



Royal College of Psychiatrists LGBTQ+ Research 2022

Prepared by Research by Design
April 2022

Agenda for today

1. Background and methodology

2. Perceptions of the workplace (all members)

3. Experiences (those who identify as LGBTQ+)

4. Intersectionality and other factors (those who identify as LGBTQ+)

5. Observations (those who do not identify as LGBTQ+)

6. Reporting and employer response (all members)

7. Patient care (all members)

Background & Methodology



Research Objectives

Business Objective

To continue to deliver on RCPsych's **Equality Action Plan 2021 –2023**, by collecting **evidence** relating to the **workplace experience** of LGBTQ+ mental health professionals and using this to inform **lobbying** and **advocacy**.

Research Objectives

Explore the **experiences** in the workplace of members who identify as LGBTQ+.

Understand whether they have experienced discrimination, bullying and harassment, and **from whom**.

Ascertain **perceived employer response** to these experiences and whether members feel it was appropriate.

Explore how mental health professionals believe employers should **tackle discrimination** within the workplace.

Understand how experiences have **impacted LGBTQ+ mental health professionals** at work.

Programme of Research

Quantitative Research
15th December – 31st January

Online survey sent out to all those on the RCPsych membership database.

Qualitative Research
March 23rd – March 28th

5 x Online Focus Groups (Please see next slide for group makeup).

4 x Depth Interviews (All core and advanced trainees).

Quantitative Research: Methodology

What

An online web-based survey, conducted between **15th December** and **31st January 2022**.



Who

All members for whom email addresses were held (**18,182**) were invited to participate in the survey. Those who had been retired for more than 3 years were screened out of the survey.



Response rates

The survey achieved **2,282** total responses resulting in an overall response rate of **12.5%**



Qualitative Research: Methodology

What

5x Online focus groups with LGBTQ+ and Non-LGBTQ+ members who took part in the online survey and agreed to take part in further research. Groups ran between w/c 21st March and w/c 28th March.



Who

5 groups were put together with the following parameters:

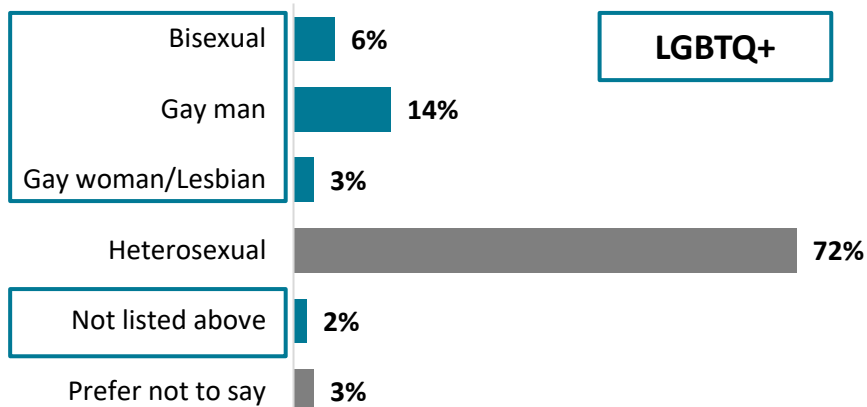
1. LGBTQ+ psychiatrists who have experienced micro aggressions in the workplace (**6 participants**)
2. LGBTQ+ who have experienced bullying, harassment or micro aggression and reported it to their employer (**5 participants**)
3. LGBTQ+ psychiatrists who also have another protected characteristic (**5 participants**)
4. Non-LGBTQ+ psychiatrists (**4 participants**)
5. LGBTQ+ Trainees (**6 participants**)



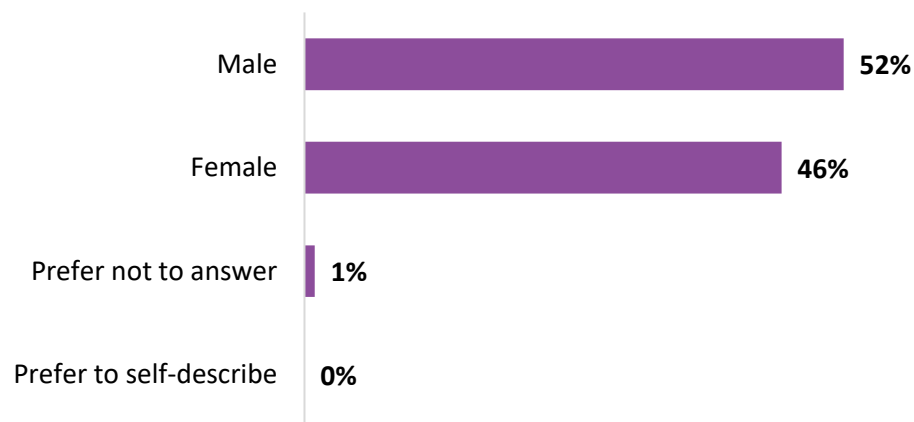
A broad spread of **workplace, post-type, gender identity, ethnicity and age** was achieved across the groups.

Respondent Profile: LGBTQ+

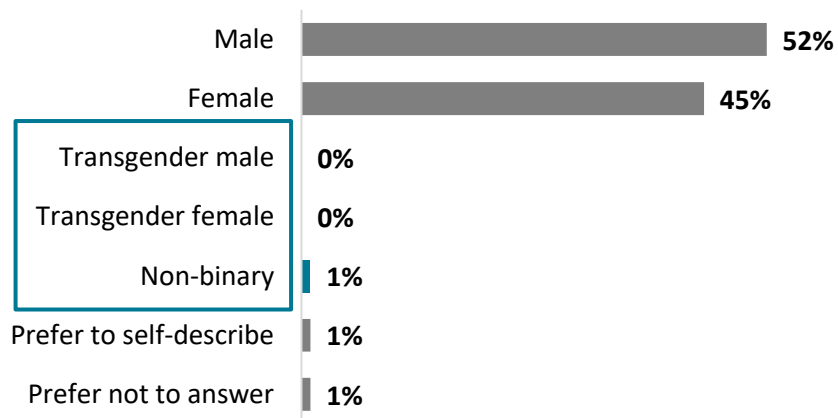
Sexual Orientation



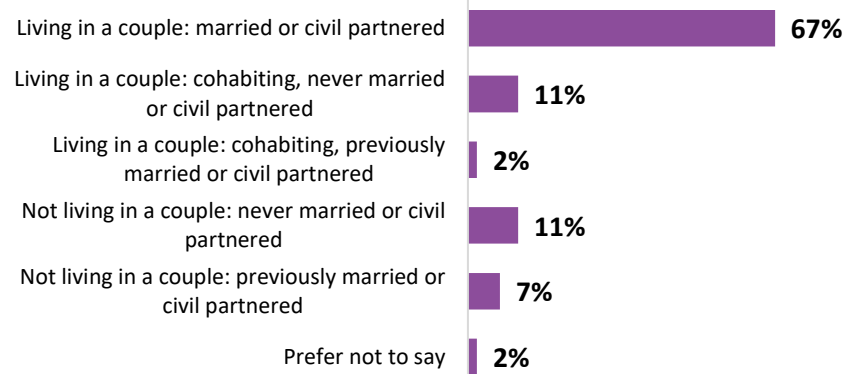
What sex are you?



To which gender do you most identify?



Marital Status



Q6. To which gender do you most identify? Base: 2,282 respondents

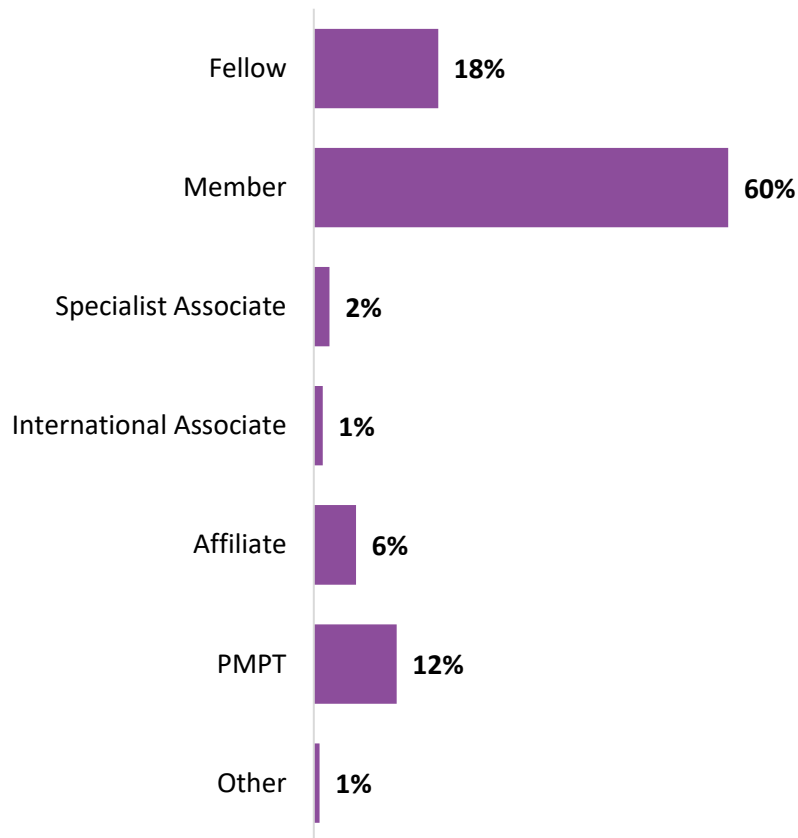
Q8. Which of the following best describes how you think of yourself? Base: 2,282 respondents

Q5. What sex are you? Base: 2,282 respondents

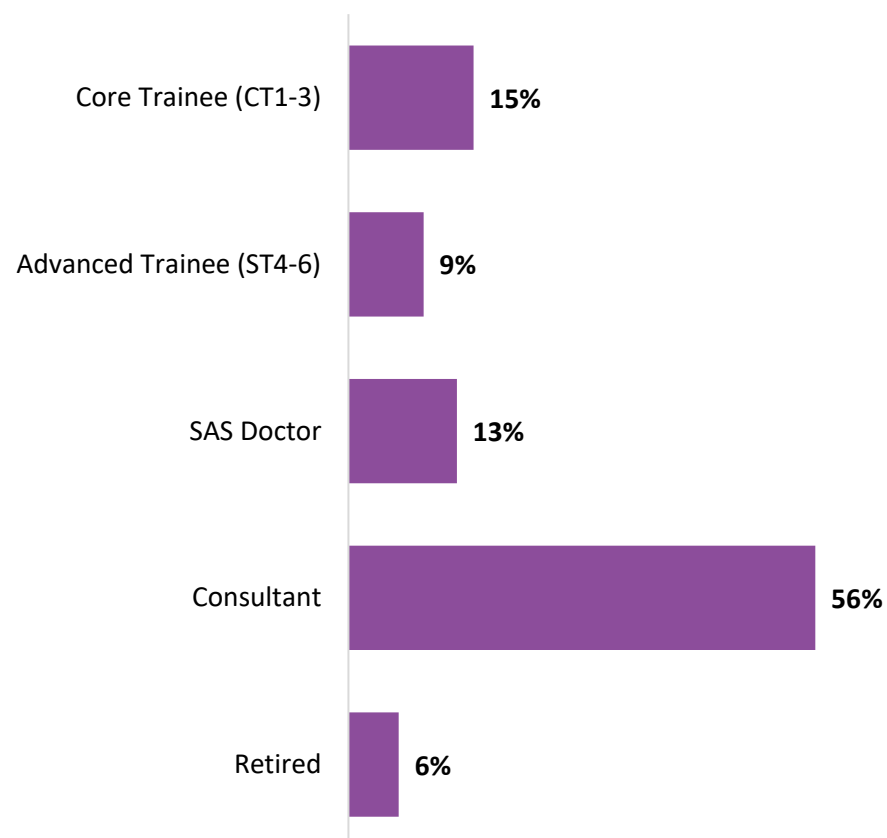
Q7. What is your marital or civil partnership status? Base: 2,282 respondents

Respondent Profile: Other Demographics

Membership Grade



Post-Type

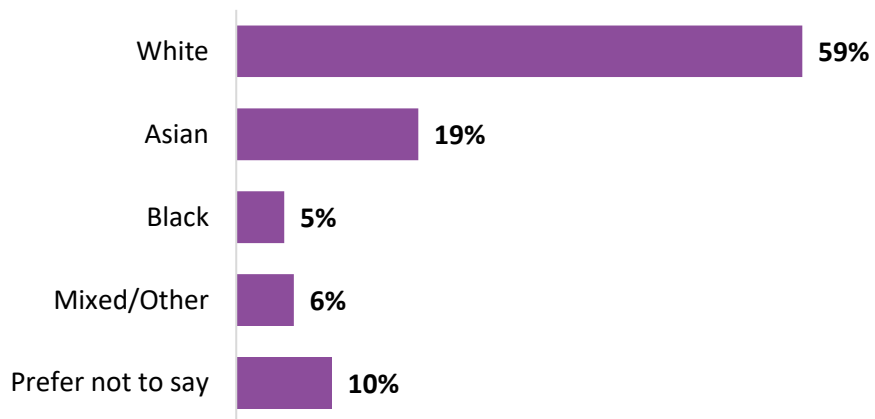


Membership grade taken from membership database

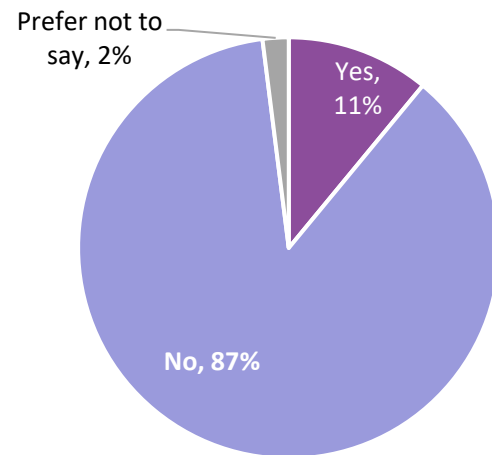
Post type data taken from membership database

Respondent Profile: Other Demographics

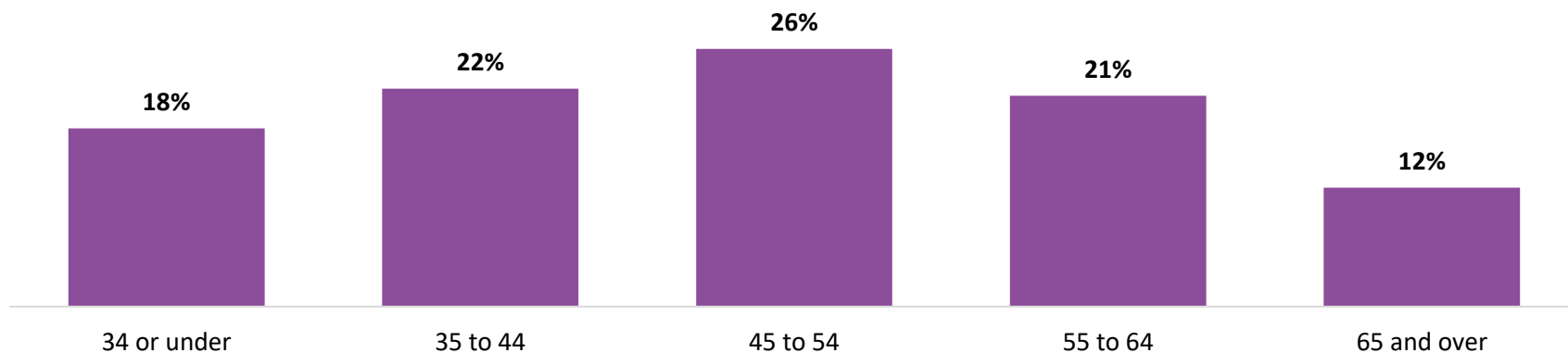
Ethnicity



Do you have a disability?



Age



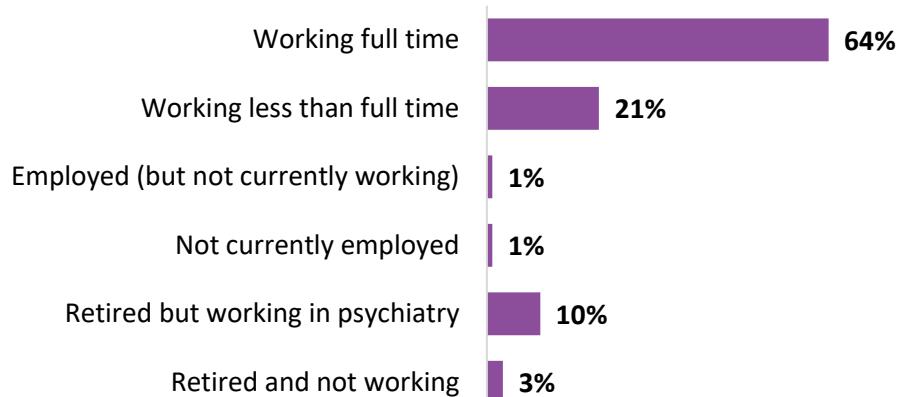
Ethnicity data taken from membership database

Q31. Do you consider yourself to have a disability / medical condition or specific learning difficulty that impacts on your working life? Base: 2,282

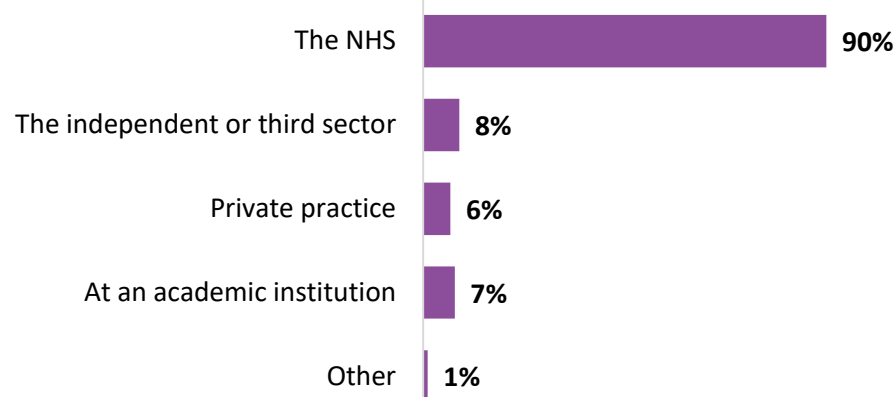
Q33. In which age band do you fall? Base: 2,282 respondents

Respondent Profile: Other Demographics

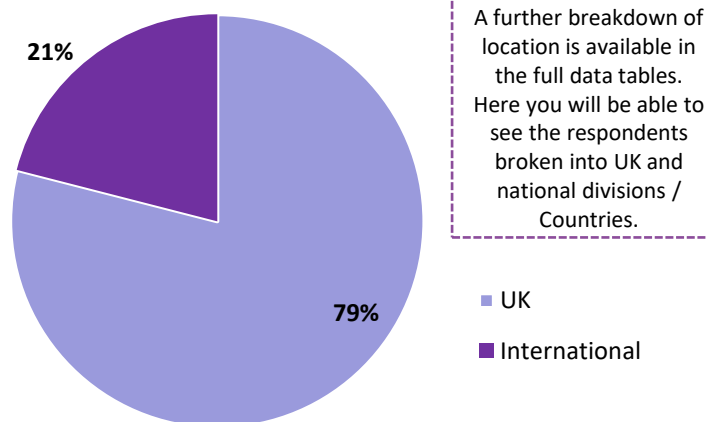
Employment Status



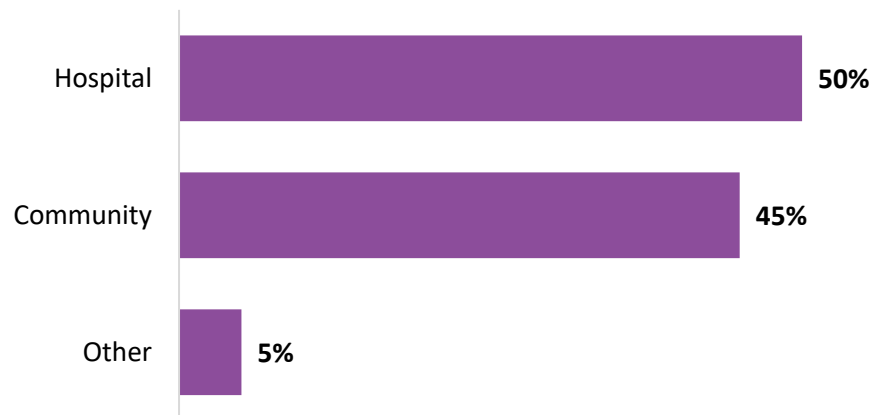
Employer Type (UK members)



