</sup> are developing to ensure equal access to and more positive experience of mental health services for people and communities that face multiple discrimination and disadvantage.

For more information about Mind's work in this area please visit [mind.org.uk/equality](http://mind.org.uk/equality)

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1. MindOut is a mental health service run by and for lesbians, gay men, bisexual, trans, and queer people. Based in Brighton, MindOut also works nationally to deliver LGBTQ+ Affirmative Practice training for Mental Health professionals and seeks to influence national policy & practice. For more information please visit [mindout.org.uk](http://mindout.org.uk)

## 2. LGBTQ+ mental health the big picture

Some of us identify as LGBTQ+ which means we may be lesbian, gay, bisexual, trans, non-binary, queer or questioning – or may define our sexual orientation and gender identity in other ways.

Anyone can experience a mental health problem, but those of us who identify as LGBTQ+ are significantly more likely to develop one.

Research<sup>2</sup> shows that more than 40 percent of LGBTQ+ people will experience a significant mental health problem, compared to around 25 percent of the whole population, and are more than twice as likely to have attempted suicide.

**So why are LGBTQ+ people more likely to experience a mental health problem?**

The most plausible reason is that LGBTQ+ people are far more likely to experience stigma and discrimination. Some LGBTQ+ people face rejection and other negative reactions especially when they first come out.

We live in a world that for the most part does not reflect or take into account the experience of the day to day lives of LGBTQ+ people; a world that is full of subtle (and not so subtle) messages about lack of equal worth and about the unacceptability of difference.

LGBTQ+ people can be the subject of hate crimes ranging from verbal abuse in the street to violent attacks. And even the partners, families and children of LGBTQ+ individuals are still subject to hate crime.

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2. (i) Mental disorders, suicide and deliberate self-harm in lesbian, gay and bisexual people. King et al 2008 / (ii) Trans Mental Health & Emotional Wellbeing Study 2012. Scottish Transgender Organisation / (iii) RaRE Research Report, a study into suicidal distress, alcohol use and body image 2015 PACE

Many LGBTQ+ people feel they can't be out about their sexual orientation or gender identity at work and/or at home. Consequently they feel they have to be very careful about everything they say in relation to their personal lives. This can cause a great deal of ongoing stress and anxiety.

Just the fact that LGBTQ+ people are seen in some ways as different from the majority of people in our society can cause them to question their value and worth, especially in adolescence. This can lead to feelings of low self-worth and low self-esteem which can last into adulthood and cause serious mental health problems.

Low self-worth, rejection, negative self-questioning, fear of judgement and abuse can make some situations in our lives more difficult to cope with.

**We're not all the same**

It's important to understand that LGBTQ+ people do not exist in one group but are individuals who define themselves in their own way and may fit into a range of different demographic groups.

Sexual orientation and gender identity are only two elements of how we all define ourselves as individuals. There's a lot more to each of us. We are all a combination of a unique set of characteristics, experiences and life circumstances that make us who we are.

At Mind we strongly believe that only by understanding how one's cultural, socio-economic background, age, gender, sexual orientation and other characteristics interact and intersect with one another, can services really develop a genuinely inclusive and holistic offer.

Although sometimes an individual may choose to emphasise and disclose one particular aspect of their identity, service providers always need to strive to look at the person in a holistic way and

offer a service that is relevant and effective for that particular individual.

So for example, a white British woman choosing to disclose the fact that she is bisexual when accessing a particular service may or may not have the same expectations or needs of a South-Asian bisexual woman accessing the same service. Age, cultural and ethnic background, physical or sensory impairments, socio-economic status and many other aspects will play a role in determining the type of support that each of the two bisexual women will need. An assessment should always be made based on the whole person.

Service providers should always strive to avoid using labels and remember that oversimplifications are unhelpful.

**Mind LGBTQ+ service is a safe place where I won't be judged and criticized... I feel relaxed and safe when I'm here. It is a very pleasant part of my week... people give each other care and attention. It is co-operative rather than competitive and the staff are very skillful.**

Mind service user



# 3. LGBTQ+ Affirmative Practice

'Affirmative Practice' is a term used to describe a process of learning, reflection, analysis and planning to ensure that a service demonstrates its understanding of homophobia, biphobia, transphobia and heterosexism, and of the impact these have on the experience of LGBTQ+ people accessing services.

By adopting Affirmative Practice approaches, services can create a safe place where staff, volunteers, service users, customers and visitors are able to be out and open about their sexual orientation and gender identity.

