

LGBTQ+ healthcare for resident doctors

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Content warning and ground rules

During this session we will be discussing topics relating to interactions with LGBTQ+ patients, friends, family, and colleagues.

This is a space for learning, discussion, and being able to make mistakes.

But please be **mindful and respectful** of others' identities and potential personal experiences in this area.

Permission to take images of slides

We **give permission** for images of my slides to be taken and shared on social media or with others

Views expressed in this presentation are our own and are not a reflection of RCPsych stance or policy

Goals of this session

Get comfortable with
relevant language



Relevance to practice
and case review



Tips and take home messages



Some definitions

Gender identity - A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth.

Transgender/trans - An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Cisgender/cis - Someone whose gender identity is the same as the sex they were assigned at birth.

Non-binary - An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'.

Some definitions

Pronouns - Words we use to refer to people's gender in conversation - for example, 'he', 'she' or 'they'.

Gender affirming care – a single or combination of social, psychological, behavioural or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual's gender identity.

Ally – In this context, a (typically) straight and/or cis person who supports members of the LGBTQ+ community. You can also be an ally to other minority groups.

Gender incongruence - marked and persistent incongruence between an individual's experienced gender and the assigned sex

Some definitions

Orientation - A term describing a person's attraction to other people. This attraction may be sexual and/or romantic.

Lesbian- A woman who is attracted to women. Some non -binary people may also identify with this term.

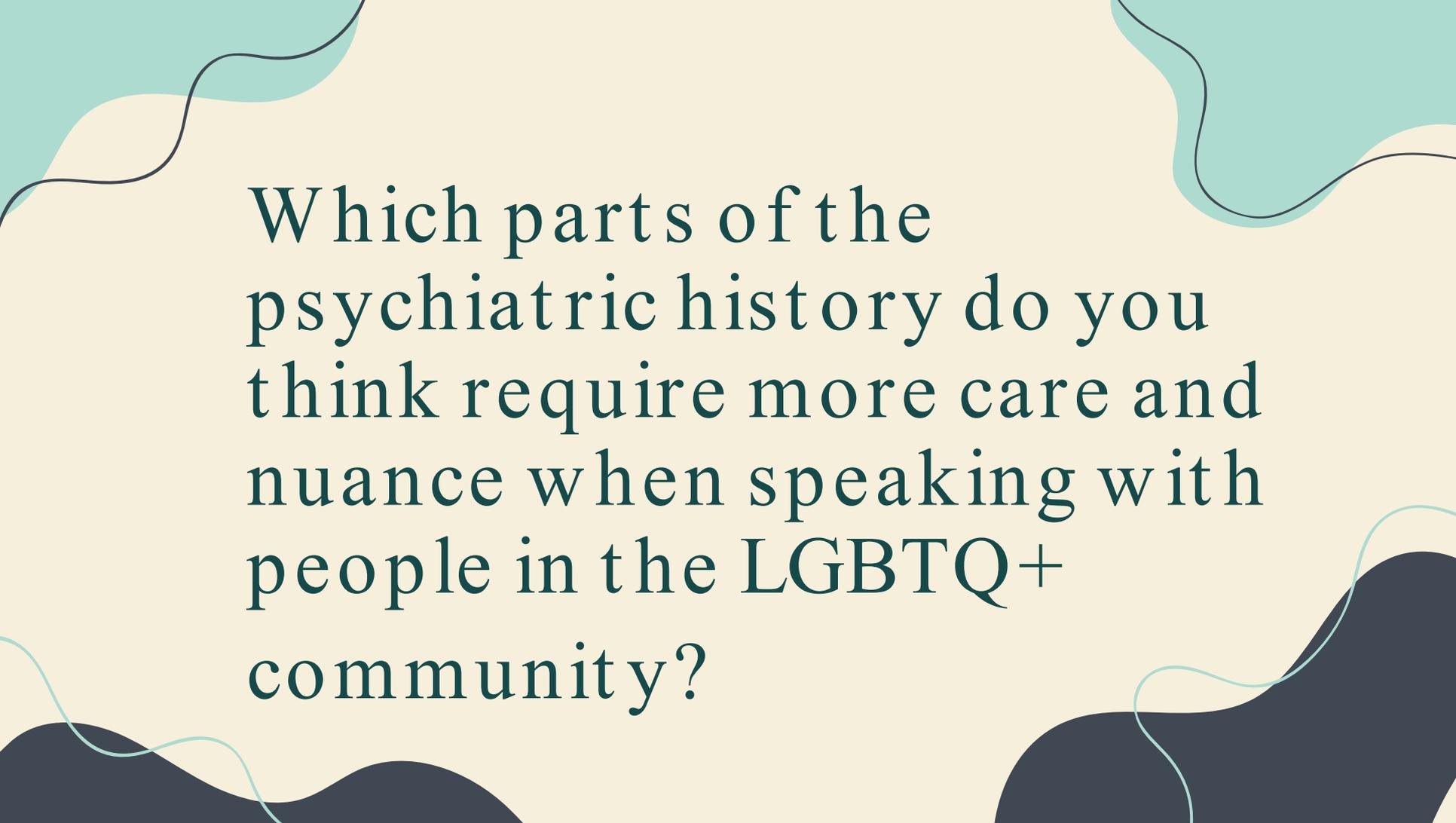
Bisexual - Refers to someone who is attracted to more than one gender.