Place of work



Workplace setting



Q1. Which of the following best describes your employment status? Base: 2,282 respondents

Q3a/b. In which country do / did you (currently) work? Base: 2,282 respondents

Q29a. Under which of the following categories does / did your employment fall? Base: 1,912 respondents (UK members only)

Q30. Which of the following best describes your workplace setting? Base: 2,282 respondents

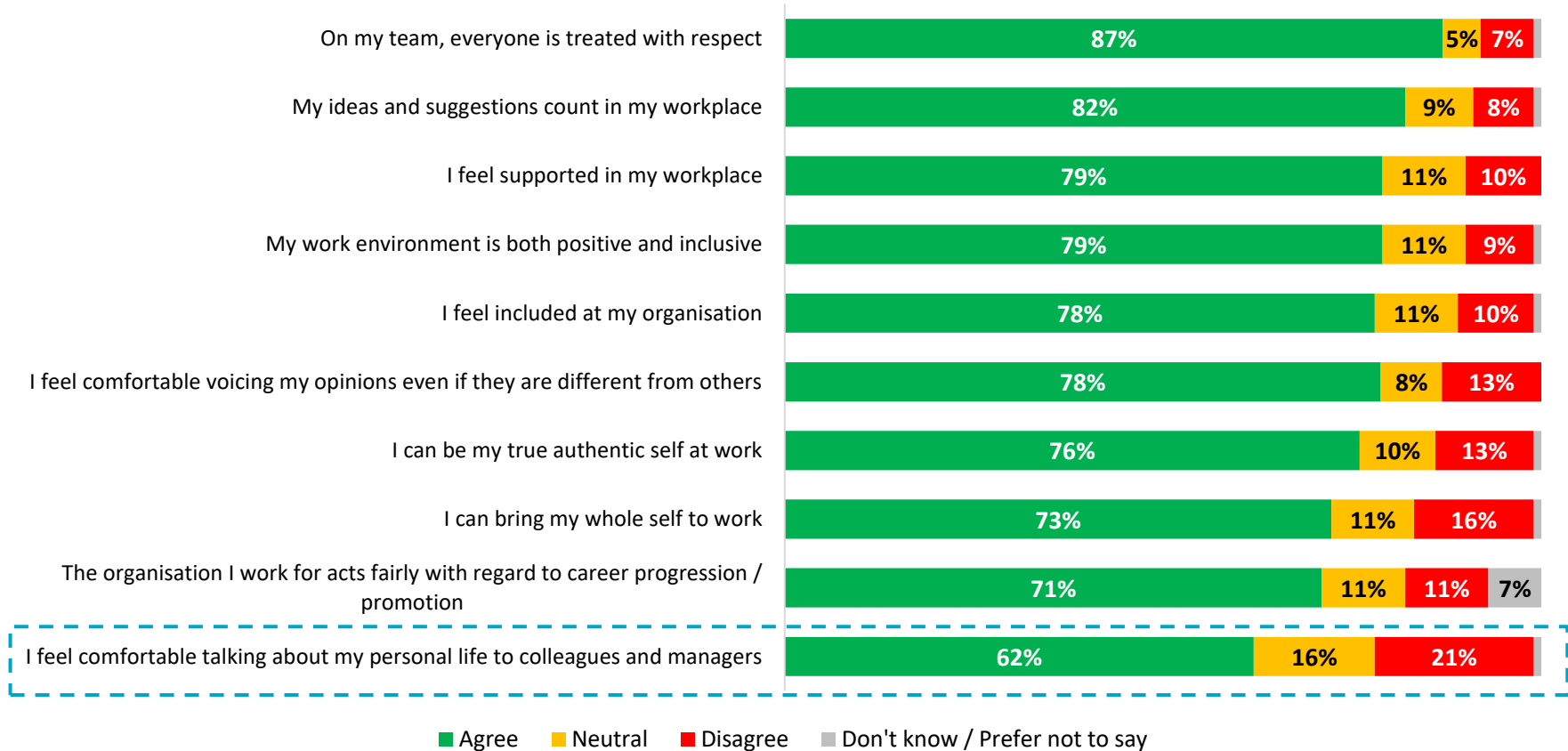
Perceptions of the workplace

(All members, however they identify)



The overall picture of the workplace for all members is largely positive, although just over 1-in-3 do not feel comfortable talking about their personal life to their colleagues and managers

To what extent do you agree or disagree with the following statements? *By Total*



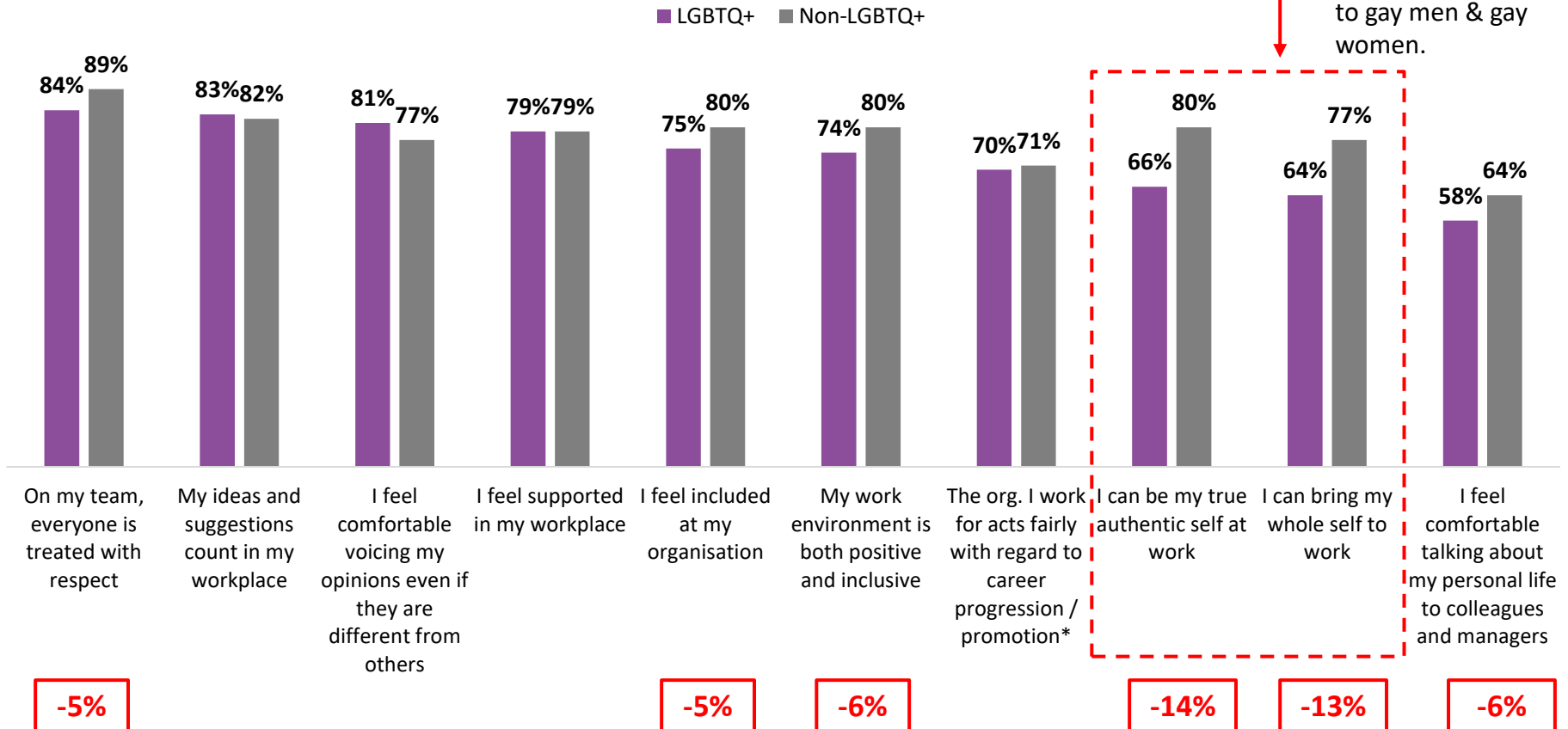
Base: Q10. To what extent do you agree or disagree with the following statements? 2,282 respondents (All respondents).

*...regardless of gender, religion, sexual orientation, disability or age

Whilst the overall workplace picture looks positive for psychiatrists, there are some clear gaps between those who identify as LGBTQ+ and those who do not

To what extent do you agree or disagree with the following statements?
LGBTQ+ vs Non LGBTQ+ (% who agree with each statement)

Those who identify as **bisexuals** are significantly less likely to agree with these statements compared to gay men & gay women.



Base: Q10. To what extent do you agree or disagree with the following statements? 572 respondents (LGBTQ+ members); 1,640 respondents (Non-LGBTQ+ members).

*...regardless of gender, religion, sexual orientation, disability or age

Significant difference

Academic research shows that those who identify as bisexual are more likely to suffer from depression as a result of negative bisexual attitudes

The fact that those who identify as bisexual are significantly less likely to agree that they can 'be their true authentic self at work' and can 'bring their whole self to work' is a concern considering academic research reveals that **depression** is more likely in bisexuals than those who identify as heterosexual, gay, and lesbian¹.

Suggestions for why bisexual individuals are less likely to feel they can be themselves and (in turn be more likely to suffer from depression) is because of a number of reasons, including:

1. **Bisexual denial:** people who see bisexual people as 'confused' about their sexuality.
2. **Bisexual invisibility:** assuming that people are either heterosexual or lesbian/gay, or assuming people's sexuality on the basis of their current partner².

¹ [How common are mental health conditions among bisexual people? \(medicalnewstoday.com\)](https://www.medicalnewstoday.com/articles/322822.php)

² *The Bisexuality Report, the Open University*

Understanding the Experience of LGBTQ+ Psychiatrists in the Workplace

(Members who identify as LGBTQ+)



This section will seek to explore the experiences LGBTQ+ psychiatrists in the workplace.



Incidence and most common forms of negative experience faced by psychiatrists who identify as LGBTQ+.

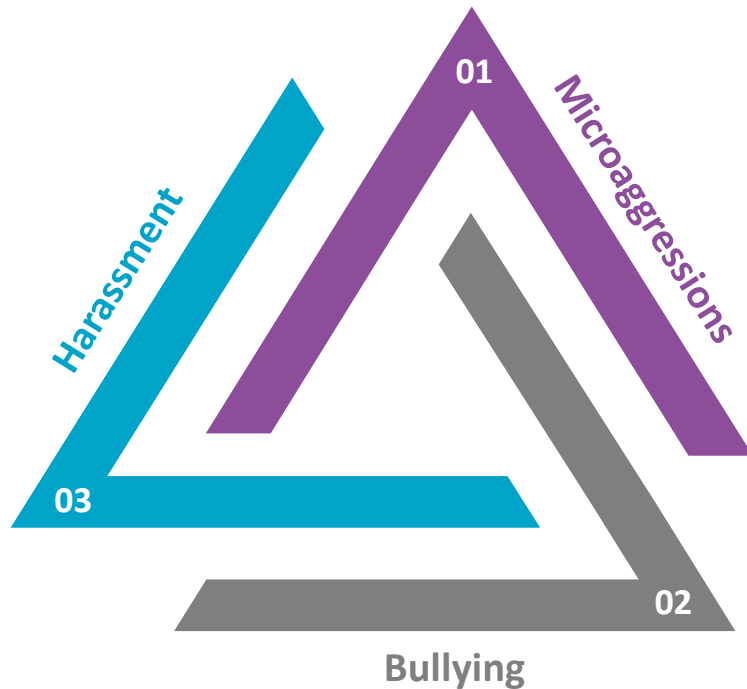
Understanding microaggressions, bullying & harassment.

Who are the groups perpetrating these against LGBTQ+ psychiatrists?

Where are these experiences typically taking place?

Understanding the impact of these experiences.

The survey aimed at understanding the extent to which LGBTQ+ psychiatrists experienced one of three forms of abuse, all of which are highlighted below.



01

Microaggressions

Microaggressions are deemed to be **subtle, underhand comments** (either direct or indirect) which go some way in revealing a person's underlying opinions / beliefs.

02

&

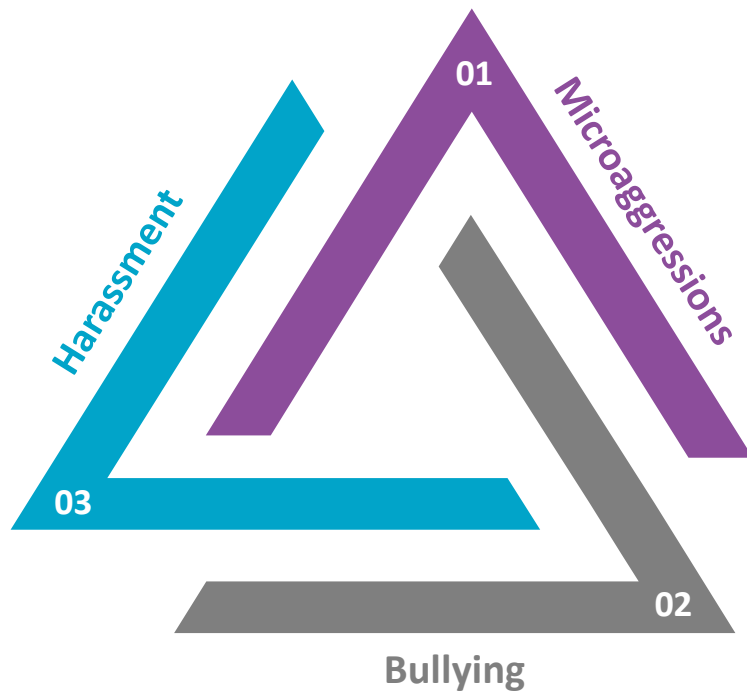
03

Bullying & Harassment

Bullying and harassment are seen as being a **more serious** type of abuse.

- On the one hand, bullying is viewed as **recurring** behaviour where a person is aggressive to another (in this case due to their gender identity or sexuality).
- Harassment meanwhile is where someone attempts to make you feel **intimidated** and perhaps **humiliated**.

The survey aimed at understanding the extent to which LGBTQ+ psychiatrists experienced one of three forms of abuse, all of which are highlighted below.



01

Microaggressions

"Microaggressions are when someone expresses a view or an opinion in a subtle way...it may not be overt, and not necessarily aimed directly at you."

LGBTQ+ Core Trainee – Focus Group

02

&

03

Bullying & Harassment

"I faced bullying by a senior consultant. It was the fact they persistently tried to undermine me which made me consider it as bullying."

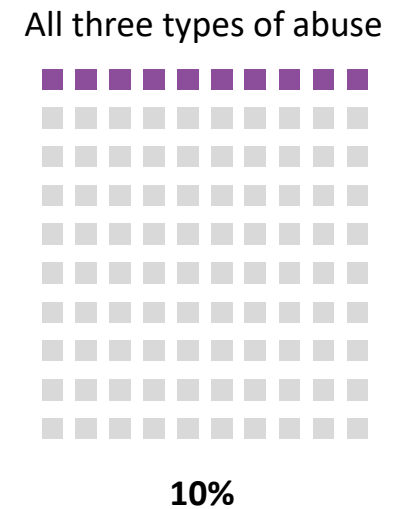
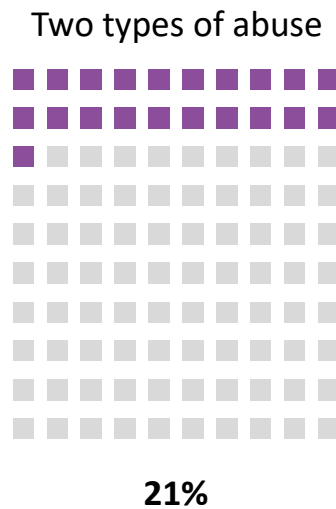
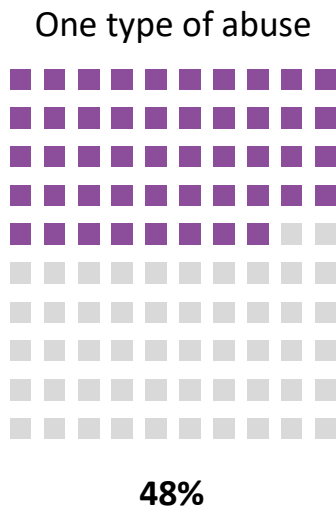
LGBTQ+ Consultant – Survey

"It's being belittled and humiliated, both of which have happened to me in public [due to my sexuality]."

LGBTQ+ SAS Doctor – Survey

Around half of respondents who identify as LGBTQ+ report having experienced at least one of the three types of abuse at work in the last 3 years.

Proportion of LGBTQ+ respondents who have experienced:



Base: Q14. In the last 3 years have you personally experienced any of the following at your place of work? 572 respondents (All LGBTQ+ respondents).

Understanding microaggressions, bullying & harassment.



Incidence and most common forms of negative experience faced by psychiatrists who identify as LGBTQ+

Understanding microaggressions, bullying & harassment.

Who are the groups perpetrating these against LGBTQ+ psychiatrists?

Where are these experiences typically taking place?

Understanding the impact of these experiences.

Micro aggression is the most common form of abuse experienced by psychiatrists who identify as LGBTQ+.

Experiences of Abuse

	Yes	No	Prefer not to say
Micro aggression	41%	58%	2%
Harassment	22%	77%	1%
Bullying	16%	82%	1%

Base: Q14. In the last 3 years have you personally experienced any of the following at your place of work? 572 respondents (All LGBTQ+ respondents).

Microaggressions are believed to be less explicit, subtle, and sometimes indirect comments which typically show one's underlying feelings and attitudes towards a particular group – in this instance the LGBTQ+ community.

Examples of Microaggressions*

Misusing pronouns (*sometimes openly admitting to not using the correct pronouns on purpose*).

Making **assumptions** about having a wife / husband.

Referring to husband / wife as being a '**partner**' or a '**friend**' if they are not married.

Eyerolling / a **sigh**.

Referring to certain things / stuff as being '**gay**'.

'Othering' - referring to transgender patients or colleagues as 'they' and always putting them in the 'other' bracket.

Mentioning that psychiatrists who identify as LGBTQ+ **getting too emotionally involved** with patients.

**These examples have come from both the focus groups and the free text within the survey.*

The focus groups & survey highlighted numerous examples of microaggressions that had either been targeted at them, or they had heard about patients who identify as being LGBTQ+.

Examples of Microaggressions*

“Being told that I have a partner rather than a husband. Being the last one considered for promotion, as the only queer person in the group, although I believe I outperform all of the others.”

LGBTQ+ Consultant – Survey

“I have heard subtle, unintentional references to homophobic views.”

LGBTQ+ Core Trainee – Focus Group

“I am married to a man and wear a wedding ring but being asked about my wife and children is not uncommon...It has never been persistent and so I am not particularly upset by it.”

LGBTQ+ Core Trainee – Survey

“During the pandemic I have had colleagues saying that they needed to have special treatment because they have children, but that I should continue to work normally as I’m gay and don’t have children.”

LGBTQ+ Consultant – Focus Group

“I am often misgendered by colleagues with the use of incorrect pronouns (despite wearing a pronoun badge and having pronouns in my email signature).”

LGBTQ+ Core Trainee – Survey

“Microaggressions are most prominent and are generally subtle. E.g. exclusion from training opportunities, insufficient hand overs, and comments made regarding dress vs. trouser choice etc. I’ve also heard homophobic language in office space but I don’t respond, not wanting to risk myself being a target.”

LGBTQ+ Core Trainee – Survey

**These examples have come from both the focus groups and the free text within the survey.*

Microaggressions undermine inclusion, and impact on an individual's sense of value and self esteem.

For some psychiatrists who identify as being LGBTQ+, there is a feeling that micro-aggressions are the **starting point** for further, more serious abuse such as bullying and harassment.

At an organisational level, microaggressions **undermine inclusion**² in the workplace because through them taking place - especially if they are unchallenged - then it sets the tone for how others may then feel they can behave towards both patients and colleagues.

From an individual point of view, research indicates that *“microaggressions have the potential of making people feel or believe that they are devalued. They have cumulative effects on one's self-esteem and can breed chronic mistrust, compound the effects of past traumatic discriminatory situations, and be a risk factor to higher rates of mental health difficulties.”*³

“I have been belittled and had my professional reputation sullied. It started with micro-aggressions which led me to question and doubt myself and proceeded to an all-out witch hunt by senior management until I had to leave.”

