

How Can Psychiatrists Help Reduce Stigma Surrounding LGBTQ+ Mental Health?

Introduction

In contemporary society, the mere mention of LGBTQ+ health topics elicits strong feelings and reactions even if they are not overtly expressed. In the ever-evolving societal fabric; the integration and acceptance of the LGBTQ+ community continues to progress slowly, with the decriminalisation of LGBTQ+ relationships in many countries only occurring in recent decades. Over 60 countries continue to criminalise consensual same-sex behaviour including five that impose the death penalty, revealing the persistent and pervasive social attitudes that underly the stigmatisation faced by this group (Drescher, 2015). The LGBTQ+ community has faced an uphill battle in their efforts to achieve social acceptance. In modern Western society, there exists an apparent discrepancy between the law that prohibits discrimination and seemingly entrenched social attitudes. Members of the LGBTQ+ community continue to navigate a landscape where stigma remains a significant hurdle towards achieving mental well-being (Koziara et al., 2022).

LGBTQ+ is an umbrella term representing the self-identities of a heterogenous subculture, largely built up of individuals affiliated with sexual minority groups encompassing different ethnic and cultural backgrounds (American Psychological Association, 2022). In the UK, 3.1% of the population identifies with the LGBTQ+ community; a two-fold increase in size over the last 10 years (Cobb, 2022). Epidemiologically, because of interpersonal and institutionalised discrimination and marginalisation, members of the LGBTQ+ community are increasingly vulnerable to mental health challenges and psychological distress in comparison to the general population (Firk et al., 2023).

Stigma as a word and concept originates from Greece in the Middle Ages, describing a burn or scar that deeply discredited the bearer's status in society (Economou et al., 2020). Stigma is a lived experience for many members of the LGBTQ+ Community, with individual identities being labelled as mental illnesses. Within the lifetime of many members of the LGBTQ+ community; the Diagnostic and Statistical Manual of Mental Disorders included the diagnostic classification of homosexuality (Drescher, 2015). A landmark publication by the Royal College of Psychiatrists (RCPsych) (2013) enshrined the importance of delivering culturally competent care and offering a variety of treatment options to recognise the diversity of clinical manifestations within this community.

This essay seeks to explore a transformative approach in the journey towards the destigmatisation of LGBTQ+ mental health, the indispensable role of psychiatrists. Psychiatrists have a pivotal role in addressing mental health concerns within the LGBTQ+ community and have a duty to actively engage in efforts to dismantle societal stigmas perpetuating discrimination against this vibrant, resilient, and diverse community.

The Role of a Psychiatrist

Psychiatrists have a fundamental role in assisting gender-diverse individuals to achieve their best possible mental health status. Clinicians in the UK are subject to the Equality Act (2010), the Human Rights Act (1998) and the Gender Recognition Act (2004); requiring that the delivery of service by clinicians must be consistent with these duties (UK Parliament, 2023). The position of the General Medical Council (GMC), informed by the domains of good medical practice and professional ethics, suggests that members of the LGBTQ+ community should be provided with evidence-informed and individualised care in a destigmatised, non-judgmental, and culturally competent environment outlining an efficacious approach for treating LGBTQ+ patients (GMC, 2023).

Consistent with the first domain of the 'duties of a doctor registered with the GMC,' psychiatrists must ensure that they remain up to date with their knowledge, skills, and practices. This entails comprehension of the changing ideas associated with gender and sexuality, maintaining a contemporaneous understanding of existing treatment regimens, and demonstrating regard for relevant professional standards when evaluating capacity and acquiring consent (GMC, 2023). Psychiatrists should also oppose the use of 'conversion therapies' that seek to suppress or restrict an individual's gender expression and instead encourage self-determination and autonomy for selecting treatment within the LGBTQ+ Community (D'Angelo, 2023).

The second domain describes a clinician's duty to act if there are concerns regarding the safety, dignity, and comfort of a patient. The GMC explicitly describes that all patients regardless of their gender identity or sexual orientation should be treated in a destigmatised environment where their rights and confidentiality are respected. Patients from the LGBTQ+ Community must additionally not be denied access to healthcare services based on a clinician's individual beliefs (GMC, 2023). Unfortunately, discrimination in healthcare against members of the LGBTQ+ Community is widespread, with 14% of LGBTQ+ individuals reporting unequal treatment by healthcare staff due to

their gender, identity, or sexual orientation, citing this as a reason for disengagement with the healthcare system (Bachmann & Gooch, 2023).

Communication, teamwork, and partnership are described in the third domain of the GMC's duties of a doctor. This domain emphasises the importance of the therapeutic relationship between a physician and their patients which must be maintained with dignity and respect (GMC, 2023). In the context of LGBTQ+ health, psychiatrists must recognise their own inherent conscious or unconscious biases which may impact care (Gopal et al., 2021). Furthermore, psychiatrists should act to recognise prejudicial and discriminatory actions among members of their team. One survey revealed that only 14% of participants in clinical settings across the UK perceived homophobia and biphobia as an issue in their workplace (British Medical Association, 2022). Psychiatrists can spread awareness within the workspace regarding anti-discrimination legislation and assist in the provision of training if necessary to help cultivate an LGBTQ+-friendly workplace.