Pansexual - Refers to a person whose attraction towards others doesn't regard sex or gender.

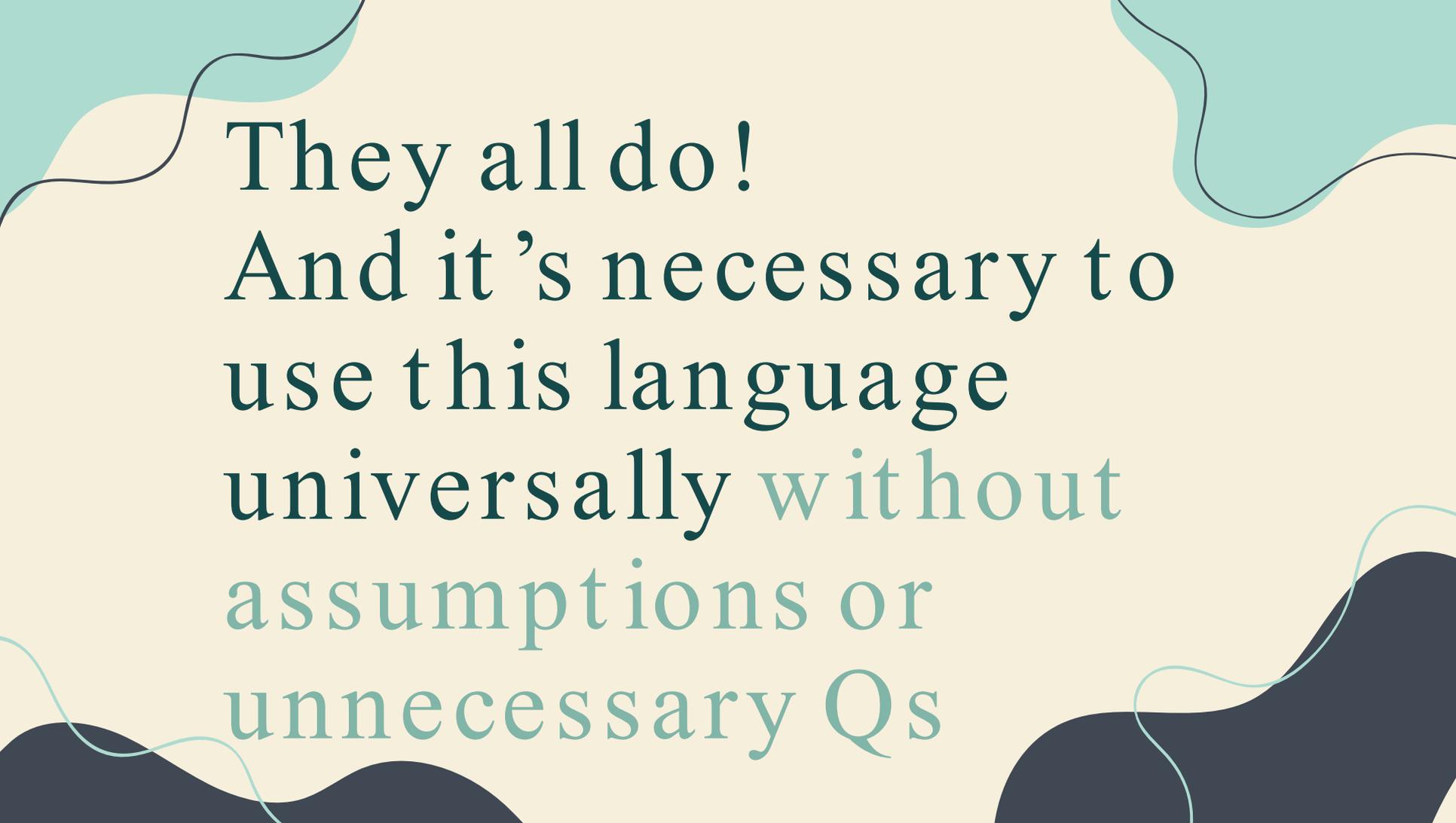
Queer - A term used by those wanting to reject specific labels of sexual orientation and/or gender identity. Historically used as a slur, and is still viewed as such by some LGBT people. However, others have reclaimed and now embrace the term.