LGBTQ+ Consultant – Survey

“Microaggressions are a signal of the environment we're working in and it seems that if we tolerate one form of discrimination, then it gives the green light for everything.”

LGBTQ+ Core Trainee – Survey

³ <https://hbr.org/2020/07/when-and-how-to-respond-to-microaggressions>

⁴ 'How Microaggressions Affect the LGBTQ+ Community', Health Matters, New York-Presbyterian in collaboration with Columbia University Medical Center and Weill Cornell Medicine <https://healthmatters.nyp.org/how-microaggressions-affect-the-lgbtq-community/>

Harassment or bullying have been experienced by around 1 in 5.

Experiences of Abuse

	Yes	No	Prefer not to say
Micro aggression	41%	58%	2%
Harassment	22%	77%	1%
Bullying	16%	82%	1%

Examples of bullying and harassment show those who experience such abuse feel isolated and marginalised.

Examples of Bullying & Harassment

“I experienced significant bullying, harassment, & marginalisation. I was not invited to meetings and was treated as an outsider. There was intersectionality associated with ethnic minority and gay orientation. This led to me leaving UK and migrating to Australia.”

LGBTQ+ Consultant – Survey

“Comments about gay people being more promiscuous. Prejudiced comments about transgender / non-binary patients.”

LGBTQ+ Core Trainee – Survey

“I have had 30 years of me not being taken seriously, with colleagues thinking I am just there to ‘entertain’ which is stereotyping those who belong to the LGBTQ+ community.”

LGBTQ+ Consultant – Survey

“I have had patients refuse to see me on account of my sexuality. Whilst my colleagues were supportive, no action was taken towards those patients.”

LGBTQ+ Core Trainee – Survey

“Senior nurses complained that I was open about my sexuality at work and believed that doctors should not refer to themselves as people with emotions etc.”

LGBTQ+ Consultant – Survey

“A senior team member used to throw objects towards me, banging their hand against the table when talking to / scolding me. They belittled and humiliated me in public, denied my rightful annual leave, study leave, and promotion opportunities. I was actively excluded from departmental activities and I was never listened to.”

LGBTQ+ SAS Doctor – Survey

Who are the groups perpetrating these against LGBTQ+ psychiatrists?



Incidence and most common forms of negative experience faced by psychiatrists who identify as LGBTQ+

Understanding microaggressions, bullying & harassment.

Who are the groups perpetrating these against LGBTQ+ psychiatrists?

Where are these experiences typically taking place?

Understanding the impact of these experiences.

Of those who have experienced microaggressions, around three quarters have experienced such behaviours from patients, whilst a similar proportion have experienced microaggressions from colleagues.

Regularity of Microaggressions experienced:

	At least monthly	Less frequently		Never
Patients / service users, their relatives, or other members of the public	28%	44%	= 72%	26%
Other colleagues	24%	48%	= 72%	26%
Managers	18%	39%	= 57%	41%

Base: Q16. How many times in the last 3 years have you personally experienced LGBTQ+ micro-aggressions within your place of work from...? 234 respondents (All LGBTQ+ respondents who have experienced microaggressions).

Four-fifths of those who have experienced bullying and / or harassment have experienced this from patients/service users. A slightly smaller proportion have experienced it from managers or other colleagues.

Regularity of Bullying and / or Harassment experienced:

	At least monthly	Less frequently		Never
Patients / service users, their relatives, or other members of the public	26%	54%	= 79%	19%
Managers	26%	46%	= 72%	25%
Other colleagues	22%	52%	= 74%	24%

Base: Q16. How many times in the last 3 years have you personally experienced bullying or harassment within your place of work from...? 155 respondents (All LGBTQ+ respondents who have experienced bullying or harassment).

Where are these experiences typically taking place?



Incidence and most common forms of negative experience faced by psychiatrists who identify as LGBTQ+

Understanding microaggressions, bullying & harassment.

Who are the groups perpetrating these against LGBTQ+ psychiatrists?

Where are these experiences typically taking place?

Understanding the impact of these experiences.

A higher proportion of LGBTQ+ members who work in a hospital setting have experienced at least one type of abuse, compared to those in a community setting.

Proportion of LGBTQ+ respondents who have experienced a form of abuse by workplace setting:

	Workplace Setting	
	Hospital	Community
At least <u>one</u> type of abuse	52%	43%
At least <u>two</u> type of abuse	23%	18%
All <u>three</u> types of abuse	9%	11%

Base: Q14. In the last 3 years have you personally experienced any of the following at your place of work? 312 respondents (LGBTQ+ psychiatrists who have experienced at least one type of abuse in a hospital); 243 respondents (LGBTQ+ psychiatrists who have experienced at least one type of abuse in the community).

Focus groups suggest that those working with younger adults, especially on CAMHS wards, are less likely to experience homophobia and / or transphobia.

As shown on the previous page, LGBTQ+ psychiatrists are more likely to experience abuse within a **hospital setting**. Further, the wards or specialty in which LGBTQ+ psychiatrists work can influence their experience.

Our qualitative research suggests that **all-male wards can result in more abuse, harassment or negative behaviour towards members who identify as LGBTQ+.**

However those working with younger patients (e.g. within **CAMHS**) find that their patients are more open to and accepting of different identities. McKinsey & Company's 'True Gen' report backs this up, describing Generation Z as having "greater freedom of expression and greater openness to understanding different kinds of people." ⁴

"I did six months on an all-male acute ward and there was lots of homophobic and sexist language. I didn't feel comfortable wearing anything rainbow associated in that environment because I felt like it would highlight me as a target. The staff there would stick up for me a little bit, but it almost felt like, 'well, everyone is unwell and this is the demographic we have here'. It's almost par for the course. It's expected."

LGBTQ+ Core Trainee – Survey

"My experiences in CAMHS have been much better than in all of the other posts I've worked through, and now I'm going into CAMHS as a specialist doctor so hopefully that will continue. I've just found it [CAMHS] much, much better and I think it's a lot about the language and the attitude within the service. As a service, it's stepped up to cope with modern youngsters, people who understanding LGBTQ+ terminology and who may have more LGBTQ+ friends."

LGBTQ+ Core Trainee – Focus Group

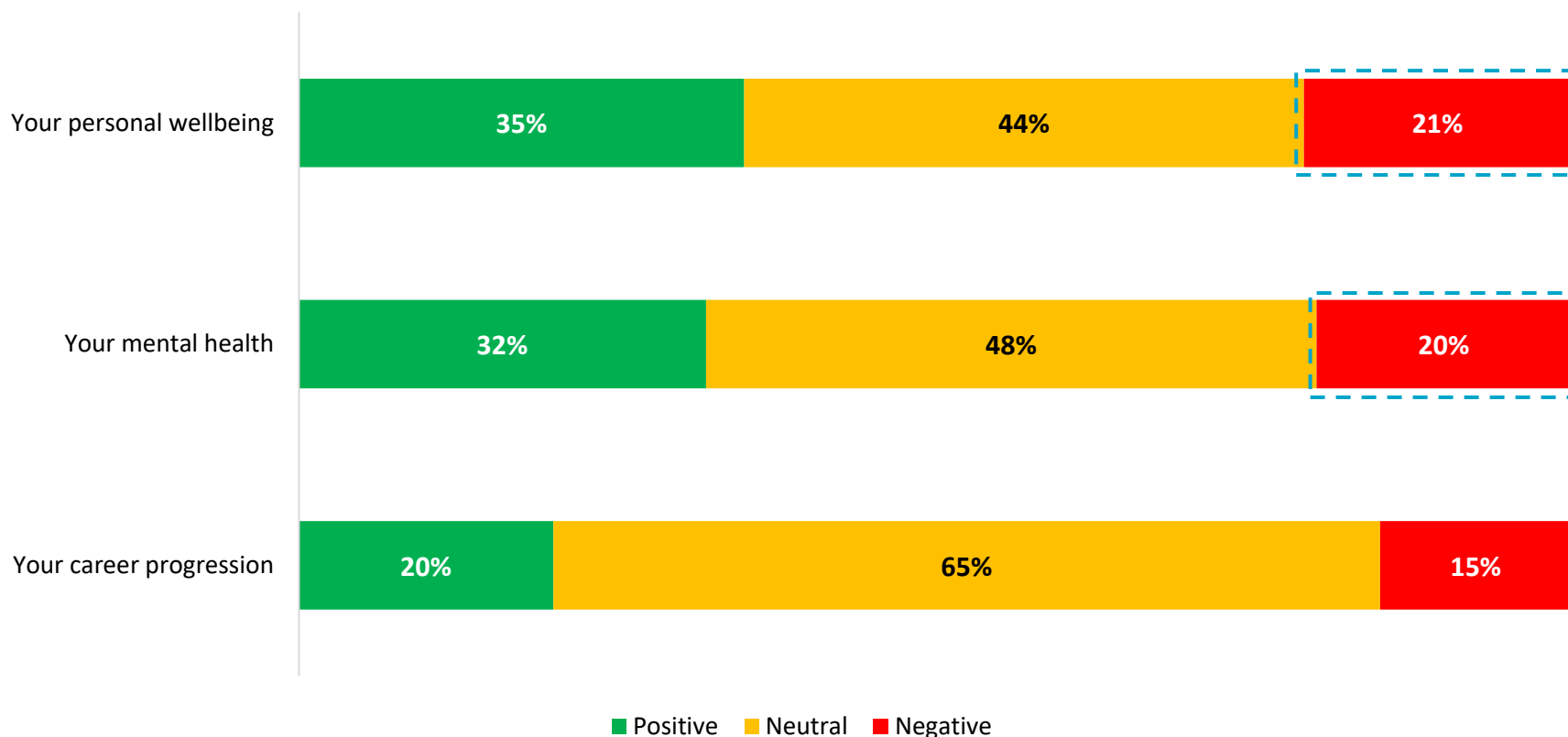
⁵<https://www.mckinsey.com/~media/McKinsey/Industries/Consumer%20Packaged%20Goods/Our%20Insights/True%20Gen%20Generation%20Z%20and%20its%20implications%20for%20companies/Generation-Z-and-its-implication-for-companies.pdf>

Understanding the impact of these experiences.

1. Incidence and most common forms of negative experience faced by psychiatrists who identify as LGBTQ+
2. Understanding microaggressions, bullying & harassment.
3. Who are the groups perpetrating these against LGBTQ+ psychiatrists?
4. Where are these experiences typically taking place?
5. Understanding the **impact** of these experiences.

On balance, attitudes towards LGBTQ+ psychiatrists in the workplace have a more positive than negative impact. However, 1-in-5 report them having a negative impact on their personal wellbeing, and a similar proportion say the same about their mental health.

What impact do the attitudes toward LGBTQ+ people within your working environment, have on... [By LGBTQ+ Psychiatrists]



Base: Q25. What impact do the attitudes toward LGBTQ+ people within your working environment, have on...572 respondents (All LGBTQ+ Respondents).

LGBTQ+ attitudes in the workplace create anxiety for some, and can leave them with a sense of shame and feeling 'othered'.

Understanding how attitudes have a negative impact on personal wellbeing & mental health:

It creates **anxiety** for some around having to meet colleagues or patients they know hold anti-LGBTQ+ views

LGBTQ+ attitudes can also bring about feelings of shame

Feeling '**othered**'

Increased **anger** and **irritation**.

Some LGBTQ+ psychiatrists are not 'out' in the workplace, and **hiding who they are** impacts their wellbeing

"I feel sad, and I think it reinforces some of my internalised shame / otherness."

LGBTQ+ Consultant – Survey

"Micro-aggressions are like little cuts. They accumulate and ultimately contribute to a feeling of burnout."

LGBTQ+ Consultant – Survey

"I felt othered and that my gender identity is not seen as valid."

LGBTQ+ Core Trainee – Survey

"I decided not to be open about my gender identity at work for fear of discrimination. I did not talk about my personal life and felt anxious when around a particular colleague that further microaggressions would occur."

LGBTQ+ Core Trainee – Survey

LGBTQ+ psychiatrists who have experience microaggressions, bullying or harassment are more likely to feel attitudes in the workplace have a negative impact on themselves and their career.

Impact of attitudes towards the LGBTQ+ community in the workplace:

		Experienced bullying	Experienced harassment	Experienced microaggressions
Your personal wellbeing	Positive Impact	20%	19%	24%
	Neutral	35%	36%	36%
	Negative Impact	44%	44%	40%
Your mental health	Positive Impact	19%	19%	21%
	Neutral	37%	34%	41%
	Negative Impact	43%	46%	38%
Your career progression	Positive Impact	12%	11%	12%
	Neutral	47%	48%	57%
	Negative Impact	40%	40%	30%

Base: Q25. What impact, do the attitudes toward LGBTQ+ people within your working environment, have on...94 respondents (LGBTQ+ psychiatrists who have experienced bullying); 125 respondents (LGBTQ+ psychiatrists who have experienced harassment); 232 respondents (LGBTQ+ psychiatrists who have experienced microaggressions).

Intersectionality and other factors

(Members who identify as LGBTQ+)

As has been shown in the previous slides, LGBTQ+ psychiatrists are **less likely to feel they can truly be themselves** at work, and around half have experienced some form of abuse in the past 3 years.

However, as we will now show on the subsequent pages, there are **additional factors that impact on the perceptions and experiences of those identifying as LGBTQ+**



Trainees and SAS doctors who identify as LGBTQ+ are significantly less likely to feel they can be their true authentic self and bring their whole self to work compared to LGBTQ+ Consultants.

Post-type

Proportion of LGBTQ+ respondents who agree with the following statements:

	LGBTQ+	Post-type			
	All LGBTQ+ respondents	Core Trainee	Advanced Trainee	SAS Doctor	Consultant
I can be my true authentic self at work	66%	59%	59%	57%	74%
I can bring my whole self to work	64%	57%	64%	59%	69%

Base: Q10. To what extent do you agree or disagree with the following statements? 572 respondents (All LGBTQ+ members); 150 respondents (Core Trainee LGBTQ+); 69 respondents (Advanced Trainee LGBTQ+); 75 respondents (SAS Doctor LGBTQ+); 265 respondents (Consultant LGBTQ+); 400 respondents (Living in a couple LGBTQ+); 165 respondents (Not living in a couple LGBTQ+).

A significantly smaller proportion of Core Trainees who identify as LGBTQ+ feel they can be their true self at work compared to Core Trainees who do not identify as LGBTQ+.

Post-type

To what extent do you agree or disagree with the following statements?

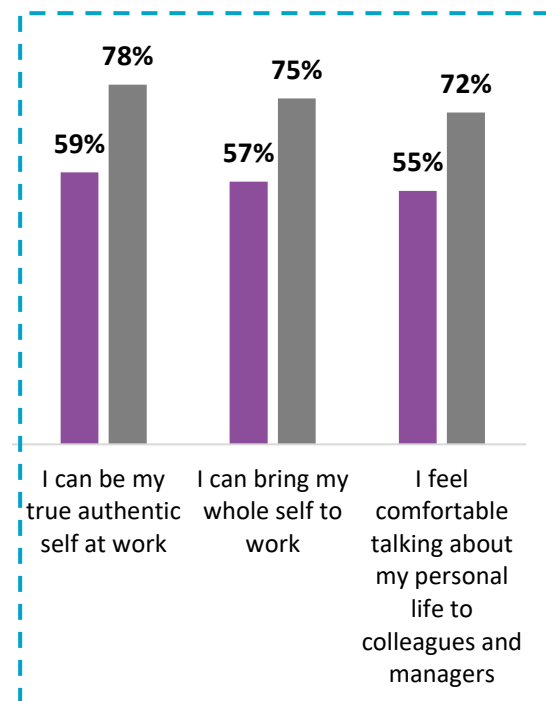
LGBTQ+ Trainees vs Non-LGBTQ+ Trainees

■ LGBTQ+ Core Trainees ■ Non-LGBTQ+ Core Trainees

Our findings tie in with McKinsey & Company research from June 2020 which concludes that '**coming out is especially challenging for junior employees**⁵' and highlights the increased support junior staff need to feel they can be their true authentic self at work.

"I think it is particularly hard to be an LGBT core trainee - I move job every 6 months and have to judge how out to be with that new team, work out if they are LGBT friendly or not. Its a constant coming out every few months with rotating, which is exhausting."

LGBTQ+ Core Trainee – Focus Group



⁵ <https://www.mckinsey.com/business-functions/people-and-organizational-performance/our-insights/lgbtq-plus-voices-learning-from-lived-experiences>

The focus groups highlighted that 6 month rotations can create worries about 'coming out' multiple times to different teams, especially when trainees fear that it may create conflict with their supervisor and / or consultant.

Post-type

Having to 'come out' more than once

The process of having to 'come out' to a new team every 6 months can be challenging. **Without any visual signals** to show the workplace is inclusive, trainees are likely to choose not to reveal their sexuality.

X

"As a trainee, you feel you have to keep doing it [coming out] every six months, which is [emotionally] **exhausting.**"

LGBTQ+ Core Trainee – Focus group

Friction with their supervisor / consultant

Core Trainees may also not reveal their sexuality or gender just in case it **causes friction** with their supervisor / consultant, which may ultimately affect their **career development.**

X

"It's harder to be yourself when you're a trainee. You're being supervised by somebody who you may not get on with. I had some **supervisors and consultants who were really awful**, and a lot of that was around sexuality. But you get to the point where you are the consultant and you care less, and are more confident."

LGBTQ+ Consultant – Focus group

Lack of confidence

Finally, our research suggests that some Core Trainees just **lack confidence** to reveal their sexuality or gender identity (especially if there are no **LGBTQ+ role models** in the workplace). Their confidence comes later as they progress to being a consultant.

X

Sense of Freedom

However, for some trainees, 6 month rotations mean they feel more able to disclose their sexuality, as if they encounter any issues, they are soon to be moving on.

✓

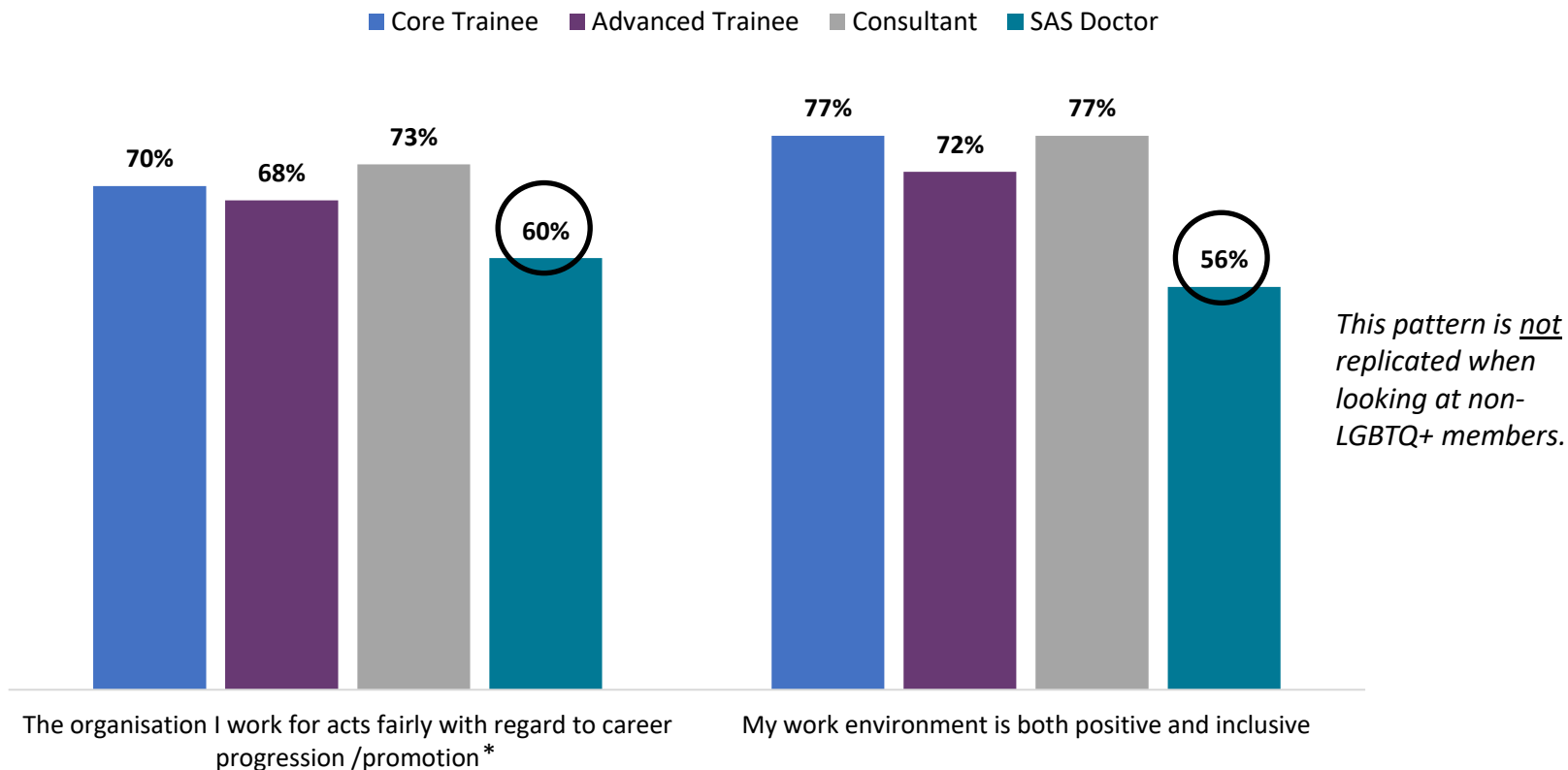
"I'm here for 6 months. So if people have a problem with my sexuality, that's not my problem as I'm moving on...Rotations make it easier."

