



Public Health
England



Protecting and improving the nation's health

Preventing suicide among lesbian, gay and bisexual young people

A toolkit for nurses

Acknowledgments

This toolkit is a collaboration between the Royal College of Nursing (RCN) and Public Health England to support and develop the role of nurses in the prevention of lesbian, gay and bisexual suicide.

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Executive summary

Suicide often comes at the end point of a complex history of risk factors and distressing events. Suicide prevention has to address this complexity. No suicide is ever inevitable, and this guide provides a toolkit to support nurses working with young people who may be lesbian, gay or bisexual, to support their distinct needs.

The National Suicide Prevention Strategy 'Preventing suicide in England' provides a national approach to suicide prevention that recognises the contributions that can be made across all sectors of our society. It draws on local experience, research evidence and the expertise from members of the National Suicide Prevention Strategy Advisory Group, some of whom have experienced the tragedy of a family suicide.

The national suicide prevention strategy supports a tailored approach to improve mental health in specific groups including:

- children and young people
- people who are especially vulnerable due to social and economic circumstances
- lesbian, gay, bisexual and transgender people
- black, Asian and minority ethnic groups

Nurses play a crucial role in health care by providing compassionate and inclusive care to all. As nurses, there is a duty to be constantly aware of those who may be vulnerable, regardless of their demographic and the symptoms that they initially present with. Because most people who take their own lives are not in touch with mental health services,¹ the possibility that nurses may come into contact with a suicidal person inside or outside of the health care arena is significant.

The Royal College of Nursing Congress has passed several motions highlighting the importance of addressing problems affecting lesbian, gay and bisexual people, and the need to support nurses to act effectively when dealing with these patients. At the same time, the Department of Health has implemented a cross-government outcomes strategy to prevent suicide in England.² This toolkit is part of the effort to improve support and training for frontline nurses in responding to the needs of LGB youth.

The phrase 'lesbian, gay, bisexual' or 'LGB' refers to a broad group of people who are highly diverse when it comes to gender, sexual orientation, race/ethnicity, and socioeconomic status. It can be a sensitive subject, especially for young people who may be confused about their sexuality, or may fear discrimination and stigma. Because of time spent with clients/patients, nurses may develop a trusting relationship, which may encourage the disclosure of sensitive information regarding an individual's sexual orientation.

While someone's sexual orientation is unlikely to be a risk factor itself for suicide or self-harm, current evidence shows that lesbian, gay and bisexual (LGB) young people have a greater risk

of suicidal behaviour than their heterosexual peers. The discrimination and stigma from others that many individuals experience in their everyday lives, whether at home, work or school is one of the main reasons behind this. This stigma and discrimination, and the fear of it happening, can prevent individuals from reaching out for help when they need it. It can also prevent those in a position to help from asking questions about an individual's sexual orientation and identity. This can result in further stress that contributes to higher levels of mental illness, isolation, depression, feelings of victimisation and stressful interpersonal relationships with family, peers and community.

As they are forming their identity and self-image, young people are often more affected by the fear and impacts of discrimination and rejection from family, peers and society. The sense of 'otherness' can make young people particularly vulnerable to depression and suicidal thoughts. Lesbian, gay and bisexual young people need staff and services to be able to recognise their unique life journey and experience and take into account their unique and specific risk factors for suicide.³ Most young LGB people who are distressed and contemplating suicide haven't reached specialised mental health services and may well first present to a service in crisis. Consequently, all health care staff should have an understanding of how to assess and address the emotional wellbeing of young LGB people. Everyone should be able to recognise if a young person may be suffering from a mental health problem and liaise with the appropriate services.⁴ At the same time, services should be working to promote positive mental health and resilience to young people, especially amongst those most at risk, including LGB youth.

As nurses, we can help develop an inclusive clinical environment that makes it clear that we welcome diversity and support young people, explicitly including LGB youth. We can make sure that we are not marginalising the people who most need our support at times of personal crisis.⁵ We also have a duty to ensure that vulnerable people in our care are kept safe from preventable harm. We need to be prepared to intervene quickly when someone is in distress or in crisis, and this toolkit provides a basis for this potentially life-saving support.

Audience

This toolkit is primarily for nurses who work with children and young people, whether in community or hospital settings, including school nurses, practice nurses and accident and emergency nurses.

Aim

This toolkit helps you develop your skills and knowledge and recognise the wider context of mental health in relation to LGB sexual orientation and identity. It provides a general outline for health professionals looking to increase their skills and knowledge around suicide prevention strategies with LGB young people.

The national strategy recommends that frontline staff working with high-risk groups receive training in the recognition, assessment and management of risk and fully understand their roles and responsibilities. Our ambition is to have this toolkit integrated as a supporting document within the national suicide prevention strategy.

Using the toolkit

Identifying mental health problems and responding appropriately can prove challenging for anyone working with LGB youth.

This toolkit was developed with reference to the latest available research and published studies worldwide. Suicide prevention is most effective combined with wider work addressing the social and other determinants of poor health, wellbeing or illness.⁶

The toolkit is divided into two main sections to help practitioners understand the theory as well as sharing practical skills and tools.