Affirmative Practice appreciates that LGBTQ+ people may not expect to be viewed positively, will likely have encountered negative attitudes and may have low expectations. In this context, it is important to bear in mind that we live in a heteronormative, cisnormative (see definition on page 16) culture; therefore it is crucial that as individuals we constantly challenge our assumptions and internal stereotypes, however we may define our identity.

Affirmative Practice also works to respect and value the lived experience of LGBTQ+ people, and to support their wellbeing and recovery in whatever way is appropriate to each LGBTQ+ individual.

Below is a summary of actions we at Mind believe each service provider should take to create the foundations for LGBTQ+ affirmative services:

## Welcoming environment

- Display a clear non-discrimination policy (as you would do with your Health & Safety policy in order to make your clients feel safe).
- Include LGBTQ+ imagery in posters/magazines/leaflets to show that you recognise the importance to reach this particular client group.
- Ask some of your existing LGBTQ+ clients to be photographed or you could reach out to local LGBTQ+ groups in your area.
- Have leaflets and details of local LGBTQ+ services available.
  - A good place to start looking for this is the Directory available on the LGBT Consortium webpage [lgbtconsortium.org.uk/directory](http://lgbtconsortium.org.uk/directory)
  - Another good tool is the interactive map offered by Stonewall [stonewall.org.uk/help-advice/whats-my-area](http://stonewall.org.uk/help-advice/whats-my-area)
- Clearly communicate your confidentiality and record keeping policies in order to make your clients feel safe should they decide to disclose aspects of their identity to your service.

## Inclusive language

- Make sure the language you use in your standard forms, as well as the behaviours displayed by members of staff do not assume people are heterosexual or cisgender (see definition on page 16).
- Ask for preferred gender pronoun to a client when they first access your service. By encouraging this practice with every new

client you welcome to your services, you will also send a very positive inclusive message to other members of the public.

- Use gender neutral language, for example refer to partners instead of boyfriends and girlfriends or husbands and wives.
- Acknowledge disclosure/coming out and make sure you discuss with the person whether any adjustment to the service provision is required as a result of that disclosure.
- Ensure all staff and service users know that there is zero-tolerance of discriminatory language.
- Update records with changes regularly and confidentially.
- Recognise diversity and intersectionality in LGBTQ+ communities avoiding assumptions that what worked for one individual who identified as LGBTQ+ will work for another.

### Staff training and supervision

- Ensure your induction training includes policy on discrimination and awareness of LGBTQ+ issues.
- Ensure there is training and support for staff to challenge discrimination and they have access to LGBTQ+ affirmative practice training.
- Include reflection on LGBTQ+ issues in supervisions and catch-ups.

### Engagement with the LGBTQ+ community

- Where possible, consult with your LGBTQ+ service users, staff and volunteers.
- Build relationships with local LGBTQ+ organisations.
- Attend LGBTQ+ events such as Pride in your area.
- Consult with your local LGBTQ+ community and organisations on strategic development.
- An easy way to find out about local and national LGBTQ+ organisations you could link up with is to consult the Directory put together by the LGBT Consortium available online: [lgbtconsortium.org.uk/directory](http://lgbtconsortium.org.uk/directory)



## Case study 1:

# Affirmative Practice in action

Part of Affirmative Practice training is to develop competencies to challenge heterosexism, homophobia, biphobia and transphobia.

During an affirmative practice session delivered by MindOut, a participant discussed their workplace, a day service where a service user had reported to staff that fellow service users were questioning her gender, saying she looked 'too butch to be a real woman', asking her if she was a 'dyke' and laughing at her embarrassment.

The participant reported that initially, staff had responded sympathetically, told her not to worry about the remarks, to ignore them, respond with a joke or snappy reply. But the service user felt ashamed of raising the issue, felt that responsibility for challenging other service users had been put back to her, that the staff were not helpful, supportive or interested.



The training group worked on developing alternative responses, reflecting on what the service user's experience might have been and how an affirmative response would have had a different outcome for the complainant. Discussions were held on hidden discrimination and micro-aggressions, staff fear of challenging people in their care and staff support needs.

The participant left the training with action points on:

- reviewing how staff respond to reports of discriminatory behaviour, bullying and harassment
- how anti-discriminatory ground rules are communicated to new service users and throughout service provision, for example at the start of all group sessions, display in the building
- ensuring that equality and diversity is a standing item for staff supervision

### Training Resources

MindOut provide affirmative practice training tailored for service requirements, please contact [info@mindout.org.uk](mailto:info@mindout.org.uk) for more information.