LGBTQ+ Core Trainee – Focus group

Compared to other post-types who identify as LGBTQ+, a significantly smaller proportion of LGBTQ+ SAS doctors agree that their organisation acts fairly with regards to career progression, or that their work environment is positive and inclusive.

Post-type

Agreement with statements, by post-type:



Base: Q10. To what extent do you agree or disagree with the following statements? All who identify as LGBTQ+: Core Trainee (150); Advanced Trainee (69); Consultant (265); SAS Doctor (75)

*...regardless of gender, religion, sexual orientation, disability or age

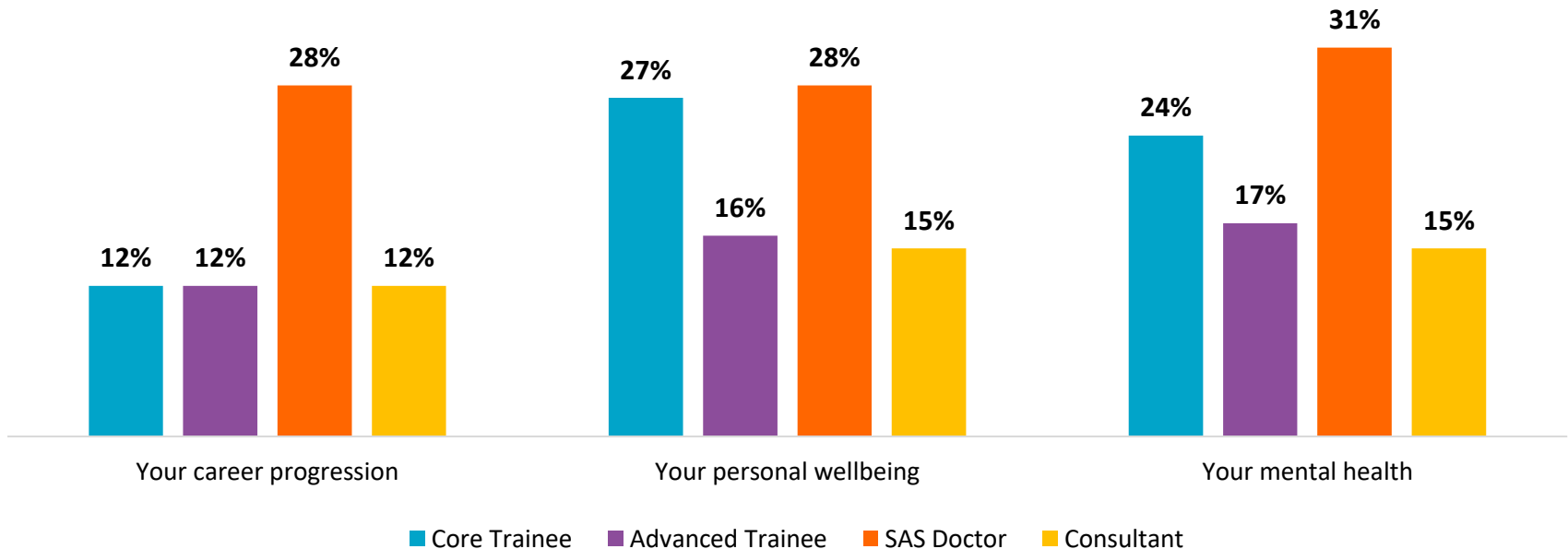
The effects of LGBTQ+ attitudes have a more negative effect for SAS Doctors. Interestingly, for Core Trainees, there is less of an impact on career progression, with their personal wellbeing & mental health taking a hit.

Post-type

"I have anxiety about meeting a colleague or checking messages from her [due to her LGBTQ+ attitudes]."

LGBTQ+ Core Trainee – Survey

The proportion of LGBTQ+ psychiatrists who report that the attitudes toward LGBTQ+ people within their working environment are having a negative impact on the following...



Base: Q25. What impact, do the attitudes toward LGBTQ+ people within your working environment, have on...150 respondents (LGBTQ+ Core Trainees); 69 respondents (LGBTQ+ Advanced Trainees); 75 respondents (LGBTQ+ SAS Doctors); 265 respondents (LGBTQ+ Consultants).

Further, those who do not live in a couple and identify as LGBTQ+ are significantly less likely to feel they can be their true authentic self and bring their whole self to work.

Marital
status

Proportion of LGBTQ+ respondents who agree with the following statements:

	LGBTQ+	Marital Status	
	All LGBTQ+ respondents	Living in a couple	Not living in a couple
I can be my true authentic self at work	66%	70%	59%
I can bring my whole self to work	64%	68%	55%

The focus groups also highlighted that **not living in a couple** is also a factor in terms of being able to be your true authentic self and bringing your whole self to work.

These challenges are explored further on subsequent pages...

The experience of single gay psychiatrists is less positive compared to those living in a couple. The perception that some non-LGBTQ+ colleagues grapple with the idea of colleagues being LGBTQ+ and sexual / having a sex life.

Not living in a couple

Both the quantitative and qualitative research highlight that **those not living in a couple feel less positive** about their workplace.

This is highlighted by the table on the right, where we see that they are **significantly less likely to agree with 8 out of the 10 statements** about their workplace.

Of particular note is the statement *'I feel comfortable talking about my personal life to colleagues and managers'*; **only 42%** feel comfortable talking about their personal life.

The focus groups highlight that this is a particular issue for gay men, who feel that being a **single, gay man** can mean they are potentially **more susceptible to assumptions** around them being viewed as **'predatory'**.

Not living in a couple: statements significantly less likely to agree with

I can be my true authentic self at work

I feel supported in my workplace

I can bring my whole self to work

The organisation I work for acts fairly with regard to career progression / promotion*

I feel comfortable talking about my personal life to colleagues and managers

My ideas and suggestions count in my workplace

I feel comfortable voicing my opinions even if they are different from others

My work environment is both positive and inclusive

Marital
status

*...regardless of gender, religion, sexual orientation, disability or age

The below quotes highlight the preconceived ideas that gay men in particular are predatory / abusers of children.

Marital
status

"I had one job where they said I shouldn't be a child psychiatrist, because the assumption was that if parents found out that I was gay and a child psychiatrist, they would then be concerned that I would somehow be an abuser or a risk in terms of abusing children...That association has been around for a while, between your sexuality and being somehow predatory towards children. I think we need to be challenging these sort of preconceived ideas, that just because you're gay, you are automatically then a predator."

LGBTQ+ Consultant – Survey

"I had one patient, and his adult social work put in a safeguarding complaint against me. The boy hadn't made a complaint but she was concerned because our relationship - for her - had moved from professional to personal. To cut a long story short, I and a wider team agreed on myself playing a 'mentoring' role for a young male patient, it was a really carefully thought through plan to help him cope during lockdown. The plan was actually to have a more personal relationship so as to help him, to give him a sense of belonging...People sometimes generalise all gay men in the same way. Whenever a gay man befriends a younger man, the assumption is they it's because they want to have sex with him...it stinks of homophobia."

LGBTQ+ Consultant – Focus Group

Further, those who identify as a gay woman, lesbian or bisexual also suffer more negative experiences at work.

Sexuality

Proportion of LGBTQ+ respondents who have experienced:

	Sexuality		
	Gay man	Gay woman / lesbian	Bisexual
At least <u>one</u> type of abuse	41%	56%	56%
At least <u>two</u> type of abuse	17%	22%	27%
All <u>three</u> types of abuse	8%	9%	11%

There is evidence that intersectionality plays a part in members' attitudes to their workplace.

Proportion of LGBTQ+ respondents who agree with the following statements:

Race

Disability

	LGBTQ+	Ethnicity		Disability	
	All LGBTQ+ respondents	White	BAME	Yes	No
I can be my true authentic self at work	66%	71%	51%	61%	68%
I can bring my whole self to work	64%	68%	54%	56%	66%

Psychiatrists who identify as **LGBTQ+** and identify in other ways (e.g. BAME or having a disability) are significantly less likely to feel they can be their authentic self at work or bring their whole self to work.

Base: Q10. To what extent do you agree or disagree with the following statements? 572 respondents (All LGBTQ+ members); 407 respondents (White LGBTQ+); 117 respondents (BAME LGBTQ+); 101 respondents (Disabled LGBTQ+); 466 respondents (Non-Disabled LGBTQ+).

Of those identifying as LGBTQ+, those who also identify as BAME or as having a disability are more likely to have had some form of negative experience (microaggression, bullying, harassment).

Race

Disability

Proportion of LGBTQ+ respondents who have experienced:

	Ethnicity		Disability	
	White	BAME	Yes	No
At least <u>one</u> type of abuse	46%	58%	68%	44%
At least <u>two</u> type of abuse	18%	32%	34%	18%
All <u>three</u> types of abuse	8%	16%	16%	8%

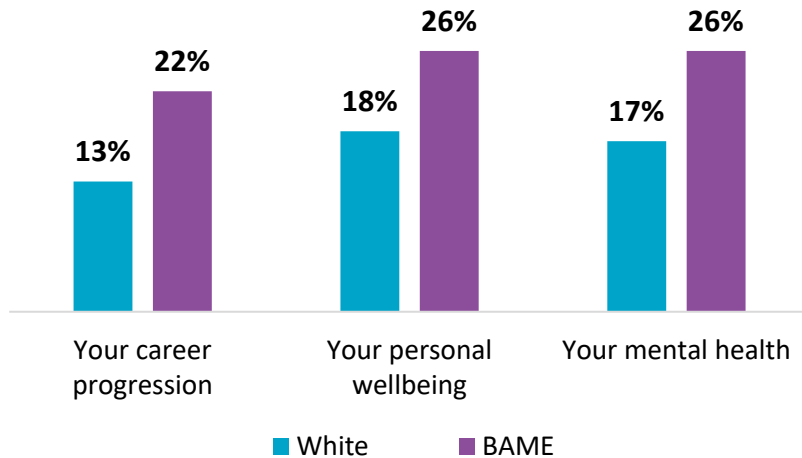
Base: Q14. In the last 3 years have you personally experienced any of the following at your place of work? 407 respondents (White LGBTQ+); 117 respondents (BAME LGBTQ+); 311 respondents (Gay man); 68 respondents (Gay woman / lesbian); 144 respondents (Bisexual); 101 respondents (Disabled LGBTQ+); 466 respondents (Non-Disabled LGBTQ+).

Psychiatrists who identify as LGBTQ+ and as BAME are significantly more likely to say that LGBTQ+ attitudes have had a negative impact on their career progression and mental health.

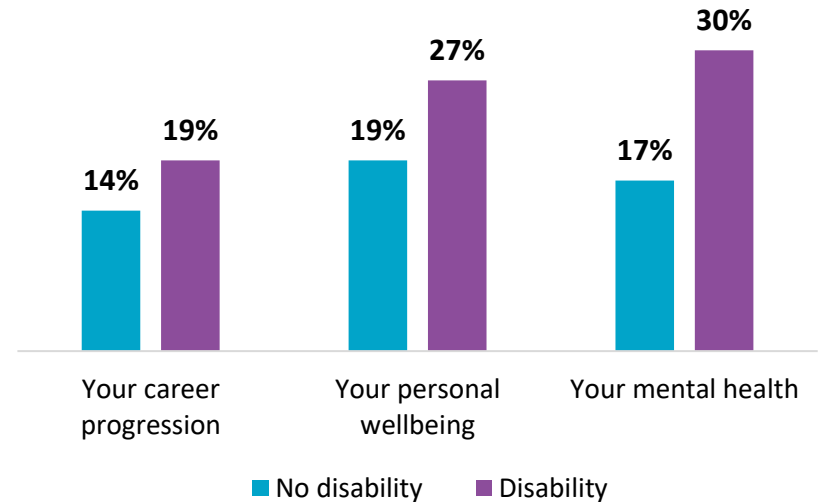
The proportion of LGBTQ+ psychiatrists who report that the attitudes toward LGBTQ+ people within their working environment are having a negative impact on the following...

Race

Disability



*Psychiatrists who identify as **LGBTQ+ and who have a disability** are significantly more likely to report bullying and / or harassment from their managers on a **monthly basis** also*

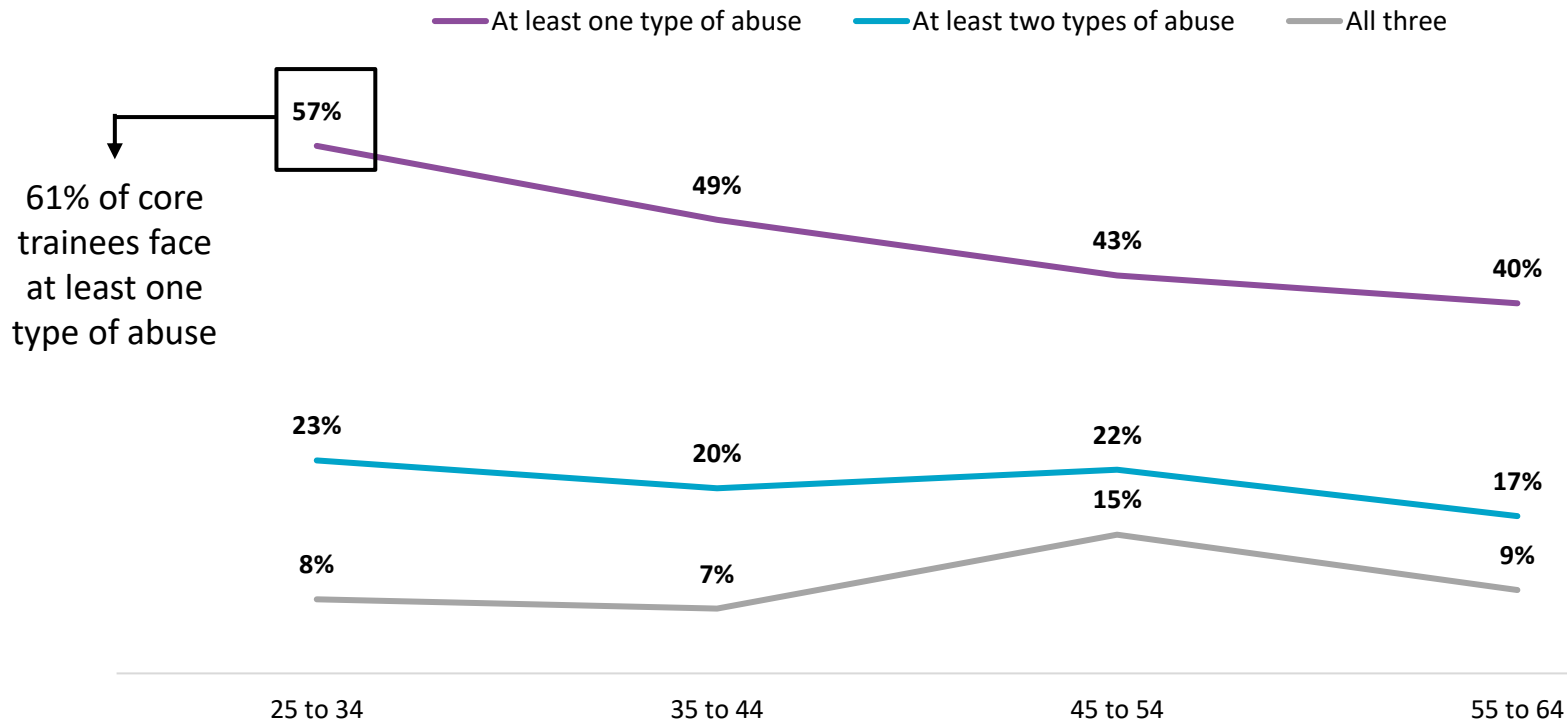


Base: Q25. What impact, do the attitudes toward LGBTQ+ people within your working environment, have on...407 respondents (White LGBTQ+ psychiatrists); 117 respondents (BAME LGBTQ+ psychiatrists); 481 respondents (LGBTQ+ psychiatrists working in the UK); 73 respondents (LGBTQ+ psychiatrists working abroad).

The incidence of negative experiences LGBTQ+ psychiatrists face at work decreases as they become older.

Age

In the last 3 years have you personally experienced any of the following at your place of work? [By Age Group]



NB. We have not included 24 and under and 65+ due to low sample sizes.

Base: Q14. In the last 3 years have you personally experienced any of the following at your place of work? 188 respondents (25-34 LGBTQ+); 152 respondents (35-44 LGBTQ+); 113 respondents (45-54 LGBTQ+); 90 respondents (55-64 LGBTQ+).

The three form of abuse included in this research are Micro-aggressions, Harassment and Bullying.

LGBTQ+ psychiatrists who identify as female report more frequent bullying / harassment from patients, but less frequent microaggressions.

Gender
identity / Sex

- **LGBTQ+ psychiatrists** who identify as **female** are significantly more likely (**40%**) to say they have 'never' experienced microaggressions from patients / service users etc., compared to their male counterparts (**20%**).
- However, when analysing the regularity of bullying and / or harassment, a **higher proportion of those identifying as female than male have experienced bullying and / or harassment from patients.**

"Patients have previously talked to me using racial slurs and acted in a physically threatening / intimidating manner with me or tried to refuse care from me due to my race, sex and age."

