



# Royal College of Psychiatrists' statement on sexual orientation

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The Royal College of Psychiatrists considers that sexual orientation is determined by a combination of biological and postnatal environmental factors.<sup>1-3</sup> There is no evidence to go beyond this and impute any kind of choice into the origins of sexual orientation.

The College wishes to clarify that homosexuality is not a psychiatric disorder. In 1973 the American Psychiatric Association (APA) concluded there was no scientific evidence that homosexuality was a disorder and removed it from its diagnostic glossary of mental disorders. The International Classification of Diseases of the World Health Organization followed suit in 1992.

The College holds the view that lesbian, gay and bisexual people are and should be regarded as valued members of society, who have exactly similar rights and responsibilities as all other citizens. This includes equal access to healthcare, the rights and responsibilities involved in a civil partnership/marriage, the rights and responsibilities involved in procreating and bringing up children, freedom to practise a religion as a lay person or religious leader, freedom from harassment or discrimination in any sphere and a right to protection from therapies that are potentially damaging, particularly those that purport to change sexual orientation.

Leading therapy organisations across the world have published statements warning of the ineffectiveness of treatments to change sexual orientation, their potential for harm and their influence in stigmatising lesbian, gay and bisexual people.<sup>4,5</sup>

There is now a large body of research evidence that indicates that being gay, lesbian or bisexual is compatible with normal mental health and social adjustment. However, it is eminently reasonable that the experiences of discrimination in society and possible rejection by friends, families and others (such as employers), means that some lesbian, gay and bisexual people experience a greater than expected prevalence of mental health and substance misuse problems. Lifestyle issues may be important in some gay men and lesbians, particularly with respect to higher rates of substance misuse.<sup>6-8</sup>

It is not the case that sexual orientation is immutable or might not vary to some extent in a person's life. Nevertheless, sexual orientation for most people seems to be set around a point that is largely heterosexual or homosexual. Bisexual people may have a degree of choice in terms of sexual expression in which they can focus on their heterosexual or homosexual side.

It is also the case that for people who are unhappy about their sexual orientation – whether heterosexual, homosexual or bisexual – there may be grounds for exploring therapeutic options to help them live more comfortably with it, reduce their distress and reach a greater degree of acceptance of their sexual orientation.

The College believes strongly in evidence-based treatment. There is no sound scientific evidence that sexual orientation can be changed. Systematic reviews carried out by both the APA<sup>5</sup> and Serovich *et al*<sup>9</sup> suggest that studies which have shown conversion therapies to be successful are seriously methodologically flawed.

Furthermore, so-called treatments of homosexuality can create a setting in which prejudice and discrimination flourish, and there is evidence that they are potentially harmful.<sup>5,10,11</sup> The College considers that the provision of any intervention purporting to 'treat' something which is not a disorder is wholly unethical.

The College would not support a therapy for converting people from homosexuality any more than we would do so from heterosexuality.

Psychiatrists should be committed to reducing inequalities, not supporting practices that are explicitly based on pathologising homosexuality. As such, the College remains in favour of legislative efforts to ban such conversion therapies.

*Good Psychiatric Practice* clearly states: 'A psychiatrist must provide care that does not discriminate and is sensitive to issues of gender, ethnicity, colour, culture, lifestyle, beliefs, sexual orientation, age and disability' (p. 12).<sup>12</sup> The College expects all its members to follow *Good Psychiatric Practice*.

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