Online training on LGB issues is available by visiting [elearning.rcgp.org.uk](http://elearning.rcgp.org.uk) and using search term "LGB". You'll need to register.

Online training on trans issues is available at [gires.org.uk](http://gires.org.uk) with modules for GPs, health & social care staff working with young people, employers, service providers, and further education.

We can also help you identify additional resources and training offers that may be available in your area. For more information please write to [equality@mind.org.uk](mailto:equality@mind.org.uk)

# 5. Towards more mentally healthy LGBTQ+ communities

Our pilot work has shown that as service providers start the process of becoming more inclusive and embedding LGBTQ+ affirmative practices, it is very important to start producing content that speaks directly to people who identify as LGBTQ+. This will not only show that the service recognises the importance of highlighting issues faced by LGBTQ+ people, but will also provide an effective way of engagement.

The content included in this section has been used by a number of local Minds to produce leaflets signposting LGBTQ+ people to their services.

The inclusive nature of this content also makes it very flexible and can be adapted to reach out to various other groups facing multiple discrimination in society.

The content below includes tips that have been adapted from the national anti-stigma campaign Time to Change. They offer tangible ways to promote positive wellbeing, encourage people to talk about mental health and help them think about the impact that what people say can have on others.

For more information about Time to Change and how to access tools to challenge stigma and discrimination, please visit [time-to-change.org.uk](http://time-to-change.org.uk)



## Supporting each other in the LGBTQ+ community

Stigma and discrimination within society as a whole negatively impacts the mental health of LGBTQ+ people.

Even within LGBTQ+ communities, we may have to deal with negative influence on our mental health. Many of us feel isolated because we feel we don't fit in or don't have the self-confidence to go out. Some of the negative things that happen in society at large can happen on a smaller scale within our communities.

We can all contribute to making our communities more mentally healthy.

In a healthy community we recognise that what we say and do can have positive and negative effects on others. We can all do things that even in some small way improve the quality of other people's lives.

We can respect each other's differences and support each other.

### Keep in touch

We can keep in touch with the people we know, especially if we know that they are having a difficult time.

### Listen

We can try to listen well when people tell us about any difficulties they are having. We can look out for people who seem anxious or ill at ease. We can make sure we are open and supportive if people confide in us. Trust is important in a healthy community.

## Stop stigmatising

We can stop stigmatising other people. It's too easy to put people down who are different from us; we behave and dress differently; have different values; are from different ethnic backgrounds; some of us have plenty of money, some on benefits; have different HIV statuses etc. None of these are reasons to put people down. Stigma hurts. We need to think carefully about how what we say and do affects others.

Treat others with kindness and openness.

Many of us fear rejection, or wrongly believe that any greeting or conversation with someone new will be misinterpreted. Take a risk, acknowledge a stranger.

## Challenge our prejudices about mental health

We can challenge our own assumptions, fears and prejudices about people with mental health problems. Mental health difficulties are very often made worse by isolation and rejection.

## Talk about mental health

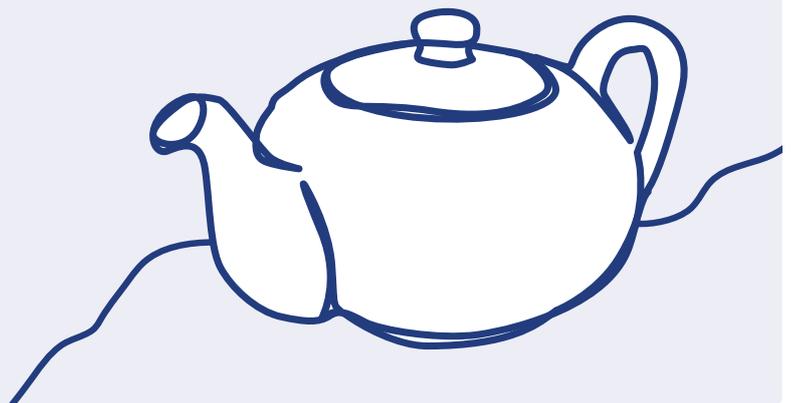
We could find out more about mental health and how to look after our own wellbeing and talk to others about it. We can take up opportunities to discuss mental health in our daily lives to help raise awareness among others.