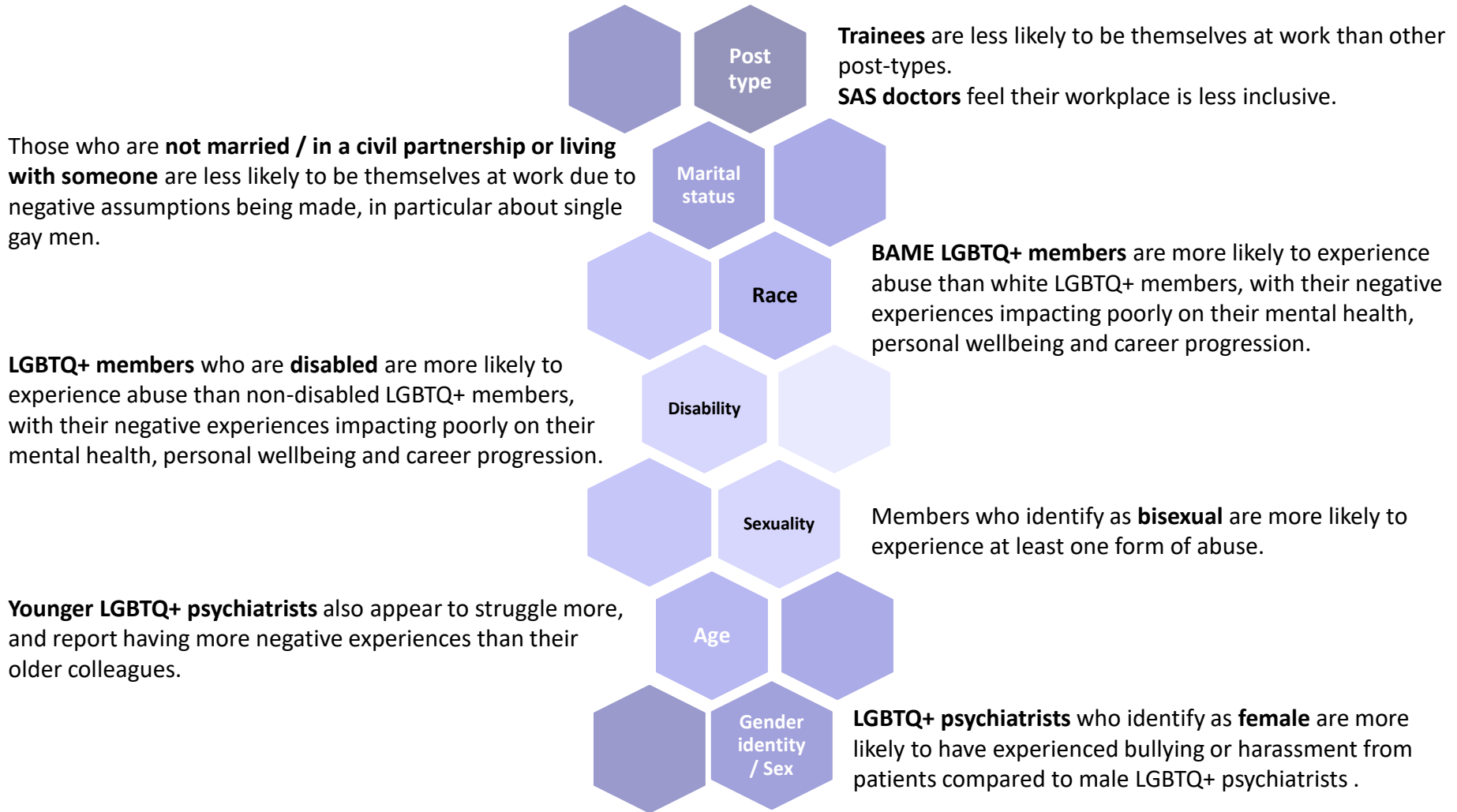
LGBTQ+ Core Trainee identifying as female – Survey

"I have had one isolated occurrence of a patient who did not agree with the choices of treatment offered to them, and so they started verbally abusing me on the grounds of my sexuality."

LGBTQ+ SAS Doctor identifying as female – Survey



Additional factors that influence the attitudes and experiences of members who identify as LGBTQ+

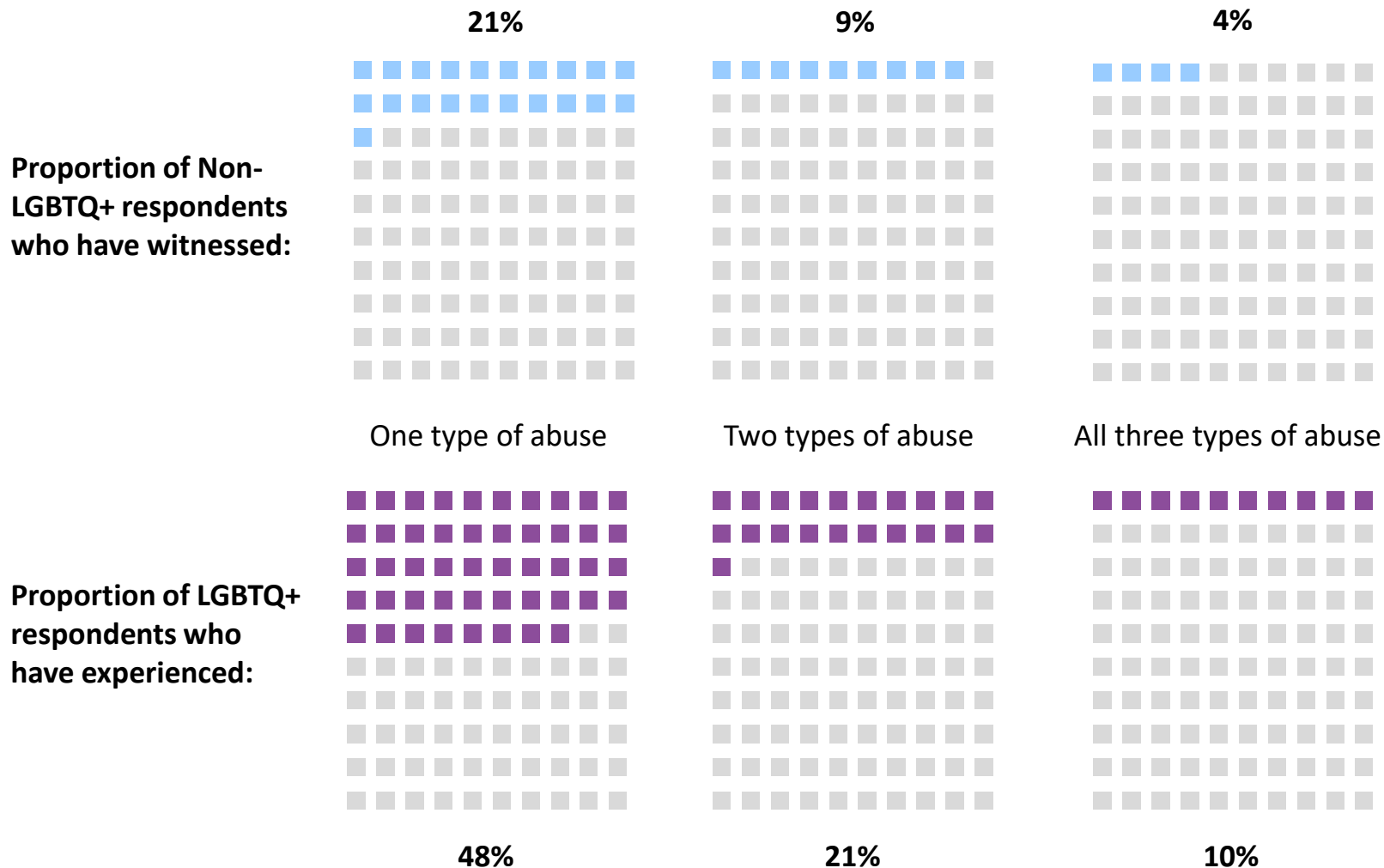


Non-LGBTQ+ observations of bullying, harassment and microaggression towards LGBTQ+ patients and colleagues

(Members who do not identify as LGBTQ+)



1 in 5 non-LGBTQ+ have witnessed any type of abuse.

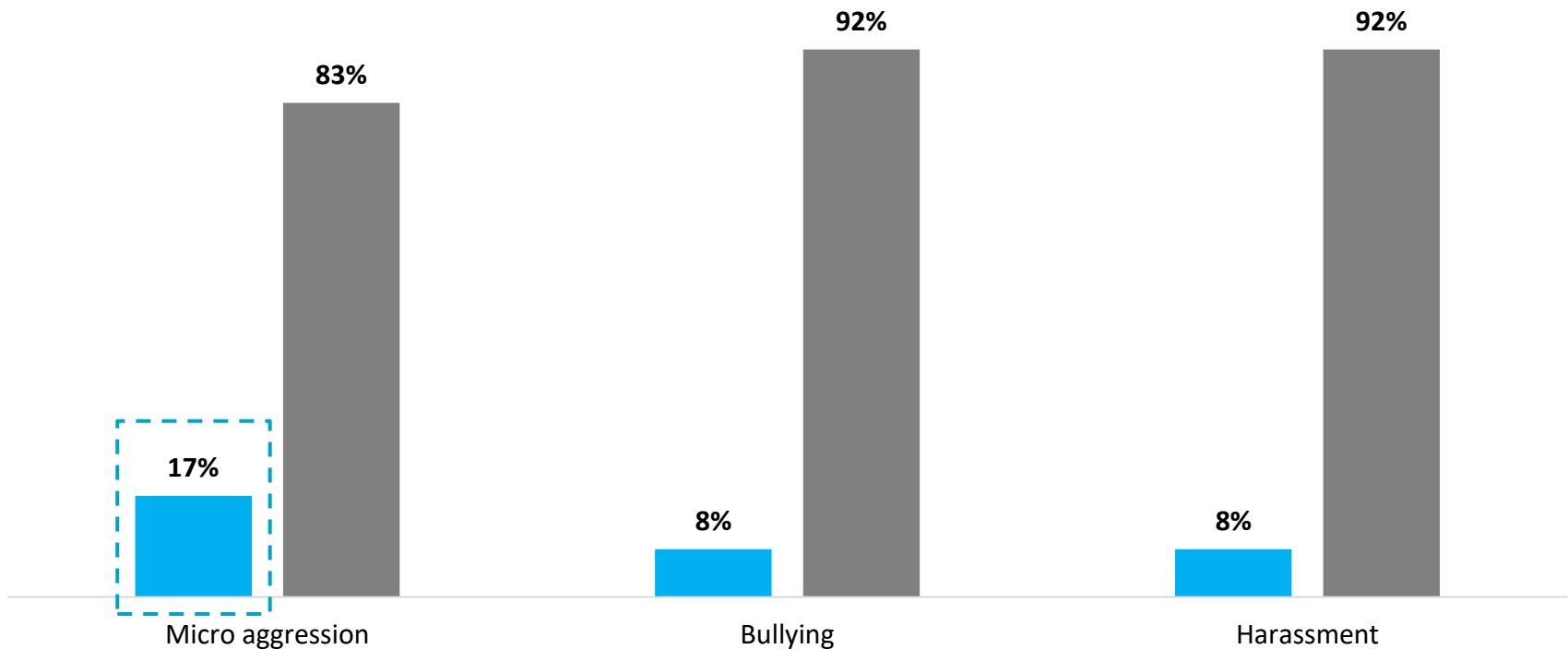


Base: Q11a . Within the last 3 years, have you witnessed any of the following at your place of work in relation to any of your LGBTQ+ colleagues? 1170 Non-LGBTQ+

Micro aggression is the most common form of abuse witnessed in the workplace towards LGBTQ+ colleagues.

Within the last 3 years, have you witnessed any of the following at your place of work in relation to any of your LGBTQ+ colleagues?

■ Yes ■ No / Prefer not to say



Base: Q11a . Within the last 3 years, have you witnessed any of the following at your place of work in relation to any of your LGBTQ+ colleagues? ; 1170 Non-LGBTQ+

Those with a disability(s) and those based in hospitals are significantly more likely to have witnessed at least one type of abuse.

	Workplace		Disability	
Abuse witnessed	Hospital	Community	Yes	No
At least <u>one</u> type of abuse	24%	18%	32%	20%
At least <u>two</u> type of abuse	11%	7%	16%	8%
All <u>three</u> types of abuse	5%	3%	6%	4%

"People telling jokes about gay men, and lesbian women. Calling my hospital training scheme "the pink rotation" due to the number of non-heterosexual staff in it. Not providing gender neutral changing facilities."

Non-LGBTQ+ Consultant – Survey

"My female colleague is the Director of Training and decisions she makes about allocation of trainees has been challenged on the basis of allocating a "pretty" registrar to her team."

Non-LGBTQ+ Consultant – Survey

"Off the cuff" remarks about young people being gender fluid."

Non-LGBTQ+ Consultant – Survey

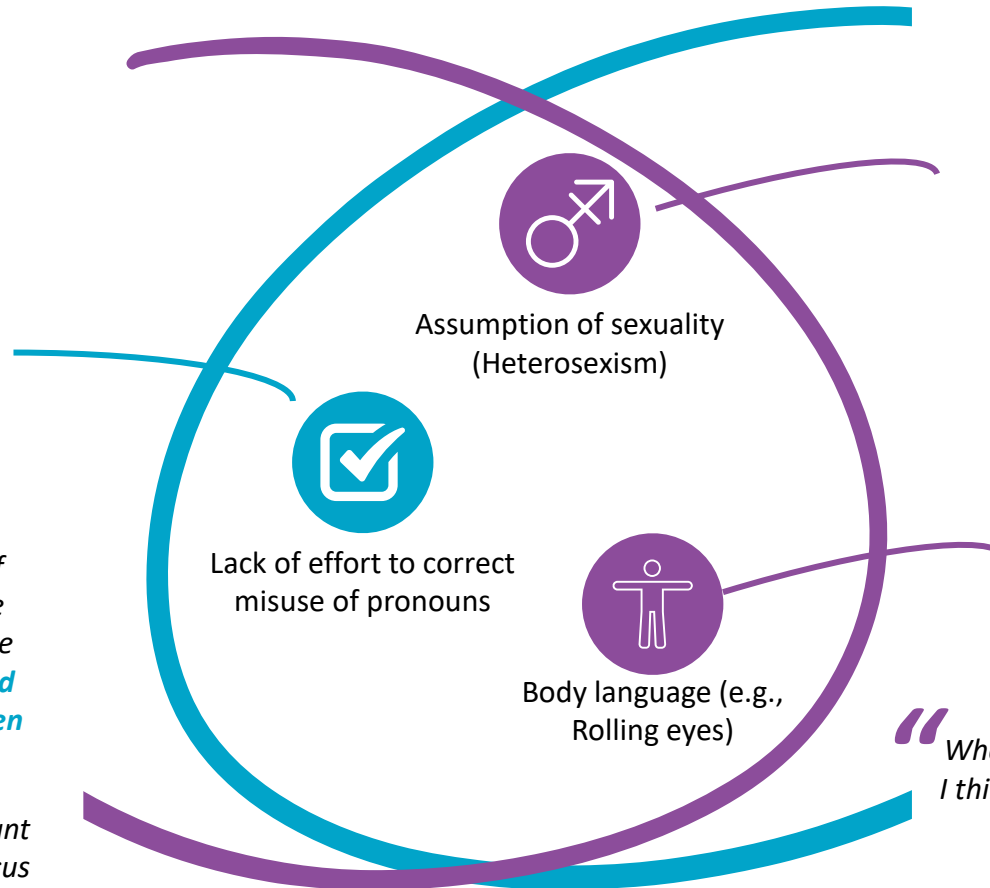
Base: Q11a . Within the last 3 years, have you witnessed any of the following at your place of work in relation to any of your LGBTQ+ colleagues? Workplace 839 (Hospital), 762 (Community) ; Disability 158 (Yes), 1518 (No)

Speaking to Non-LGBTQ+ members who have witnessed micro aggressions towards LGBTQ+ colleagues, it was found that recognition of what constitutes a micro aggression was broadly similar.

- Pronouns are mis-used and there is little error to correct the mistake in future encounters. This is recognised by both groups as a commonly occurring micro aggression.

“ There's also been a lot of times where people have been quite open about the fact that they *don't intend to use that person's chosen pronouns*.

LGBTQ+ Consultant
identifying as male – Focus
Group ”



- The assumption of one's sexuality has been cited as the most commonly occurring micro aggression by both LGBTQ+ and Non-LGBTQ+ members. This often leads to exclusionary topics of conversation and further inappropriate comments.

- Spoken word is just one form of micro aggression, both LGBTQ+ and Non-LGBTQ+ members could recall incidents of eye rolling and posturing which stereotyped / belittled LGBTQ+ colleagues.

“ When I think about microaggression, I think of a *roll of the eyes or a sigh...* it's often underhand.

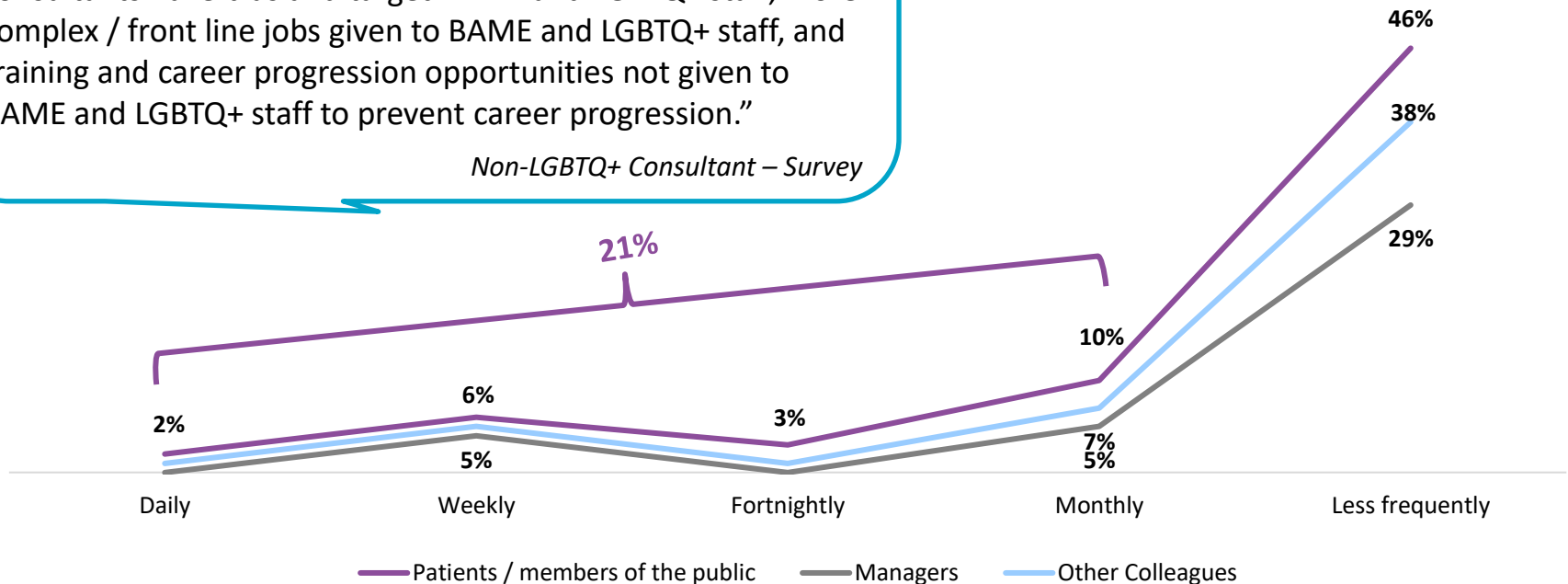
Non-LGBTQ+ Core Trainee – Focus
Group ”

Non-LGBTQ+ are more likely to witness bullying and harassment from patients more regularly (1 in 5 witness this at least monthly) than other groups.

How many times in the last 3 years have you witnessed bullying or harassment towards your LGBTQ+ colleagues within your place of work from:

"I have seen bullying, harassment and micro aggression to myself and LGBTQ+ colleagues. This included: Observing consultants laugh and mock colleagues, observing lead consultants have bias and target BAME and LGBTQ+ staff, more complex / front line jobs given to BAME and LGBTQ+ staff, and training and career progression opportunities not given to BAME and LGBTQ+ staff to prevent career progression."

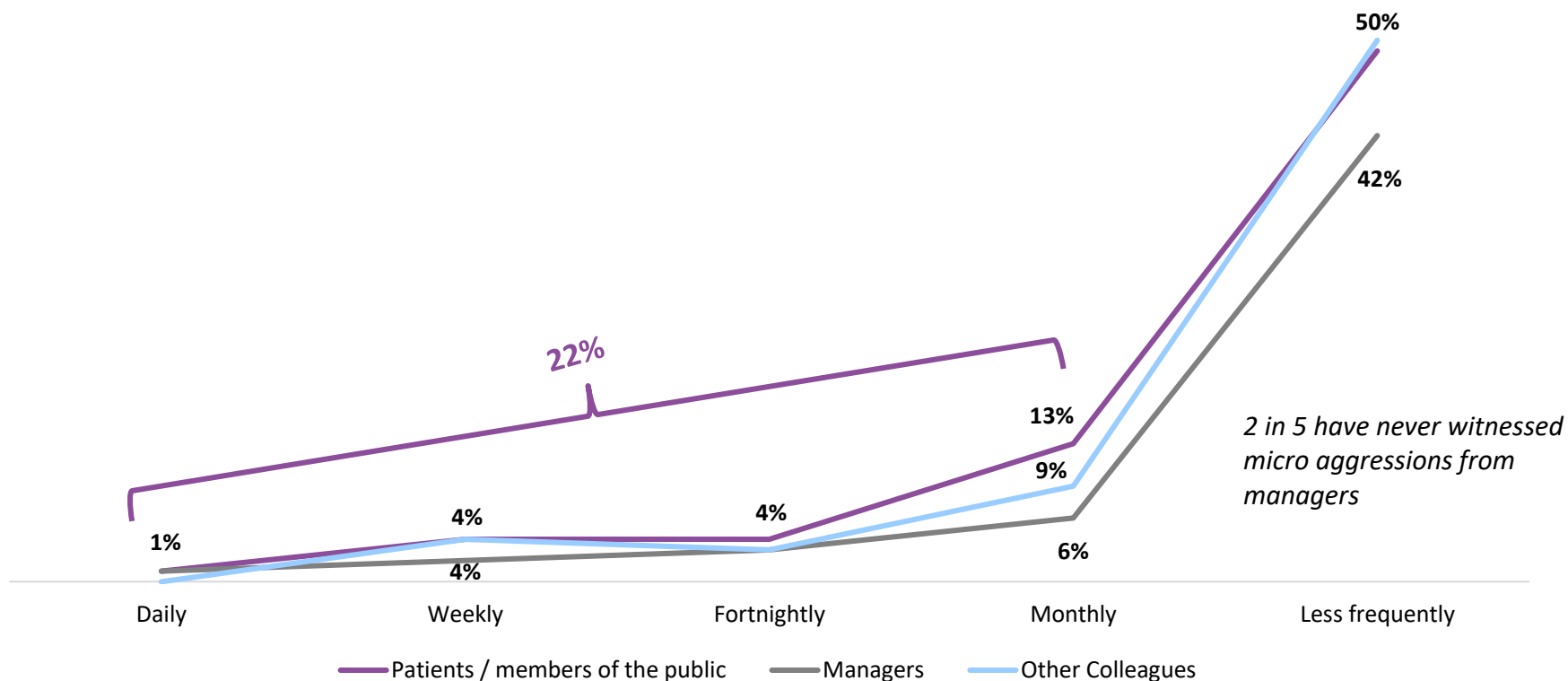
Non-LGBTQ+ Consultant – Survey



Base: Q12 . How many times in the last 3 years have you witnessed bullying or harassment towards your LGBTQ+ colleagues within your place of work from: 196 Non-LGBTQ+ who have witnessed bullying or harassment

Micro aggressions are also most regularly observed from patients.