The fourth domain of good medical practice by the GMC describes the development and maintenance of trust; a fundamental duty for all physicians, of even greater importance in psychiatric care (GMC, 2023). Members of the LGBTQ+ community may pursue treatment from psychiatrists particularly, during periods of vulnerability in their lives. For psychiatrists, the creation of a safe and affirming space for LGBTQ+ patients who experience stigmatisation is crucial for maintaining the therapeutic alliance. The LGBTQ+ community faces access problems to mainstream health services due to fear of stigmatisation by healthcare professionals including psychiatrists (White-Hughto et al., 2015). A cohort study investigating the experiences of adolescent transexual individuals found that over half of the study participants had experienced at least one negative interaction with a healthcare provider, with many participants choosing to avoid medical services entirely due to these experiences. To regain the trust of LGBTQ+ patients it is crucial for psychiatric care providers to refrain from forming assumptions regarding patient gender, sexual identity, or pronouns, and instead broaden their understanding of the LGBTQ+ community to allow informed practice (Lady & Burnham, 2019).

Cultural Competence

To acknowledge the disproportionately high rates of mental health conditions within the LGBTQ+ community; considerations for mental health policies and clinical practices should be evidence-based and recognise specific individualised needs. An Australian study examining the mental health of gender-diverse individuals revealed that over half (57.2%) had received a formal diagnosis of depression with 43.7% of these individuals currently exhibiting clinically significant symptoms. This study also suggested that same-sex attracted individuals are at an increased risk of anxiety and affective disorders compared to the general population (McNair & Bush, 2016). Suicidality is also a major concern with approximately 20% of LGBTQ+ individuals reporting having experienced suicidal ideation. In a population of 14–25-year-old LGBTQ+ individuals; 80% had self-harmed and almost half of the study participants had previously attempted suicide highlighting the importance of effective interventions (Jones et al., 2015).

Ensuring mental health services provide safe spaces for members of the LGBTQ+ Community is crucial. LGBTQ+ service users are often hesitant to disclose matters about their sexual identity and relationships out of fear of stigmatisation. This provides an inherent barrier to the delivery of care resulting in a large proportion of the LGBTQ+ community choosing to avoid treatment altogether (Crockett et al., 2022). This may be further exacerbated in regional and rural areas with already limited access to healthcare services with additional barriers such as privacy considerations (Lyons et al., 2014).

Culturally competent care involves the consideration of various demographic factors and self-reflection to appropriately respond to the specific needs of an individual as well as the involvement of patients within the shared decision-making process (McEwing, 2020). Psychiatrists should implement reasonable accommodations as part of their professional practice such as the removal of gender-assumptive and discriminatory language from literature and databases available at locations of practice as well as additional steps including affirming sexual choices, addressing personal care issues, and maintaining patient confidentiality.

Recommendations for Action

Three main methods may be employed to counter the effects of stigmatisation against LGBTQ+ mental health: *Acknowledgement, Education and Advocacy*. This multifocal strategy has been successfully implemented previously by the English 'Time to Change' campaign which sought to reduce the stigmatisation of mental illness (Smith, 2013). These objectives could feasibly be broadened from a local to a national level without necessarily requiring a significant resource allocation if provided the sponsorship and support of organisations including the British Medical Association, National Institute of Health, and other charitable or grant funding agencies. These institutions may help reinforce the duties of a doctor outlined by the GMC and develop a campaign that may be led by psychiatrists to reduce stigma. This hypothetical campaign may be managed and delivered by affiliated independent organisations, reducing the financial burden such a service may have, while also providing the LGBTQ+ community with specialised support.

Acknowledgement

Healthcare practitioners must recognise their own personal biases and attitudes as well as speak up when they identify stigmatisation occurring in and beyond the workplace. We must validate our patient's individuality and demonstrate awareness of the complexity involved in their identities (FitzGerald & Hurst, 2017). Involving members of the LGBTQ+ community including our colleagues to share their lived experiences and formulate potential methods including family and organisational support could help counteract stigmatisation in the community.

Education

Medical schools nationwide and the RCPSYCH as part of their responsibilities for training future clinicians and psychiatrists must ensure the inclusion of LGBTQ+ health topics and culturally competent care within teaching curricula to develop a partnership with that community. In a cohort of almost 300 medical students from 28 UK institutions included in a survey, 97.2% wanted more teaching on LGBTQ+ health topics (Barber et al., 2023). Future clinicians may also receive enhanced training regarding the cultivation of a destigmatised workplace and advice on the specific actions for the recognition and elimination of discriminatory actions or statements that cause stigma (Gronholm et al., 2017). This could be achieved through the implementation of mandatory Core Professional Development (CPD) modules on LGBTQ+ health topics delivered by training and regulation bodies, drawing influence from the interactive CPD eLearning catalogue on the RCPSYCH webpage (RCPSYCH, 2023).

Advocacy

Current and future psychiatrists may, following their education on LGBTQ+ health topics, spread awareness and knowledge to the public, particularly in areas where stigmatisation of LGBTQ+ mental health may occur (American Psychiatric Association, 2023). Healthcare workers, religious leaders, teachers, and the general public are all examples of valuable targets for the advocacy component of this proposed campaign. Psychiatrists may also show appreciation of instances where positive accommodations to destigmatise LGBTQ+ mental health are implemented through policy or in the workplace and encourage similar changes within their scope of practice.

The use of the above multifocal strategy to reduce stigmatisation may be adapted and individualised depending on the needs of specific individuals or groups. This may be monitored at a local level by multidisciplinary meetings within the healthcare service and nationally at conferences such as at annual conferences or the RCPSYCH's own Rainbow Special Interest Group, allowing for the resolution of setbacks and the improvement of policies.

Conclusion

Within the LGBTQ+ community, there is an opportunity for psychiatrists to have a substantial impact on individual health and well-being, spearheaded by RCPSYCH's initial anti-stigmatisation objective; calling for local, national, and global action to challenge stigma and discrimination wherever present. Psychiatrists are uniquely positioned at the intersection of psychosocial medicine to appreciate the individuality of each patient and provide personalised compassionate, culturally sensitive, and clinically competent care based on available evidence while healing the proverbial scars stigmatisation has cast on this diverse community.

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