## Get political

We can get politically involved on behalf of our community; we can make our voice count by attending community consultation meetings and filling in surveys and questionnaires. We can lobby the CCG (Clinical Commissioning Group) and the council to put resources into community safety, LGBTQ+ accessible service, LGBTQ+ spaces, mental health promotion and LGBTQ+ community groups.

## Support local mental health initiatives

We can support community groups and individuals working towards better mental health. We can spread the word, make donations, attend events and offer to volunteer.



# 6. Monitoring the sexual orientation and gender identity of your service users

As mentioned at the beginning of this guide, demographic monitoring was one of the two dimensions (together with affirmative practice) in which service providers involved in the pilot work carried out by Mind identified need for further advice and support.

Capturing demographic information about the people engaging with us or accessing our services, can help us to spot gaps in our service provision, and identify opportunities to reach out to those who need us.

We all know asking people to share personal information about themselves, which may or may not seem directly relevant to the issue they are discussing with your service, can be tricky. When that personal information relates to sexual orientation and gender identity it needs to be done with even more care and sensitivity.

In this context it is essential to remember that both sexual orientation and gender reassignment are protected characteristics under The Equality Act 2010. All public sector bodies and any organisation delivering a public function (including local Minds) have an Equality Duty under the Act which requires them to take into account the needs of people whose identity is covered by one or more of the nine characteristics protected by the Act<sup>3</sup>.

This means that collecting demographic data is a prerequisite to fulfilling this legal duty. However, beyond this legal dimension, monitoring and analysing data is also extremely important on a very practical level as it ensures that services are designed to effectively meet the needs of service users avoiding any direct or indirect discrimination.

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3. In addition to sexual orientation and gender identity (gender reassignment), the Act also covers age; disability; marriage and civil partnership; pregnancy and maternity; race; religion or belief; and sex (i.e. being male or female).

At Mind we are very aware of the fact that if we don't know our clients, their needs and what's important to them, we are much less likely to be able to offer a service that feels inclusive, relevant and effective. From our service experience we know that the vast majority of service users actually do want to be asked monitoring questions as they know that if they are not "counted" they "won't count".

**I've not got mental health issues because I'm a transsexual, it's because of a lack of understanding and awareness.**

MindOut service user

We recognise that obtaining personal information from service users and staff can be done in many different ways. Whichever way a service provider decides to do it, we believe some basic principles should be adhered to:

## 1. The purpose and procedure of monitoring should always be explained clearly

This will ensure that staff and service users:

- know why they are being asked to share their information and why it is in their interest to do so
- understand what will happen to their information
- are aware of any relevant policies on confidentiality, anonymity and data protection.

## 2. Monitoring questions should always be framed sensitively and carefully

There are no hard and fast rules on how to ask questions about gender identity and sexual orientation correctly. However, these tried and tested principles may help service providers form

the questions they wish to introduce in their service provision:

- Ask questions about sexual orientation and gender identity separately. They are not the same thing and cover two separate characteristics that are protected by the Equality Act.
- A “prefer not to say” option yields data that is difficult to use and is not considered to be meaningful for analysis. Instead, your monitoring form should state at the beginning that service users can choose to answer to all or only some of the questions, rather than offering a “prefer not to say” option under each question.
- Do not use qualifying or judgemental statements that preface the questions.

For example, choosing the word “homosexual” to describe the sexual orientation of someone who is attracted by the same gender carries a negative connotation. So the options gay and lesbian should be preferred to cover this under sexual orientation.

Even the order in which we put the options on a form can convey the wrong message and make people feel judged. For example, the option “straight / heterosexual” is often found first in the list of sexual orientation options, followed by gay, lesbian and so on. This should not be the case and options should always be in alphabetical order. The only acceptable exception is when we leave the “Other, please define” option at the end of the list.

- Ask yourself, especially when preparing a written questionnaire, “Would I ask this question to someone face to face?”

### 3. Questions on sexual orientation and gender identity should align with best practice in the area

It is important to treat sexual orientation and gender reassignment as one would any other protected characteristic. For instance, if the option ‘other’ is included in the sexual orientation question, it must be included in all other questions, for example race and religion.

#### Sample question on sexual orientation

Select the option which best describes your sexual orientation:

- Bisexual                       Gay  
 Lesbian                         Heterosexual/Straight  
 Queer                             Unsure  
 Other, please define: \_\_\_\_\_  
\_\_\_\_\_

Our engagement with LGBTQ+ individuals has highlighted the complexity of asking for personal information about gender reassignment. In this context services might be interested in capturing the person’s gender as assigned at birth (more correctly referred to as ‘sex’); or their current gender identity; or they might want to know whether that identity has changed over time (i.e. transgender identity).