Psychiatric history and its relevance



Which parts of the psychiatric history do you think require more care and nuance when speaking with people in the LGBTQ+ community?



They all do!
And it's necessary to
use this language
universally without
assumptions or
unnecessary Qs

Introductions

- Gender identity, pronouns
- Not always the same as on systems!
- Early rapport

HPC/PC

- Identity-related symptoms
- Identity \neq cause of Sx

Past psych hx

- Higher rates
- Previous -ve experiences

PMH

- Gender-affirming treatment/ surgeries
- Only if clinically relevant
- Physical health screening

Medication

- Hormones (do not assume)
- Interactions/ side effects - to discuss with pt

Family hx

- Support/ pressure
- Chosen families/ NOK

Developmental hx

- Childhood
- Coming to terms with identity

Social hx

- Substance use: coping, environmental
- Relationships: gender-neutral, behavioural Qs
- Housing and community

Forensic hx

- Avoid bias
- Victim

Do you have a partner or partners?

Are you receiving any gender-affirming care that you think would be useful for me to know about or impact your care?

I ask this to everyone as it can support wellbeing and care - how would you describe your gender identity?

Tip 1 – Don't make assumptions

- Don't make assumptions based on how you think they look or sound.
- Respect the terminology that person uses.
- Avoid gendered language - referring to patients as 'Sir' or 'Madam'. Use person/patient over there, rather than 'woman over there'.
- Don't make assumptions about sexuality either – gender and sexuality are completely different things.

Tip 2 – Be mindful of pronouns

- If you don't know, can use gender neutral language - 'they/them' until you know their pronouns.
- Lead the way and introduce yourself with your name and pronouns. Consider putting it on your email footer.
- Consider starting meetings like this, so people are aware, however be mindful that this can make trans people feel singled out.

Tip 3 – Don't ask or refer to someone by their birth name/‘real name’

- E.g. ‘What is your real name?’
- Also known as their 'dead name'
- Can be invalidating of their identity