How many times in the last 3 years have you witnessed micro aggression towards your LGBTQ+ colleagues within your place of work from:



Base: Q13 . How many times in the last 3 years have you witnessed micro aggression towards your LGBTQ+ colleagues within your place of work from: 295 Non-LGBTQ+ who have witnessed micro aggression

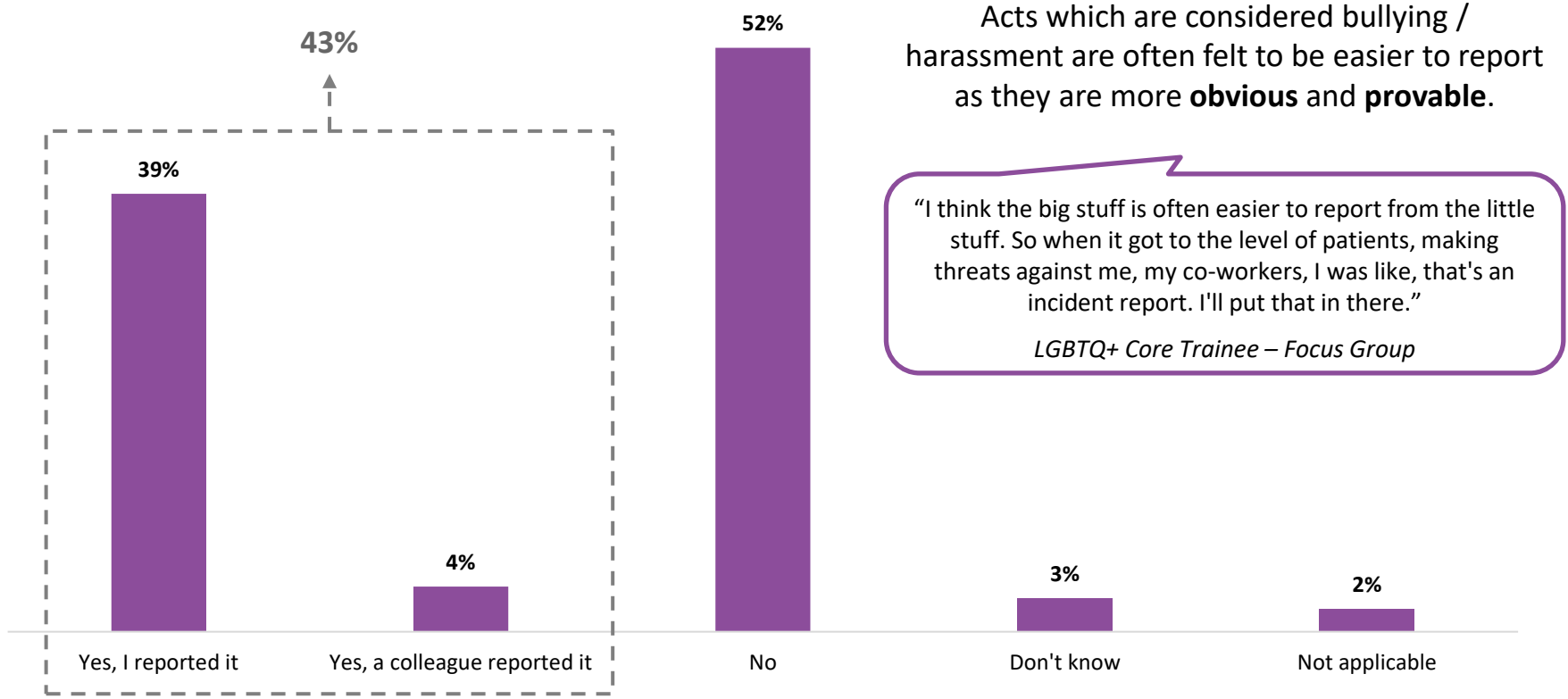
Reporting Experiences/Observations & Employer Response

(All members, however they identify)



2 in 5 of LGBTQ+ members who have experienced bullying or harassment reported it to their employer; half did not.

Thinking about the last time you personally experienced bullying or harassment at work, did you or a colleague report it to your employer?



Base: Q17. Thinking about the last time you personally experienced bullying or harassment at work, did you or a colleague report it to your employer? 151 respondents (LGBTQ+ who have experienced bullying and / or harassment).

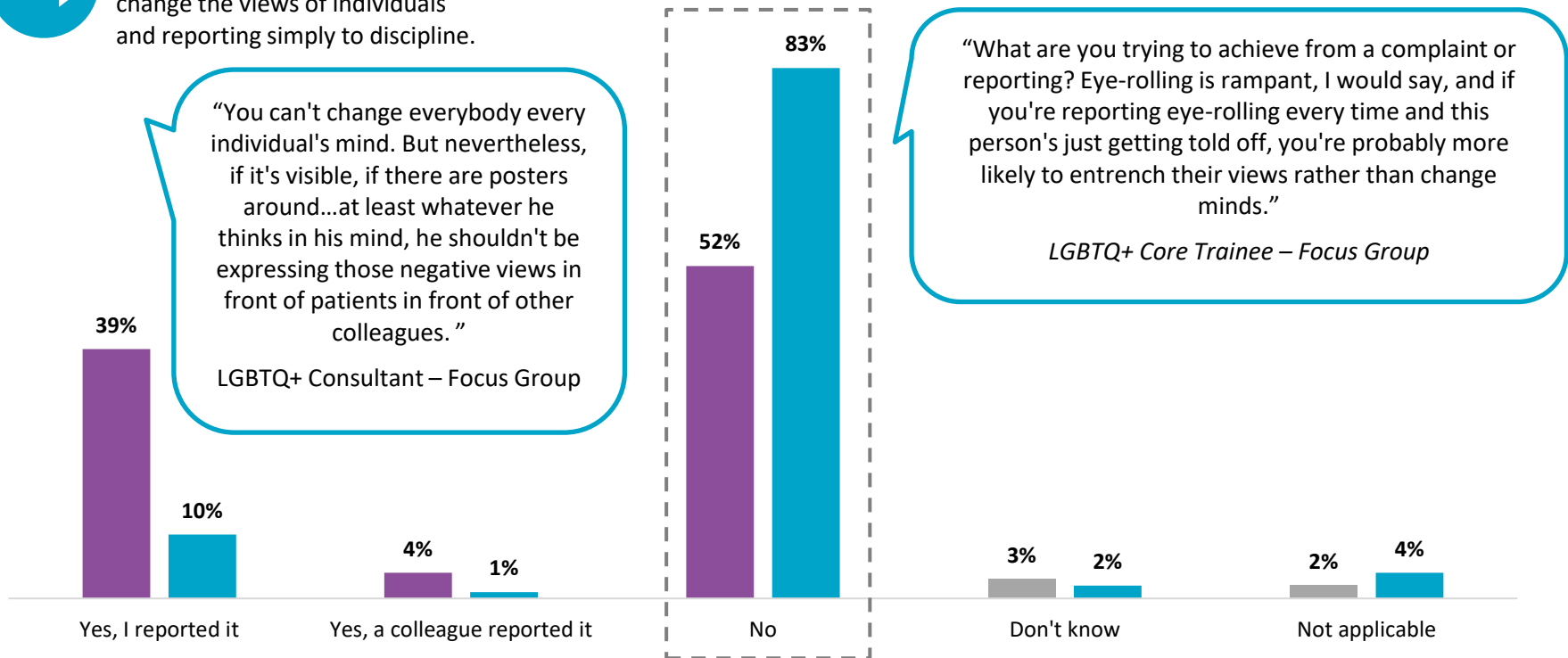
Microaggressions are significantly less likely to be reported than bullying or harassment. They are seen to be much harder to prove.

Thinking about the last time you personally experienced bullying or harassment / micro aggression at work, did you or a colleague report it to your employer?



Some differentiated between reporting microaggressions to change the views of individuals and reporting simply to discipline.

■ Bullying / Harassment ■ Micro aggression



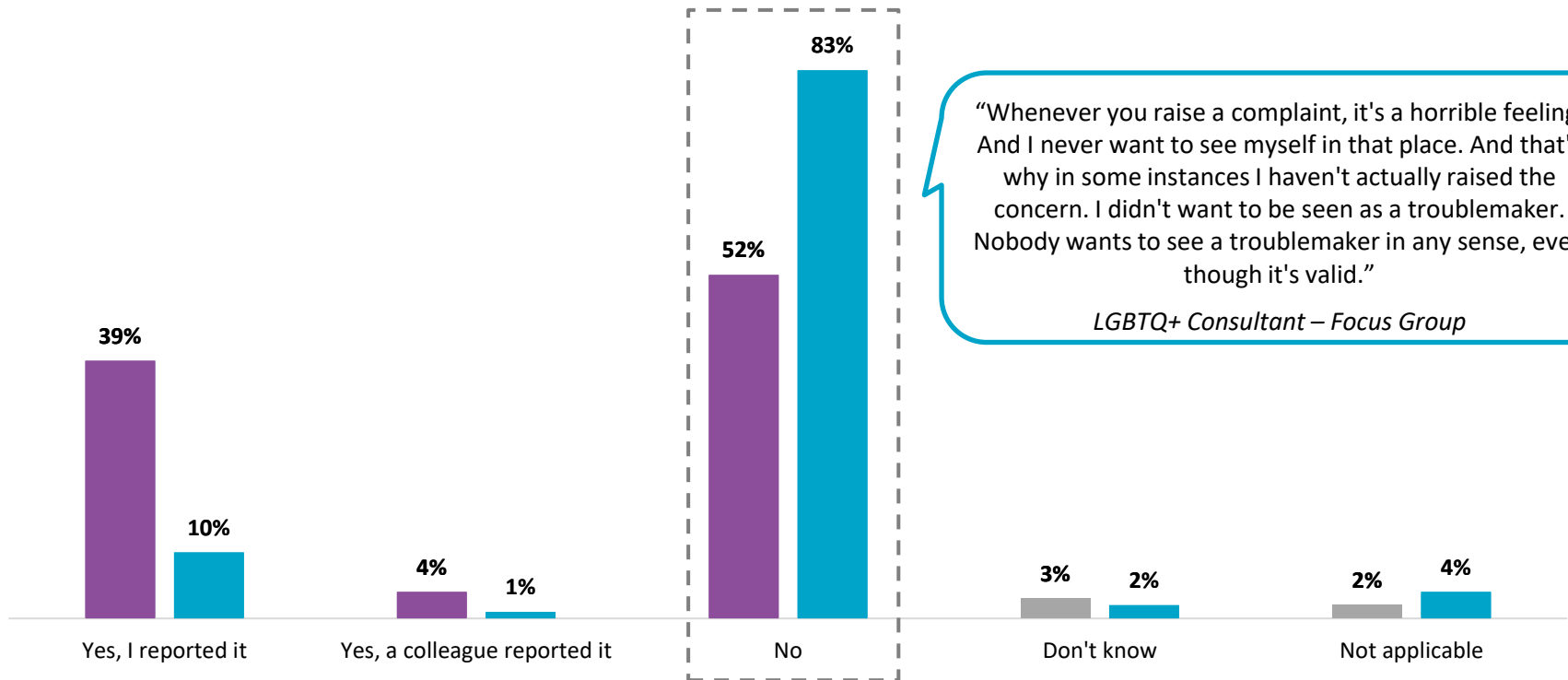
Base: Q17. Thinking about the last time you personally experienced bullying or harassment at work, did you or a colleague report it to your employer? 151 respondents (LGBTQ+ who have experienced bullying and / or harassment).

Q21. Thinking about the last time you personally experienced micro aggression at work, did you or a colleague report it to your employer? 232 respondents (LGBTQ+ who have experienced microaggression).

Being labelled as a trouble-maker by colleagues is often associated with reporting microaggressions and appears to prevent many from doing so

Thinking about the last time you personally experienced bullying or harassment / micro aggression at work, did you or a colleague report it to your employer?

■ Bullying / Harassment ■ Micro aggression



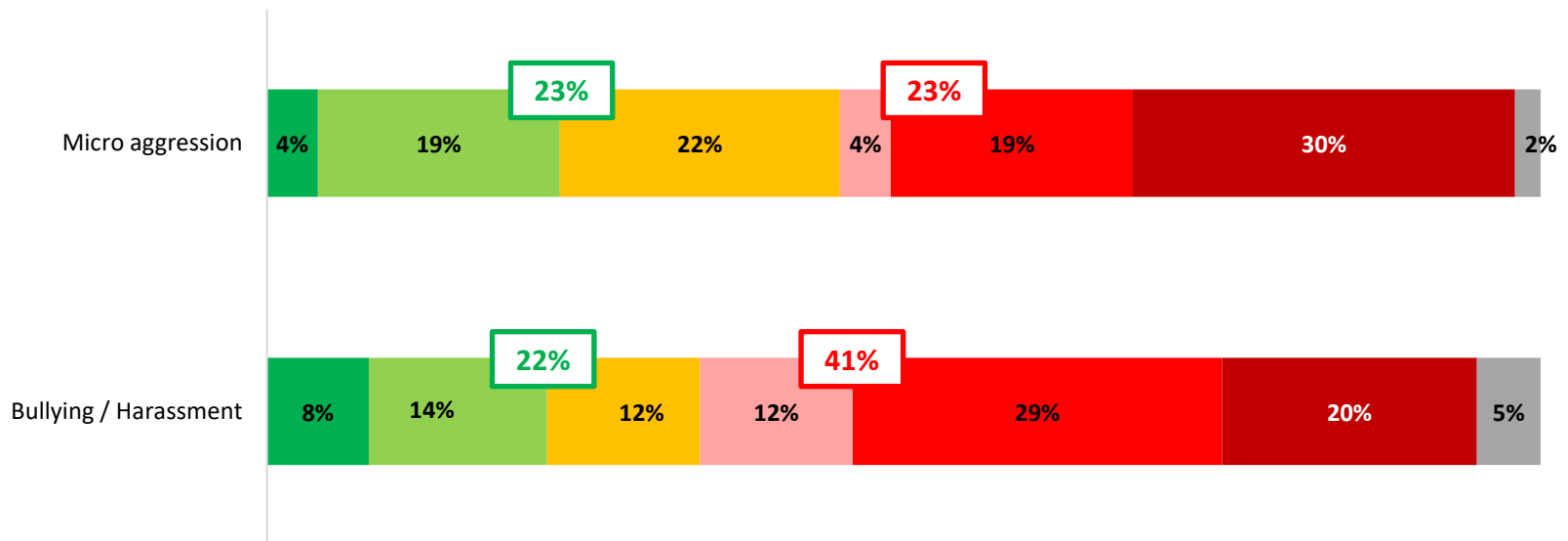
Base: Q17. Thinking about the last time you personally experienced bullying or harassment at work, did you or a colleague report it to your employer? 151 respondents (LGBTQ+ who have experienced bullying and / or harassment).

Q21. Thinking about the last time you personally experienced micro aggression at work, did you or a colleague report it to your employer? 232 respondents (LGBTQ+ who have experienced microaggression).

Of those who did report their experience of bullying, harassment or micro aggression, just over 2 in 10 were satisfied with they employers' response

How satisfied were you with the action that was taken by your employer?

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied My employer took no action Don't know



Base: Q18 / Q22. How satisfied were you with the action that was taken by your employer? Base: 27 respondents (LGBTQ+ respondents who reported microaggression(s)); 65 respondents (LGBTQ+ respondents who reported bullying / harassment).

Dissatisfaction with employer response is closely tied with not taking reports seriously whilst satisfactory responses often stem from senior figures getting personally involved with proceedings

“

The Chief Executive took personal interest and actively managed the bullying, the police took action and managed the harassment in a non-judgmental way and with positive action.

LGBTQ+ Consultant – Survey

My team looked after me and then appropriate action was taken with the SMT.

LGBTQ+ Core Trainee – Survey

A patient had made homophobic comments during a ward round. My supervising consultant at the time documented what was said and incident reported it, as well as terminating the patient's involvement in ward round.

LGBTQ+ Consultant – Survey

Very little was done due to lack of influence by managers.

LGBTQ+ Core Trainee – Survey

Management denied everything to protect the hospital.

LGBTQ+ SAS Doctor – Survey

My complaints were dismissed on several occasions, and I was labelled 'dramatic and too sensitive.'

LGBTQ+ Consultant – Survey

”



Some Non-LGBTQ+ witnesses of abuse struggle to know how to deal with those being abusive and are nervous around reporting incidents

Barriers to reporting witnessed abuse



Some feel that they would be labelled as **trouble-makers** if they were to report the abuse witnessed. By not reporting the abuse they feel less likely to 'rock the boat' and cause relationships between colleagues to break down.



Case studies were suggested and supported as a way of making more witnesses of abuse comfortable coming forward and reporting abuse. This would include details of the process, how it has been used previously and the real-world outcomes.



Protecting witnesses, ensuring anonymity and putting in preventative measures to **maintain a comfortable working environment** are all ways that the reporting process could be improved. A safe place to talk about abuse without it escalating to a report was also wanted by some.

"Once somebody does something, then every action that gets taken then gets interpreted in light of them being that kind of troublemaker."

"It would be really good to read a case, say someone has shared their experience and then this is the actions that were taken."

"It's all kind of hush hush, because it does affect your career...however good you are, it [reporting] will damage your career prospects."