It is crucial to ask for information in a way that is comfortable for trans people and at the same time doesn’t become too complex and alienates others.

As a simple way of monitoring gender reassignment, the Equalities and Human Rights Commission suggest two questions.

#### Sample questions on gender reassignment

Q1: At birth, were you described as:

- Male                               Female  
 Intersex

*Please tick one option*

Q2: Which of the following describes how you think of yourself?

- Male                               Female  
 In another way

*Please tick one option*

For more information and research into this complex subject please see *Monitoring equality – Developing a Gender Identity Question*, published by the Equalities and Human Rights Commission in 2011 (ISBN: 978-1-84206-392-7).

#### 4. Monitoring should be seen as an ongoing process that can lead to service improvements

Monitoring is a process, not a single event. Continual review of the questions, the data, and the methods of collection will improve results. It is important to support members of staff in developing the right skills and confidence to carry out monitoring tasks successfully. Effective monitoring requires repeated exercises and needs to be refined over time.

Through our pilot work, we have seen that in order to maximise chances to get the monitoring process right, it is very useful to build relationships with local LGBTQ+ groups and ask them to be closely involved during the development of monitoring forms (as well as of new services, and other initiatives).

For monitoring processes to be effective and trusted, it is also crucial to ensure that security and Data Protection measures are in place. Up to date software is essential to ensure that service providers comply with the law and offer reassurances to their service users who are disclosing personal information.

Finally, it is worth reminding that disclosing personal information is always optional and that this applies to information about all protected characteristics – not just sexual orientation and gender reassignment.

Therefore, and as mentioned above, it is recommended that 'optional disclosure' should be stated at the beginning of any monitoring form asking for personal information and not connected to any specific question.

Below is a list of suggested further readings on monitoring sexual orientation and gender identity:

- *Monitoring equality – Developing a Gender Identity Question*. The Equalities and Human Rights Commission. 2011 (ISBN: 978-1-84206-392-7)
- *Improving Sexual Orientation Monitoring*. Equalities and Human Rights Commission. 2010 (ISBN 978 1 84206 333 0)
- *What's it Got to Do with You?* Stonewall. 2009
- *Everything you always wanted to know about Sexual Orientation Monitoring but were afraid to ask*. NHS Northwest & The Lesbian and Gay Foundation. 2011.



## 6. LGBTQ+ glossary

**Androgyne** – a non-binary gender identity in which a person may feel a mix of male and female, or neither.

**Acquired gender** – the new gender of a person who has transitioned, with or without physical transition.

**Asexual** – a person who experiences little or no sexual attraction. Asexual people often still feel romantic attraction and can have just as fulfilling relationships as non-asexual people.

**Assigned sex** – the sex you were assigned at birth and raised as.

**Bear** – refers to men in the gay/bi community who tend to be larger/muscular in build and have both facial hair and body hair.

**Biphobia** – irrational fear, hatred, abuse etc. of bisexual people. Often differs from homophobia as it is based around common stereotypes and misconceptions about the bisexual community.

**Bisexual** – being attracted to more than one gender.

**Cisgender** – a match between your biological sex and your gender. For example, a female sexed person identifying with their female gender. Also a term for non-transgender people.

**Cisnormativity** – is the assumption that all individuals we come in contact with are cisgender. Though people may know that people can be transgender, they often operate under the assumption that they have never met, nor will never meet one.

**Coming out** – a process by which a trans person will tell friends/family/co-workers etc. about their trans status, or a person who is not heterosexual will tell friends/family/coworkers etc. about their sexual orientation.

**Cross Dressing, Cross Dresser** – wearing or liking to wear the clothing associated with the

‘opposite’ sex to the one assigned at birth (i.e. a man who likes to wear women’s clothes). Typically, Cross Dressers have no desire to transition and are happy in their sex assigned at birth.

**Deed Poll, Statutory Declaration** – the means by which a person can legally change their name.

**Drag King** – a female-identified person who dresses and acts like a man for public performance, often including songs. They normally perform a hyper-masculine persona.

**Drag Queen** – A male-identified person who dresses and acts like a woman for public performance, often including songs. They normally perform a hyper-feminine persona.