Tip 4 – Respect confidentiality

Don't disclose that someone is LGBTQ+ without their express consent/permission



Tip 5 – Challenge LGBTQ+ phobic behaviour

Both in and outside of work

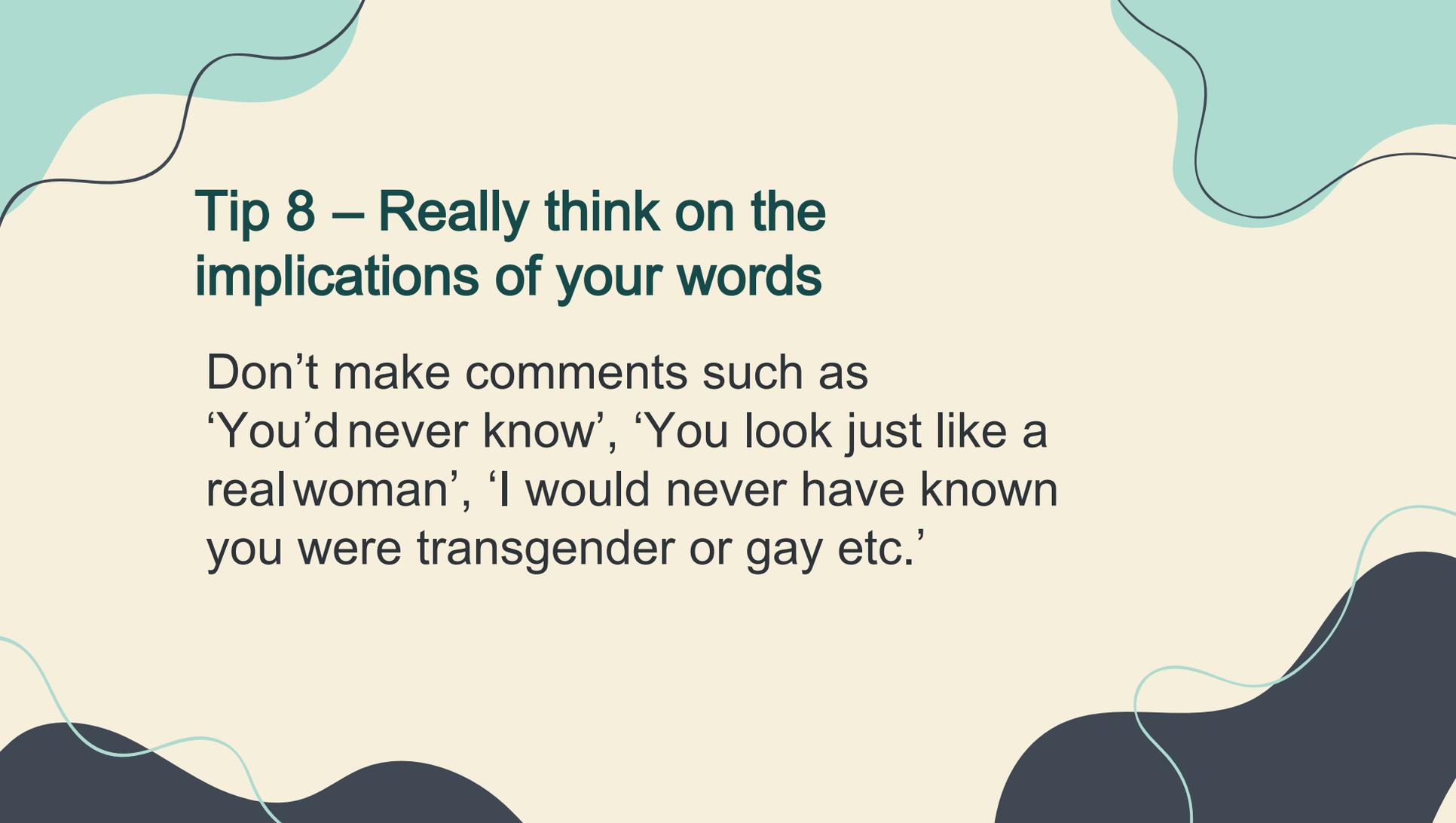
Tip 6 – Respect boundaries

Would you approach a cisgender colleague and ask them about their genitals or whether they may have had surgery or not?

-Trans colleagues are no different

Tip 7 – Take initiative to educate yourself

- Listen to LGBTQ+ people but know that they do not have a responsibility to educate you
- There is loads of media available - books, YouTube, documentaries
- Don't be afraid to admit your own limits when you don't know



Tip 8 – Really think on the implications of your words

Don't make comments such as 'You'd never know', 'You look just like a real woman', 'I would never have known you were transgender or gay etc.'

Tip 9 – There is no ‘right way’ to be trans or to transition

- Don't expect a certain timeline for someone to explore their gender identity
- There is no 'right way' to be trans or transition, it is personal

Tip 10 – Know that LGBTQ+ people are not ‘new’

- There are accounts of transgender and queer people going back to ancient times internationally.
- E.g. – Native American two-spirit identity (identify as having both masculine and feminine spirit), Hijra identity in India (identifying as neither man nor woman).

Final points to consider

- **Use correct pronouns** - ask respectfully if you're not sure and share your own if you're comfortable doing so. Apologise if you make mistakes
- Treat patients with **empathy and respect**
- **Do not assume**
- **Do not correlate identity with illness** - it is context, not pathology



Thank you – any questions?

Many thanks - Sophie Sims (Proud Trust)

Resources for support



<https://www.akt.org.uk/resources/resources-for-the-trans-community/>

REFERENCES

<https://www.stonewall.org.uk/list-lgbtq-terms>
Health Education England – ‘How to be a trans ally’
<https://glaad.org/transgender/allies/>

<https://www.mentalhealth.org.uk/explore-mental-health/statistics/lgbtiq-people-statistics>