Inclusive patient care

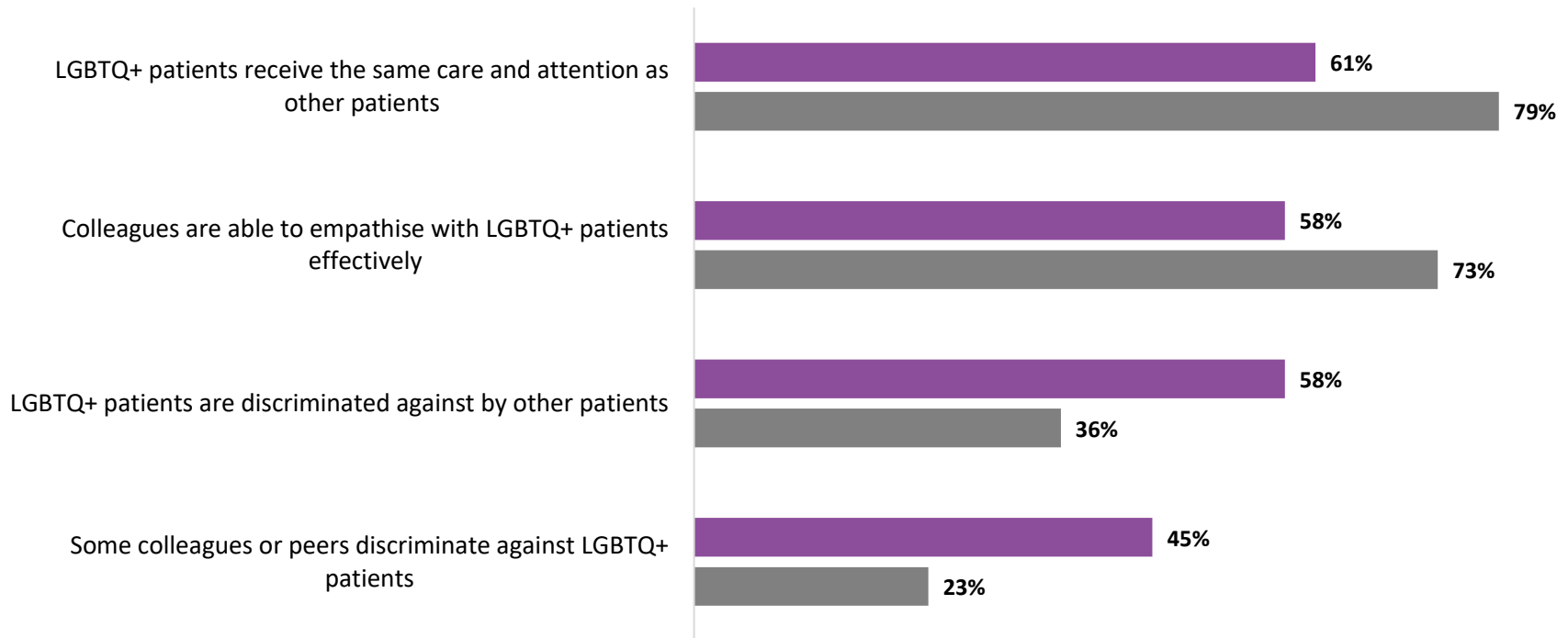
(All members, however they identify)



LGBTQ+ members are significantly less likely to feel that LGBTQ+ patients receive the same care as other patients

To what extent do you agree or disagree with the following statements:
Proportion who agree

■ LGBTQ+ ■ Non-LGBTQ+



Base: Q28. To what extent do you agree or disagree with the following statements: 1640 (Non-LGBTQ+) ; 572 (LGBTQ+)

Non-LGBTQ+ members who identify as BAME or have a disability are significantly less likely to feel that LGBTQ+ patients receive the same care

To what extent do you agree or disagree with the following statements:

Strongly agree / Agree (Non-LGBTQ+)

	Ethnicity		Disability	
	White	BAME	Yes	No
LGBTQ+ patients receive the same care and attention as other patients	81%	76%	67%	80%
Colleagues are able to empathise with LGBTQ+ patients effectively	76%	68%	70%	73%
LGBTQ+ patients are discriminated against by other patients	37%	33%	43%	35%
Some colleagues or peers discriminate against LGBTQ+ patients	22%	23%	32%	23%

Base: Q28. To what extent do you agree or disagree with the following statements: 1640 (Non-LGBTQ+) ; 572 (LGBTQ+)

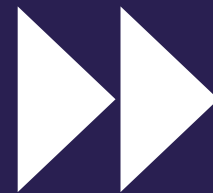


= Significantly higher than the total



= Significantly lower than the total

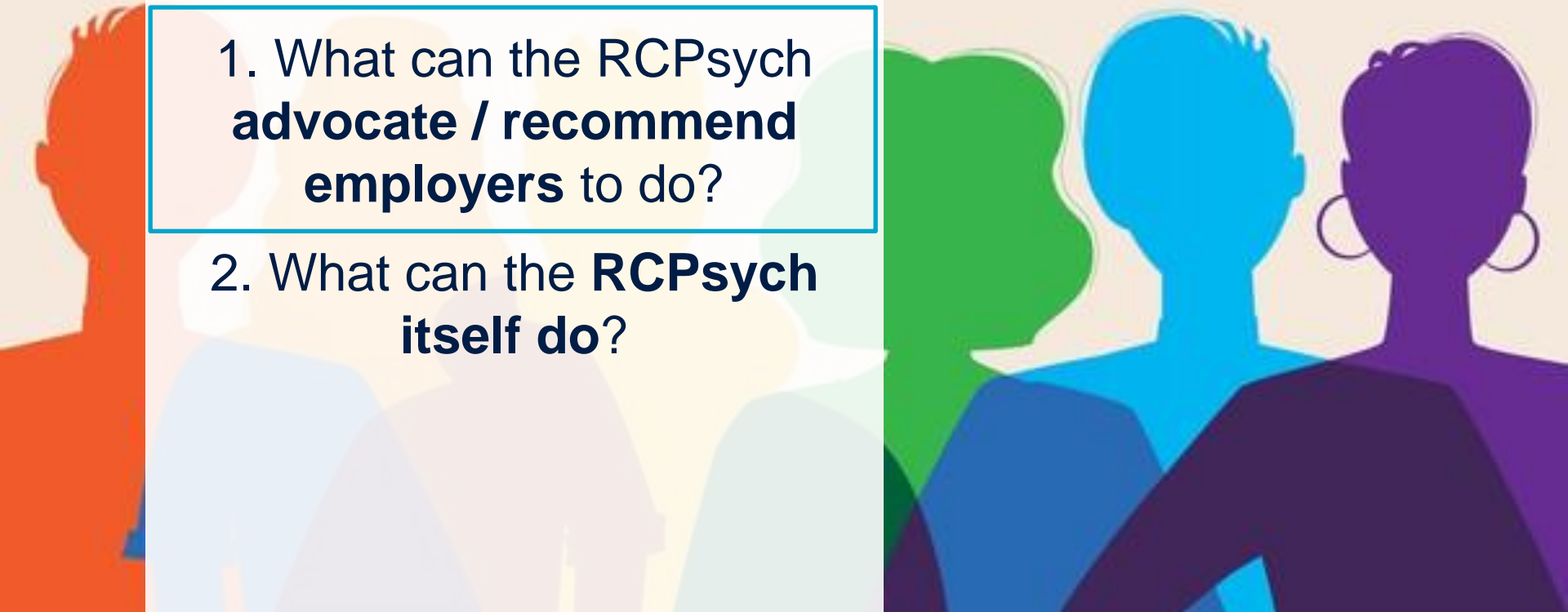
Recommendations



This report will divide recommendations around how to improve inclusivity for LGBTQ+ psychiatrists into 2 parts:

1. What can the RCPsych **advocate / recommend employers** to do?

2. What can the **RCPsych itself** do?



Call for all employers to place EDI high on their agenda.



Call for all employers to place EDI high on their agenda



It is clear from the survey that microaggressions, bullying and / or harassment towards LGBTQ+ psychiatrists can increase the feelings of being isolated and marginalised. Such forms of abuse have been shown to have a negative effect on both mental health and personal wellbeing. Whilst qualitative research has shown that there are numerous workplaces (such as NHS trusts) where progress is being made in terms of LGBTQ+ inclusion, the same cannot be said for all.

The first priority therefore for RCPsych is to call for all employers to **place EDI high on their agenda**. In fact, research by McKinsey & Company has shown that **LGBTQ+ employees are 1.6x more likely to feel included** when leaders place diversity and inclusion on their strategic agenda⁶.

Such a move will show employees that employers / senior leaders are determined to work towards **creating a workplace culture where employees can be open** about their own lives without fear of discrimination.

However, more than employers just *saying* this, **meaningful actions** which provide employees with the confidence that discrimination is actively being stamped out are essential. The subsequent pages will talk through what RCPsych can encourage employers to do in this regard...

⁵ <https://www.mckinsey.com/business-functions/people-and-organizational-performance/our-insights/lgbtq-plus-voices-learning-from-lived-experiences>

Encourage employers to make it clear that homophobia and transphobia are not permitted on any grounds to protect the LGBTQ+ community from experiencing mental health problems.



This research has shown that half of LGBTQ+ psychiatrists face at least one form of abuse due to their sexuality. With this in mind, it's vitally important that senior leaders **listen to their experiences**, and by listening, they can then look to understand how discrimination can be reduced in the workplace.

Research by Stonewall as part of their 'LGBT in Britain Health Report' found that people identifying as LGBTQ+ are at **higher risk of experiencing depression and anxiety**⁷. Since they are at higher risk of suffering from a range of mental health problems, it is important to make sure that all unacceptable behaviour is called out and that a zero tolerance policy towards all forms of discrimination is introduced. Such measures will help show that LGBTQ+ workplace issues are being listened to.

Such a measure is particularly important when we consider that those who suffer from microaggressions are less likely to report what they have experienced because they feel that they may not be taken seriously as they are hard to prove. A zero tolerance approach will show that homophobia, no matter how subtle, is unacceptable.

⁶ https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

Allyship is key to LGBTQ+ psychiatrists feeling included in the workplace, and visual representation can provide a sense of allyship.



One way of promoting this is through **visual representation** that the workplace is an **ally of the LGBTQ+ community**. At a very basic level, visual representation could be **rainbow lanyards** or **NHS rainbow badges**.

However, it is important that **non-LGBTQ+ colleagues are also encouraged** to wear the lanyards / badges to show not only their support, but to stop the lanyards and badges becoming identifiers to potentially hostile staff and / or patients.

Celebrate LGBTQ+ History & Events

Visual representation could also go a step further in workplaces, and employers could promote **LGBTQ+ History Month** (in February) or senior leaders could attend **pride events** with their LGBTQ+ employees / colleagues.

“I work for a really good [in terms of inclusivity] trust. Our trust have floats at Pride as well as LGBTQ+ staff groups and that means you feel far more comfortable in having open conversations...you need senior people in the team to lead the way.”

LGBTQ+ Consultant – Focus Group

Allyship is key to LGBTQ+ psychiatrists feeling included in the workplace, and visual representation can provide a sense of allyship.



Allyship is even more important when patients are being homophobic or transphobic.

LGBTQ+ psychiatrists understand that patients are unwell and cannot be stopped in terms of what they say, however, when colleagues step in to say something is unacceptable, then it provides a much needed boost to the LGBTQ+ psychiatrists who have experienced the abuse.

Non-LGBTQ+ psychiatrists remaining silent is likely to cause further doubts about how inclusive a workplace is, and therefore **visual representation is just one step in the right direction** to creating the desired workplace culture, but staff must be **encouraged to correct patients** when they are being abusive.

It is important that employers make sure that support networks are sustained (or created if they are not present) so that employees are easily able to access support and advice when needed.



Whilst the first port of call for LGBTQ+ psychiatrists is typically to use their **informal networks** for support (e.g. friends, family, and / or LGBTQ+ colleagues), it is clear from our qualitative research that whilst they may not use the formal support networks, there is **comfort** in knowing they are there in case they do need them.

Such support networks can also be a **source of strength**. As has been mentioned throughout this report, young LGBTQ+ psychiatrists appear to be more comfortable in openly being 'out' if they know of other colleagues who are openly part of the LGBTQ+ community and support networks can help to highlight those more established, LGBTQ+ colleagues.

"There are quite a few gay consultants here and I suppose we have a more informal network, where we can have drinks together and talk through any issues we have...I'd go to them first before I go to the formal support network."

*LGBTQ+ Core Trainee –
Focus Group*

Informal support networks are seen as being more helpful, with qualitative research highlighting that they can talk about all their issues they are facing at work, and topics are not limited to LGBTQ+.

 **Call for all employers to place EDI high on their agenda** 

Call for senior leaders to **show they are listening** to LGBTQ+ psychiatrists

Call for senior leaders to make **visible commitments** to LGBTQ+ equality in the workplace

Encourage employers to **maintain or create LGBTQ+ support networks**

	Formal support group / network	Informal support group / network
Yes, I have used it	7%	7%
Yes, I have NOT used it	35%	23%
No	25%	27%
Don't know	31%	41%
Not applicable	2%	2%

Of those who have used a support network:

- 76% found the **formal** support group / network helpful;
- 92% found the **informal** support group / network helpful.

Base: Q26. Is there a formal or informal LGBTQ+ support group/network within your workplace that you have used? 572 respondents (All LGBTQ+ respondents).

Formal support networks are also a great way for senior leaders to engage further with LGBTQ+ employees and to better understand the issues that they are facing.



Furthermore, LGBTQ+ psychiatrists are keen for their **senior leaders** (whether they identify as LGBTQ+ or not) **to be involved** with the formal support networks because it shows that they are placing **value** on all their employees.

One employee noted how a director of a trust regularly attends the **monthly meetings** to **understand the various issues** that are facing them, and to identify what the trust can do to help promote inclusivity further.

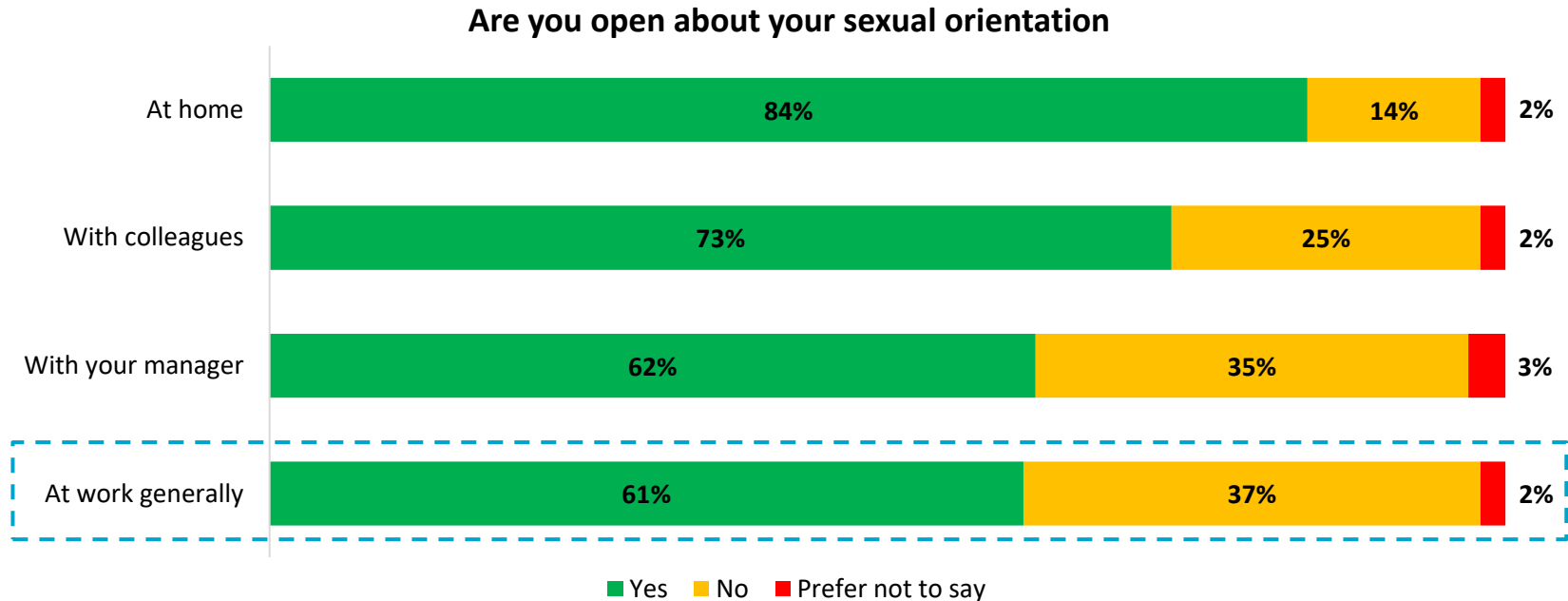
Formal networks can also provide a good opportunity to **close the feedback loop**, and to say what actions are being taken to promote inclusion and to show employees are being listened to.

“I know that the chief executive at my trust is on the mailing list [for the LGBTQ+ support network]. It demonstrates that he wants to be involved, and that he’s willing to support us so that’s, I guess, a positive thing.”

LGBTQ+ Core Trainee – Focus Group

Appendix

Around two in five are not open about their sexual orientation at work

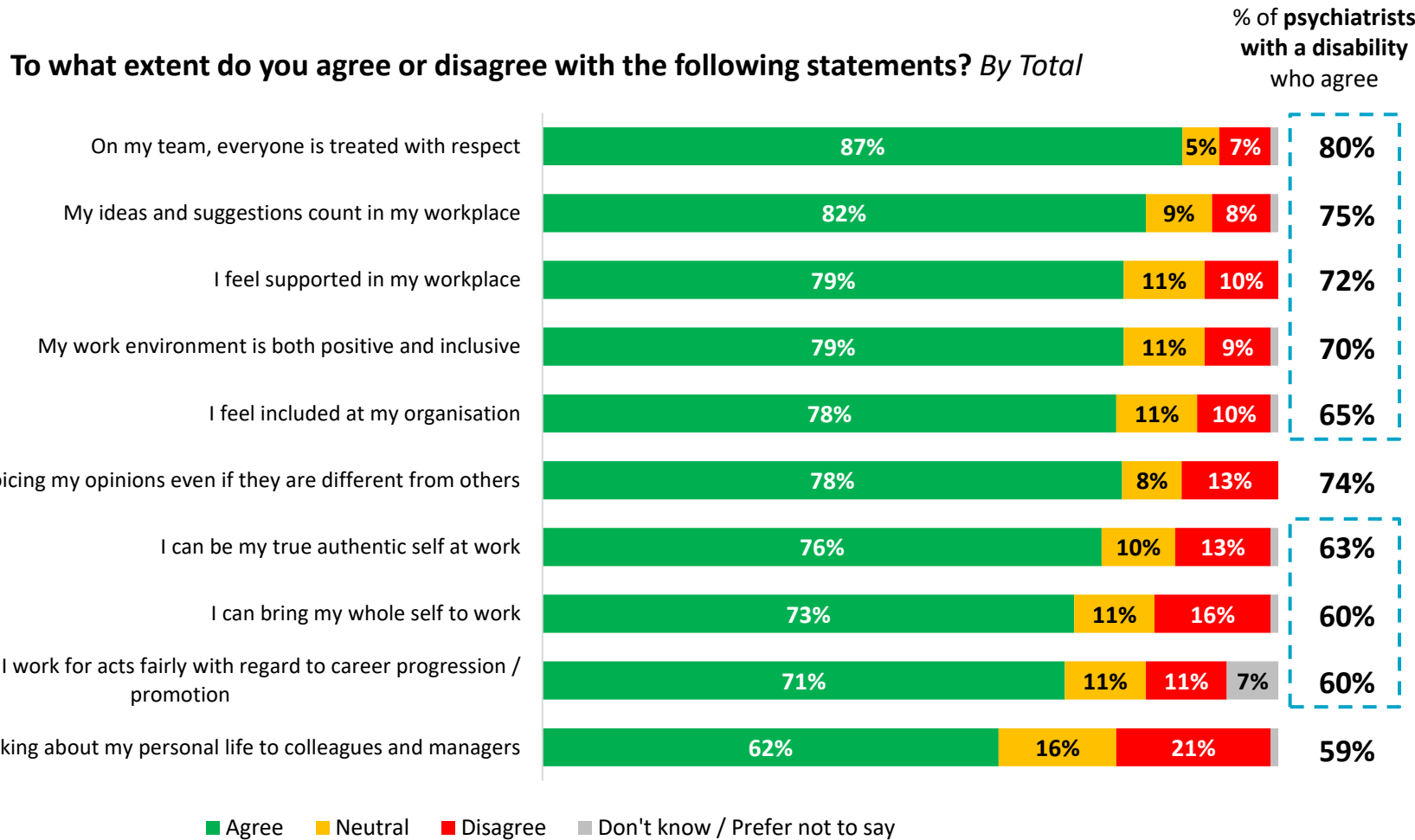


Groups that are significantly less likely to be open about their sexual orientation at work:

- LGBTQ+ psychiatrists who identify as **female**;
- Those who identify as being **bisexual**;
- LGBTQ+ psychiatrists who are **disabled**;
- **Core Trainees** LGBTQ+ psychiatrists;
- LGBTQ+ psychiatrists who are not living in a couple.

Base: Q9. Are you open about your sexual orientation? 572 respondents (All LGBTQ+ respondents).