What this toolkit does not include

This toolkit does not replace training on mental health, equality and diversity or any other training on sexual orientation or lesbian, gay and bisexual communities. Further resources and links to other useful organisations can be found at the end of this document.

Why does this toolkit not include trans communities?

While some data used to develop this toolkit reports on LGB and T communities, the issues of trans communities and LGB communities are not always the same.

Trans: an broad and inclusive term used in the UK for those who do not conform to typical gender boundaries; viewed as a more respectful and inclusive than the terms transgender or transsexual.

Transgender: broad term for those who do not conform to typical societal gender roles, identities, behaviours and dress. This includes those who cross dress, people who wear a mix of clothing, people who perform dressed in drag, people with a dual or no gender identity, and transsexual people

Transsexual: someone whose gender identity is does not match the sex assigned at birth, and who may therefore live permanently in the gender role that matches their gender identity. They may seek gender reassignment. Although this term is used in legislation, some may reject it as over-medicalising or pathologising.

Surveys of the health of trans people have found higher levels of depression, anxiety and substance abuse due to lack of social and emotional support. However, more research is needed to better understand the complex relationship of gender identity, gender expression, and suicide in the community.

While some topics in this toolkit are applicable to trans communities, issues around gender, gender identity, and/or gender expression in young people are different.

For more information on trans young people, see the companion document, 'Suicide prevention with trans young people'. See comment on the front cover about the title.

More resources are in the 'Resources for you' section of this toolkit.

Definitions

The terms lesbian, gay, and bisexual are often used without much consideration of the complexities of sexuality and gender. How and why sexual orientation develops and changes over time remains the subject of research and debate. At an individual level it is always important to ask young people how they identify, and what term they feel most comfortable with in describing their identity. This is an important part of building rapport with young people and understanding how they view themselves in the world.

The following is an overview of terms and related definitions to help us all better understand the complexities of sexuality and gender:

LGBT/LGB&T: lesbian, gay, bisexual and trans. These are identity terms used to describe sexual identity.

Homosexuality: a clinical term, not really used by young people to describe themselves. It describes people who are sexually attracted to people of one's own sex. In western societies, they are often called 'gay' (for men) or 'lesbian' (for women).

Bisexuality: sexually attracted to men and women (though not necessarily at the same time).

Heterosexuality: sexually attracted to people of the opposite sex, sometimes described as 'straight' in terms of identity.

Men who have sex with men: a descriptive term used in studies to describe sexual behaviour that may not reflect how an individual describes themselves.

Heteronormativity: cultural bias against same-sex relationships to favour opposite-sex relationships. Lesbian and gay relationships are subject to a heteronormative bias. This is directly linked to homophobia.

Queer: sometimes used as an offensive term to describe LGBT people. It can also be used to reject LGB categories of identity and is often associated with sexual and gender identity fluidity.

Homophobia: a form of discrimination, like racism, based on rejection of an individual's sexual orientation and identity. It invariably causes harm to the individuals being discriminated against.

Internalised homophobia: the experience of aversion or self-hatred in reaction to one's own feelings of same-sex attraction.

Coming out: when someone who is gay, lesbian or bisexual tells people around them about their sexuality.

Gender: part of people's identity and refers to the socially constructed roles ascribed to males and females. These roles, which are learned, change over time and vary widely within and between cultures. 'Gender' is used in contrast with 'sex', which refers to the biological distinction between men and women, a difference which is universal.

Gender identity: the sense of self; how individuals perceive themselves and what they call themselves. Gender identity can be the same or different from the sex assigned at birth.

Sexual orientation: refers to being romantically or sexually attracted to people of a specific gender. Sexual orientation and gender identity are separate, distinct parts of our overall identity. Although a young person may not yet be aware of their sexual orientation, they usually have a strong sense of their gender identity.

Stigma: can be the feeling of rejection and isolation individuals experience when they are discriminated against. This can lead to feelings of shame and guilt which then create stress and can damage a person's mental health and resilience. It can also be used to describe the way in which individuals are marginalised and rejected because of their identity.

Be aware that language is dynamic and evolves over time. Therefore, terms, definitions, and how LGB individuals identify varies based upon a number of factors, including context, geographic region, race/ethnicity, immigration background, culture, religion and socioeconomic status.

Behaviour and identity

Having feelings towards people of the same or opposite sex does not necessarily mean that a person identifies with a particular type of sexual orientation. For example, a person may have sexual experiences with someone from the same gender without calling themselves gay, lesbian or bisexual. Terms like MSM (men who have sex with men) or WSW (women who have sex with women) are sometimes used in clinical settings to identify this behaviour. However, those terms should not be used as a label or identity. It is important to differentiate sexual behaviour from the way people perceive themselves.

In some communities 'questioning' can be used to describe individuals who are in the process of developing their sexual identity.