**Dyke** – often used as a slur against lesbians, this word has been reclaimed by some in the lesbian community to define their sexual orientation, and tends to refer to more masculine women (although not always).

**FTM, Trans man, a transsexual man** – someone assigned female at birth but has transitioned or intends to transition to male and live full-time as such.

**FAAB** – female assigned at birth.

**Gay** – being attracted to people of the same gender. Most often used to describe men, but not always.

**Gender** – how a person feels in regards to male/female/neither/both/fluid. A cognitive process of recognising one’s identity.

**Genderqueer** – a gender diverse person whose gender identity is neither male nor female, is between or beyond genders, or a combination of male and female.

**Gender dysphoria** – a recognised medical diagnostic term which refers to the physical/mental/social discomfort of being perceived and living as one’s assigned sex.

**Gender reassignment** – the process of transitioning from one gender to another. The term used in the Equality Act to describe people who intend to transition; are transitioning; or have transitioned is ‘transsexual’. So, a person who intends to undergo, is undergoing, or has undergone a process of gender reassignment (which may or may not involve hormone therapy or surgery), is a transsexual person.

**Gender variant** – a person whose gender or behaviour does not ascribe to usual societal norms or expectations.

**GRA** – Gender Recognition Act 2004 that allowed trans people to legally change the gender on their birth certificate, affording them full recognition of their gender identity in law for all purposes.

**GRC** – Gender Recognition Certificate – a Gender Recognition Certificate shows that a person has satisfied the criteria for legal recognition in the acquired gender. It makes the recipient of the certificate, for all intents and purposes, the sex listed on the certificate from that moment onward. The legal basis for creating a Gender Recognition Certificate is found in the Gender Recognition Act 2004.

**GIC** – Gender Identity Clinic.

**Heterosexist, Heterosexism** – beliefs, systems and attitudes that privilege heterosexual people and relationships. Often includes the assumption that all individuals are heterosexual.

**Heterosexual** – a person attracted to the ‘opposite’ gender (i.e. a man attracted to women, a woman attracted to men).

**Heteronormativity** – is the belief that people fall into distinct and complementary genders (man and woman) with natural roles in life. It promotes heterosexuality as the normal or preferred sexual orientation.

**Homophobia** – irrational fear, hatred, abuse etc. of gay people, or people who are perceived as gay.

**Homosexual** – a person attracted to people of the same gender. Occasionally disliked term due to its wide usage in medical language when homosexuality was considered a mental illness, although widely accepted.

**Intersectionality** is used to describe the ways in which oppressive institutions (racism, sexism,

homophobia, transphobia, ableism, xenophobia, classism, etc.) are interconnected and cannot be examined separately from one another. Also used to describe belonging to more than one oppressed minority identity group, e.g. older and trans, BAME and bisexual.

**Intersex** – a person whose sex does not fit into either the ‘male’ or ‘female’ binary categories typical in Western medical language.

**Leather** - Leather culture is most visible in gay communities and most often associated with gay men who have a fondness for leather gear / fetish play (enthusiasts are nicknamed “leathermen”), but it is also reflected in various ways in the lesbian, bisexual, and straight worlds.

**Lesbian** – a woman attracted to other women.

**LGBT** – a common initialism used standing for lesbian, gay, bisexual, transgender.

**LGBTQ+** – a more inclusive version of the LGBT initialism that gives visibility to Queer identities and uses the + sign to recognise the existence of a spectrum of additional sexual orientations and gender identities.

**LGBTQIA** – a longer and more inclusive initialism used standing for lesbian, gay, bisexual, transgender, queer, intersex, unsure, asexual.

**MTF, Trans woman** – someone assigned as male at birth who has transitioned or intends to transition to female and live full time as such.

**MAAB** – male assigned at birth.

**Microaggression** – used to refer to brief daily verbal exchanges or behaviours, whether intentional or unintentional, that communicate a hostile, derogatory, or negative perception of minority groups such as ethnic minorities or LGBTQ+ people.

**Misgender** – to refer to someone using a word, especially a pronoun or form of address, that does not correctly reflect the gender with which they identify.

**MSM** – men that have sex with men. Used to describe behaviour, rather than identity.

**Non-binary** – to not identify within binary male or female ideologies.

**Oestrogen** – A hormone that produces secondary sex characteristics including breast growth. Often

taken by trans feminine people as part of a medical transition.