Members who consider themselves to have a disability - whether they identify as LGBTQ+ or not - are significantly less likely to agree with the majority of statements (compared to non-disabled psychiatrists)



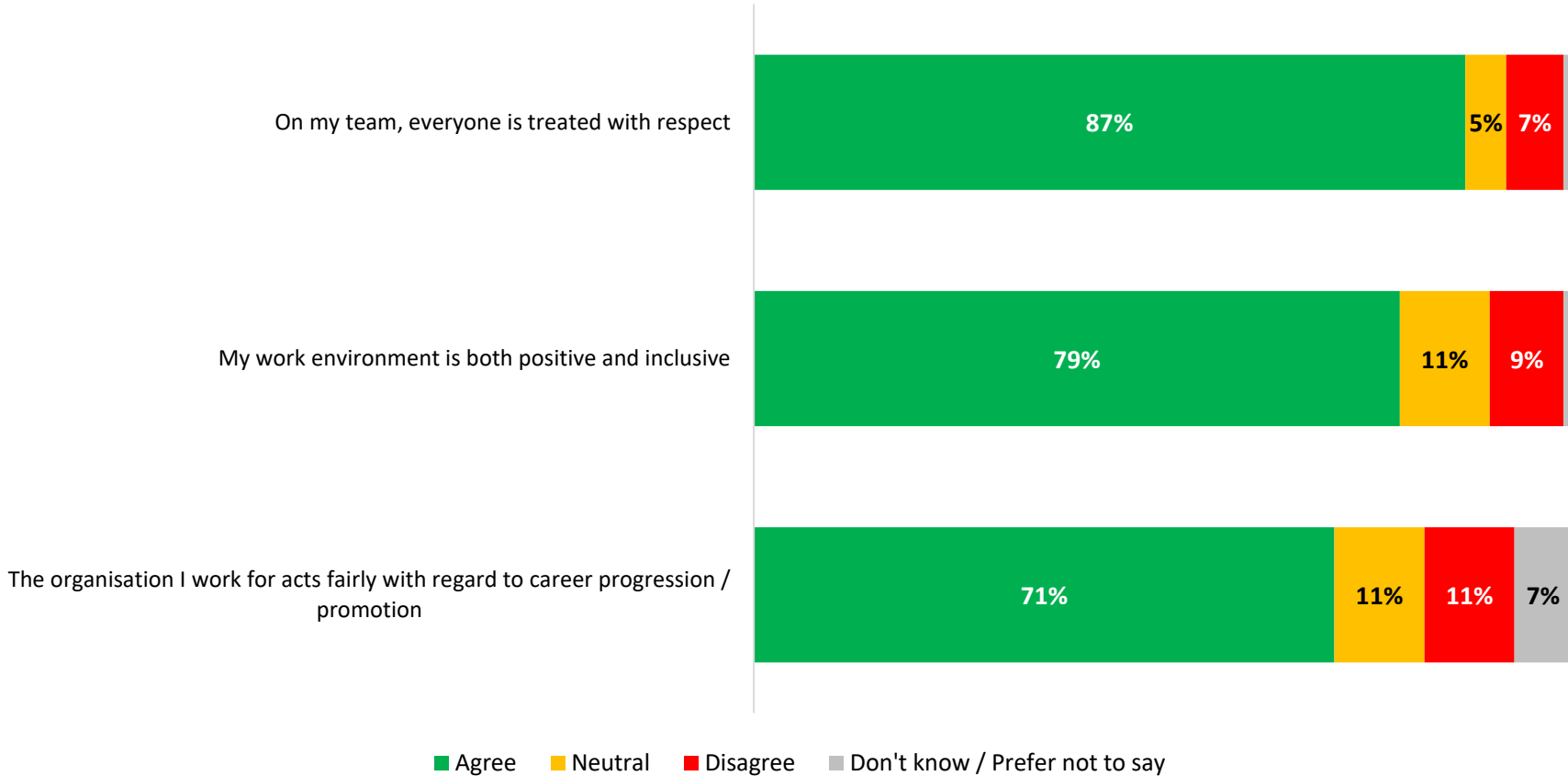
Base: Q10. To what extent do you agree or disagree with the following statements? 2,282 respondents (All respondents); 259 respondents (All disabled respondents).

*...regardless of gender, religion, sexual orientation, disability or age

 = significant to total

The overall picture of the workplace for all members is largely positive, although just over 1-in-3 do not feel comfortable talking about their personal life to their colleagues and managers

To what extent do you agree or disagree with the following statements? *By Total*



Base: Q10. To what extent do you agree or disagree with the following statements? 2,282 respondents (All respondents).

*...regardless of gender, religion, sexual orientation, disability or age

The overall picture of the workplace for all members is largely positive, although just over 1-in-3 do not feel comfortable talking about their personal life to their colleagues and managers

To what extent do you agree or disagree with the following statements? *By Total*

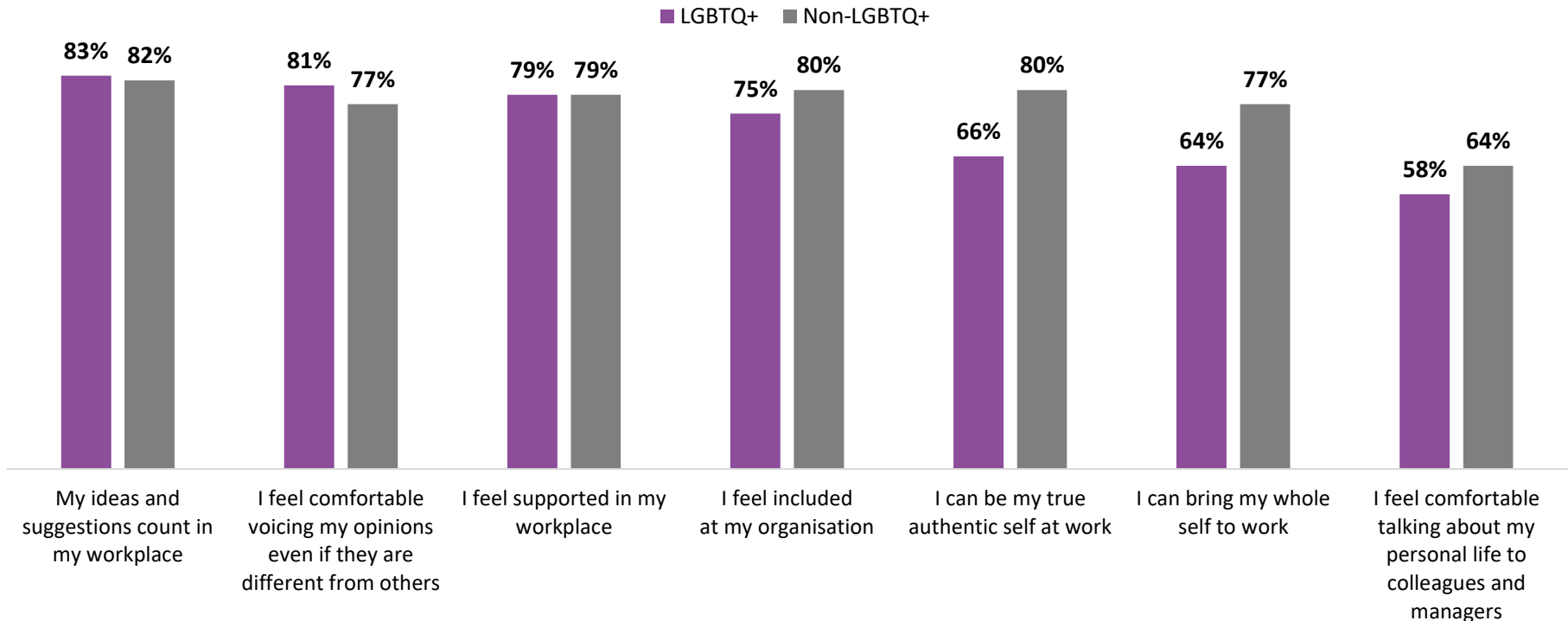


Base: Q10. To what extent do you agree or disagree with the following statements? 2,282 respondents (All respondents).

*...regardless of gender, religion, sexual orientation, disability or age

Whilst the overall workplace picture looks positive for psychiatrists, there are some clear gaps between those who identify as LGBTQ+ and those who do not

To what extent do you agree or disagree with the following statements?
LGBTQ+ vs Non LGBTQ+ (% who agree with each statement)



Base: Q10. To what extent do you agree or disagree with the following statements? 572 respondents (LGBTQ+ members); 1,640 respondents (Non-LGBTQ+ members).

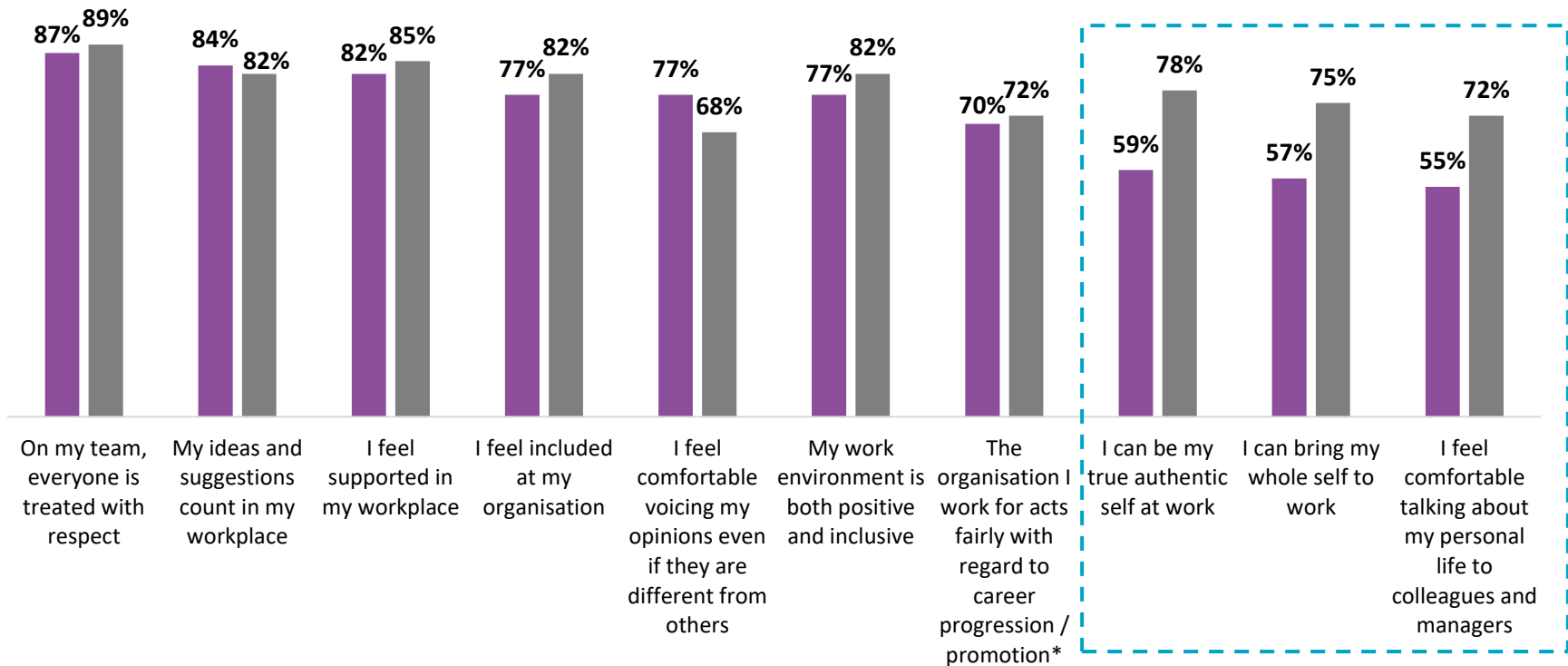
*...regardless of gender, religion, sexual orientation, disability or age

Core trainees who identify as LGBTQ+ are significantly less likely compared to their Non-LGBTQ+ counterparts to feel they can be their self at work

To what extent do you agree or disagree with the following statements?

LGBTQ+ Trainees vs Non-LGBTQ+ Trainees

■ LGBTQ+ Core Trainees ■ Non-LGBTQ+ Core Trainees



Base: Q10. To what extent do you agree or disagree with the following statements? 150 respondents (LGBTQ+ Core Trainees); 201 respondents (Non-LGBTQ+ Core Trainees).

*...regardless of gender, religion, sexual orientation, disability or age

Having role models who openly identify as being LGBTQ+ provides Core Trainees with the confidence they need to be their authentic self at work

The focus group and depth interviews with Core Trainees highlighted the **importance of LGBTQ+ role models** in the workplace. Having openly gay consultants, directors, or other senior staff shows them that their workplace is a **safe space**, and one where they will be accepted. This means they are then far more comfortable talking openly about their life, rather than hiding it from their team.

“There were a few weeks [at the beginning of my rotation] where I was kind of just **putting the feelers out**, trying to really figure what colleagues were comfortable talking about. I think if I hadn't got such a positive response from that and if I hadn't seen **other people leading by example** [being open about their own sexuality], I guess I probably would have delayed it [coming out] a lot more.”

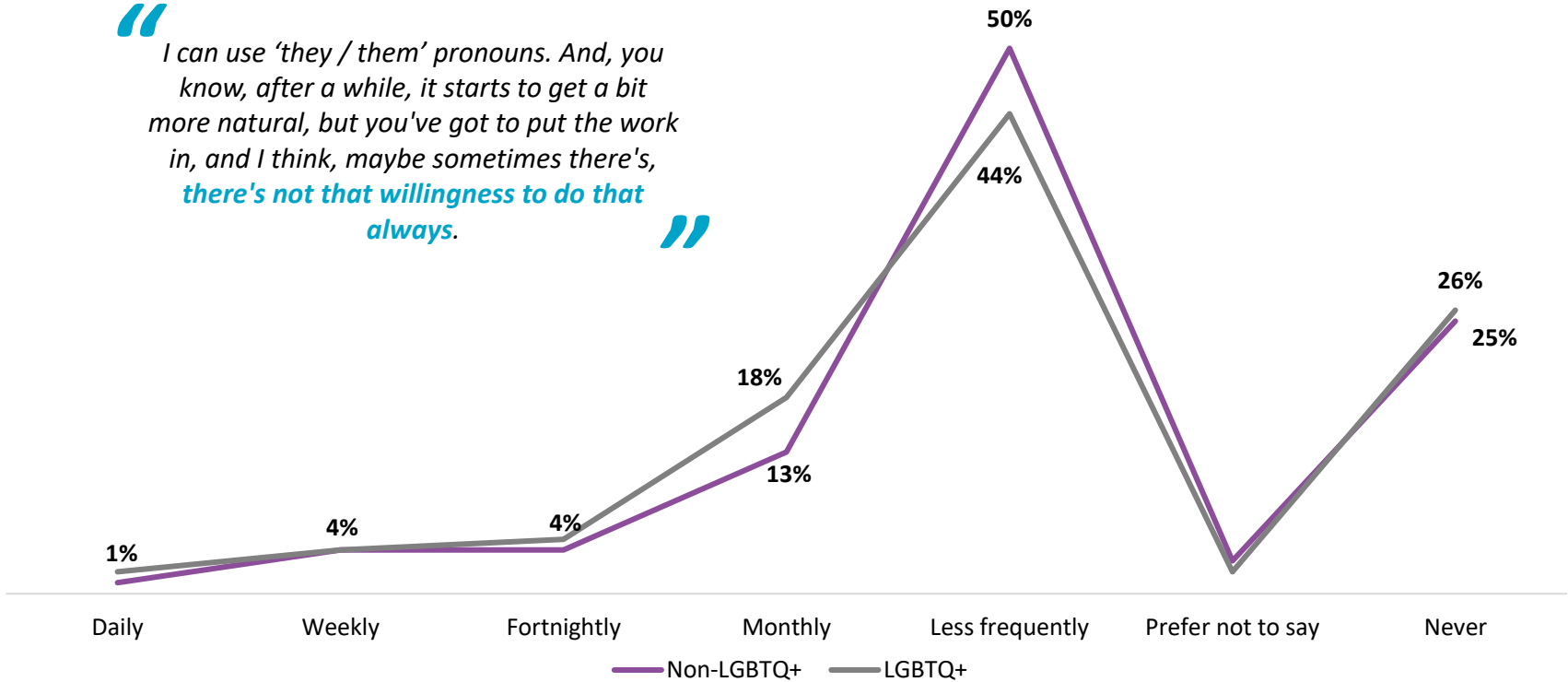
LGBTQ+ Core Trainee – Focus Group



Non-LGBTQ+ psychiatrists are less likely to witness microaggressions as regularly as LGBTQ+ psychiatrists experience them

How many times in the last 3 years have you witnessed/experienced micro aggression towards your LGBTQ+ colleagues within your place of work from:

“
I can use ‘they / them’ pronouns. And, you know, after a while, it starts to get a bit more natural, but you’ve got to put the work in, and I think, maybe sometimes there’s, *there’s not that willingness to do that always.*”

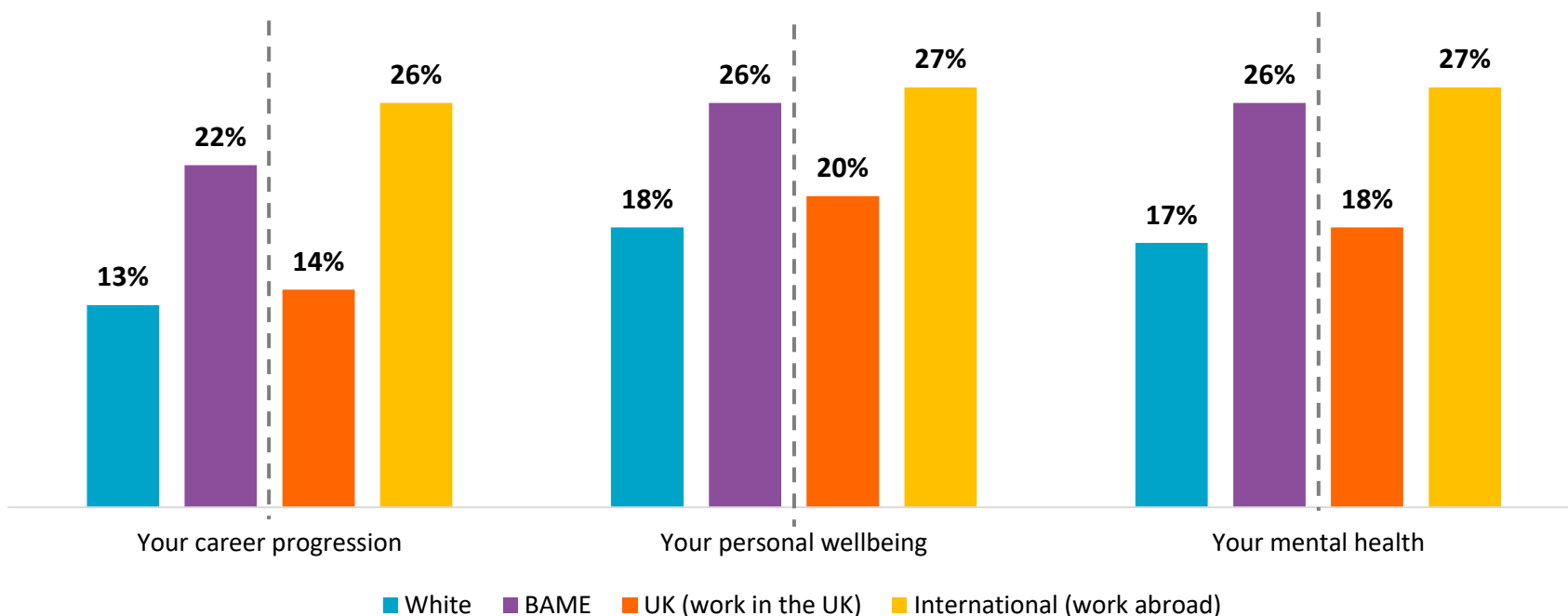


Base: Q13 / Q15. How many times in the last 3 years have you witnessed/ experienced micro aggression towards your LGBTQ+ colleagues within your place of work from: 295 (Non-LGBTQ+ who have witnessed micro aggression) ; 233 (LGBTQ+ who have experienced micro aggression)

Psychiatrists who identify as LGBTQ+ and who are BAME are significantly more likely to say that LGBTQ+ attitudes have had a negative impact on their career progression and mental health

It is worth noting that 3 in 10 **LGBTQ+ colleagues who are also disabled** say that LGBTQ+ attitudes in the workplace have had a negative impact on their **mental health**, compared to 17% of those who do not have a disability.

The proportion of LGBTQ+ psychiatrists who report that the attitudes toward LGBTQ+ people within their working environment are having a negative impact on the following...



Base: Q25. What impact, do the attitudes toward LGBTQ+ people within your working environment, have on...407 respondents (White LGBTQ+ psychiatrists); 117 respondents (BAME LGBTQ+ psychiatrists); 481 respondents (LGBTQ+ psychiatrists working in the UK); 73 respondents (LGBTQ+ psychiatrists working abroad).