**Pansexual** – being attracted to people regardless of their gender.

**Passing** – being seen or read as the gender you present yourself as e.g. a male identifying person being read as male.

**Polisexual** – alternative term to define being attracted to people regardless of their gender identity or sexual orientation (same meaning as pansexual).

**Pronouns** – he, him, his, she, her, they, them, their, hir, sie, ey, zie. (gender neutral) It is respectful to ask what pronoun people would like used, however you read their gender.

**Queer** – a more recent term to describe a range of sexual orientations, all of which are 'not-straight', but do not necessarily fit into other labels. Can also be used to describe gender identity. Queer is a slur that's been reclaimed but some people still prefer not to use it.

**Questioning** – the process of discovering that one's sexual orientation or gender may not be fixed.

**Sex** – assigned at birth in relation to one's genitals, chromosomes etc. Often described as simply 'male' or 'female', this is not the case as it erases the identity of non-binary and intersex people.

**Sexual orientation** – attraction to people i.e. gay, straight, bisexual, pansexual etc.

**Sexuality** – the feelings and attractions felt by people towards other people.

**Stealth** – A trans person whose presentation matches their gender identity and keeps their trans history a secret.

**Straight** – A person attracted to the 'opposite' gender (i.e. a man attracted to women, a woman attracted to men).

**Testosterone** – A hormone that produces secondary sex characteristics often taken by trans masculine people as part of a medical transition.

**To gender** – to assign someone else a gender by noticing behaviour and body presentation.

**Top surgery** – term that trans men use when referring to chest surgery which produces a 'male' contoured chest.

**Transgender** – to be a different gender than the one assumed you will be due to sex assigned at birth.

**Transfeminine** – used to describe a person who was assigned male at birth, but whose gender identity is now feminine of centre (i.e. they identify more with femininity than masculinity).

**Transmasculine** – used to describe a person who was assigned female at birth, but whose gender identity is now masculine of centre (i.e. they identify more with masculinity than femininity).

**Transsexual** – tends to refer to a transgender person who identifies as the 'opposite' binary gender to the one assumed due to sex assigned at birth, and who intends to undergo medical transition (although not always).

**Transition** – the act of changing from one sex to the other. What constitutes as transitioning may be different for many trans people, for example medical transition, social transition.

**Transphobia** – irrational fear, hatred, abuse etc. of trans people and people who do not conform to traditional gender norms.

**Transvestite** – a person who likes to dress in the clothes associated with the 'opposite' sex assigned to them at birth (i.e. a man who likes to wear women's clothes). Typically, transvestites have no desire to transition and are happy in their sex assigned at birth.

**Unsure** – a person who is not certain about their sexual orientation or gender identity.



## Case study 2:

# The work done by Sussex Partnership NHS Foundation Trust (SPFT)

In this case study you will find a list of different initiatives that the Sussex Partnership NHS Foundation Trust have put in place to promote a more inclusive environment.

In their case, a lot of the changes had to do with organisational structures and functions that enabled affirmative practices to become more embedded.

We hope that local Minds and other service providers will use this case study as an opportunity to think about their current governance and structure and reflect on whether or not these are promoting better understanding of equality & diversity issues.



### SPFT internal LGBTQ+ Governance structure:

#### 1. Equality Diversity and Human Rights Steering Group

The Equality and Diversity steering group provides governance and scrutiny to ensure Sussex Partnership NHS Foundation Trust provides personal, fair and diverse services and employment practices that exceed the standards required by:

- The Equality Act 2010
- The Human Rights Act 1998

The membership of the steering group consists of the following:

- Chief executive (Chair)
- Chairs of the Operational Reference Groups (Executive directors in most instances)
- Staff members from the Equality; Diversity & Human Rights Team
- Chairs of the three staff networks (BAME, Disability and LGBTQ+)

#### 2. Sexual Orientation & Gender Identity (SOGI) Reference Group

Operational Reference Groups exist for all the protected characteristics and they all report directly to the Equality, Diversity & Human Rights Steering Group on their progress against their action plan. The SOGI Reference Group meets at least quarterly to discuss progress against their actions and to hear from community partners about work that may be of interest to our organisation.

### 3. LGB&T Staff Network (Time Out)

The network is open to all SPFT staff that identify as LGBTQ+. New starters are given information about all the staff networks at SPFT and staff network chairs do try to use any opportunities presented to promote the network further. Non LGBTQ+ interested staff members are invited to join the distribution list in order to be kept informed of activities that might be of interest.

The aims of the network are as follows:

- To provide a safe environment for LGBTQ+ staff to meet each other, offer mutual support, socialise and network.
- To raise awareness in the SPFT among staff and SPFT management of issues affecting LGBTQ+ staff including providing advice and resources.
- To provide peer support in a confidential environment to staff who feel discriminated against, harassed or bullied on the basis of their sexuality or gender identity.
- To provide a LGBTQ+ mentorship programme where an LGBTQ+ member of staff can focus on areas of personal development with a trained member of Time Out over a 12 month period.
- To act as a watchdog on Sussex Partnership employer diversity statements and policy in relation to LGBTQ+ issues, and to raise LGBTQ+ concerns with senior management.
- To act as a sounding board for proposals from senior management and in relation to the development of policy.
- To provide a forum for non-LGBTQ+ staff to meet with LGBTQ+ staff and discuss LGBTQ+ issues, with the aim of promoting understanding and diversity.
- To be fully inclusive of all LGBTQ+ diversity and to promote the benefits of a diverse workforce that includes LGBTQ+ staff.

### 4. LGBTQ+ Focus Group

**The focus group is really exciting, really has an effect, what we say makes changes... and that builds confidence.**

Service user

SPFT's LGBTQ+ Focus Group is made up of lesbian, gay, bisexual and transgender people, patients, family members, and carers from the Sussex area, who act as a 'critical friend' for the Trust by discussing the services offered and making suggestions as to how improvements can be made for the benefit of patients, carers, visitors and the Trust itself.

The group is co-run with MindOut (a local mental health service run by and for lesbians, gay men, bisexual, trans and queer people).

Topics of discussion have included a review of the complaints procedure, an analysis of the case studies contained within our mandatory Equality, Diversity and Human Rights training and a discussion with our Trust Chaplain about the conflict that exists between sexuality and religion.

# 8. Resources

*Top Tips for working with Trans\* & Gender Questioning young people.* Allsorts 2014: <http://www.gires.org.uk/assets/Schools/Top%20tips%20booklet.pdf>

*How to be LGBT Friendly, 30 Practical Ways.* Prism 2008: [https://www2.warwick.ac.uk/services/equalops/resources/how\\_to\\_be\\_lgbt\\_friendly.pdf](https://www2.warwick.ac.uk/services/equalops/resources/how_to_be_lgbt_friendly.pdf)

*Diagnosis Homophobic.* McFarlane 1998: [http://www.mindout.org.uk/wp-content/uploads/2012/06/diagnosis\\_homophobic.pdf](http://www.mindout.org.uk/wp-content/uploads/2012/06/diagnosis_homophobic.pdf)

*Monitoring equality – Developing a Gender Identity Question.* Equalities and Human Rights Commission 2011 ( ISBN: 978-1-84206-392-7): [http://www.equalityhumanrights.com/sites/default/files/documents/research/rr75\\_final.pdf](http://www.equalityhumanrights.com/sites/default/files/documents/research/rr75_final.pdf)

Galop have a range of useful information on LGBT safety including *Shining the Light: 10 Ways to become a Trans Positive Organisation* by B Cooch. See <http://www.galop.org.uk/factsheets>

Queer Futures one year on report into research with young LGBTQ+ people into suicide and self harm, resilience and help-seeking. Queer Futures 2014: <http://www.queerfutures.co.uk>

*Inclusivity, Supporting BAME Trans People,* Sabah Choudrey. GIRES 2016: <http://bit.ly/1XrRIxg>

*Intersectionality Toolkit.* IGLYO (2014): <http://www.iglyo.com/wp-content/uploads/2015/09/Inter-Toolkit.pdf>

*Resources on Health and Wellbeing of LGBTQI Youth.* IGLYO (2013): <http://www.iglyo.com/resources/resources-on-health-and-wellbeing-of-lgbtqi-youth-2013/>

*LGB&T Mental Health Resources.* The National LGB&T Partnership 2016: <https://nationallgbtpartnership.org/publications/lgbt-mental-health-resources/>

## Lesbian, gay, bisexual, trans and queer good practice guide

The guide is designed to support mental health service providers in making sure their services are genuinely inclusive and able to cater for the needs of people who are lesbian, gay, bisexual, trans, queer or non-binary.

For more information about the work Mind is doing to remove inequalities of access to and experience of mental health services for people facing multiple disadvantage, please visit [mind.org.uk/equality](https://mind.org.uk/equality)

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