Statistics and the current landscape

LGB self-identified individuals make up an estimated 7% of the 16 to 24-year old population in the UK.⁷ But the real picture is uncertain because some individuals do not disclose or are asked their sexuality in national surveys. Public Health England is working towards including better sexual orientation monitoring across the NHS, and part of this is supporting both staff and patients to feel more comfortable asking questions about sexual orientation.

The population of LGB people is broad and diverse, just like the black and ethnic minority community. Research shows that LGB people experience significant inequalities relating to health, wellbeing and broader social and economic circumstances, despite the significant recent improvement in social attitudes and laws that protect and uphold the rights of these groups.^{8,9,10,11,12}

We know that LGB people are at higher risk of suicidal behaviour, mental disorder and substance misuse and dependence than heterosexual people.^{13,14,15,16} This gap is even greater for ethnic minority LGB people and those with disabilities.

The most reliable indicators of suicide risk are self-harm, suicidal thoughts and prior suicide attempts.¹⁷ Self-harm remains one of the leading causes of acute medical admissions in the UK, with some of the highest in Europe.¹⁸ Among LGBT youth in the UK, one in two reported self-harming at some point in their life and 44% reported having thought about suicide.¹⁹ These are all young people at risk.

LGBT young people are at greater risk for depressive symptoms and suicidal ideation compared with young people in general.²⁰ 'Ideation' can range from having fleeting thoughts to serious obsession, role playing or actual suicide attempts. This is often because of homophobia at home or in school. A British survey in 2012 found 99% of the LGB youth surveyed had heard the term 'gay' being used in a derogatory way or heard other homophobic language.²¹ Within the same survey, 55% reported homophobic bullying. Of those who had been bullied, 44% reported deliberately missing school as a consequence.

Poor levels of mental health among gay and bisexual people have often been linked to experiences of homophobic discrimination and bullying. Research into youth suicide highlights the importance of supporting young people during the adolescent years as it is a particularly vulnerable period as young people form their identity in the world.²²

Substance misuse is strongly associated with homophobic and bi-phobic bullying (discrimination and stigma faced by bisexual people), lack of supportive environments, negative and adverse disclosure reactions. Research has shown that LGB young people are almost twice as likely to use drugs and alcohol compared to heterosexual peers.²³ They are also more likely to use harder drugs such as cocaine and to inject drugs.

A recent analysis of one of the large cohort studies of young people and health behaviours in the UK found that lesbian and gay young people aged 18 to 19 years were 2.2 times more

likely to smoke and almost twice as likely to drink alcohol twice a week or more, compared to heterosexual young people of the same age. Bisexual identity was associated with similar increased likelihood, but to a lesser degree.²⁴

There is a strong evidence base which demonstrates the negative impact of discrimination and stigma on lesbian, gay and bisexual young people and this resulting in substance misuse, depression, self-harm and suicide. Although it can be hard for nurses to play a role in preventing discrimination and stigma happening, you can play an important role in mitigating its effects and helping LGB young people. We will explore some suggestions on how to do this later in the toolkit.

What does the law say?

The 2010 Equality Act²⁵ makes 'sexual orientation' a protected characteristic which means that everyone, whether they are lesbian, gay bisexual or heterosexual is protected from discrimination due to their sexual orientation. Any service provided for young people, whether funded by public money or not, provided free or for a charge cannot discriminate against LGB people – this means that refusing a young person from a service because they are LGB would be unlawful.

It is also important to remember that all nurses are bound to promote and protect the rights and best interests of all their patients. This includes ensuring that staffing levels and skill-mix are appropriate to meet their needs, including the needs of LGB young people.²⁶

Remember Gillick competence and Fraser guidelines apply to all children under 16.²⁷

Developing a LGB identity

Developing and adopting an identity should be a positive and empowering experience for everyone; it is a normal part of growing up and finding our way in the world. However realising at a young age that you are 'different' from those around you can be isolating, frightening and difficult. Society and institutions like schools and health services don't always help because they can surround young people with just one vision of what 'normal' looks like.²⁸ While no generalisations can be made about the overall experience of LGB people, building an identity in the context that heterosexuality is the norm remains a challenging experience, due to stigma, marginalisation, and reconciling an identity made up of various dimensions.^{29,30,31}

Developing a LGB identity is not only a personal and private experience of understanding your attraction and desire, but it has the potentially added dimension of judgement from those around you and fear of their response if you are attracted to members of the same sex.³² Unlike straight-identified young people, LGB-identifying youth are sometimes challenged and questions about their sexual orientation and identity and don't have the same freedom, or support and education as their peers, to explore their identity as it forms. They may lack positive reinforcement from friends and family members to build their confidence as they grow older.^{33,34}



Figure 1: D'Augelli model stages.

FIGURE 1. D’Augelli model stages. This model is not a stage model, meaning an individual may experience these different processes at different times and they can occur multiple times.

- **exiting a heterosexual identity** – realization of an identity other than what society has deemed ‘normal’
- **developing a personal LGB identity** – the process of coming out to one’s self and identifying to one’s self as gay, lesbian, or bisexual
- **developing a LGB social identity** – the process of sharing a gay, lesbian, or bisexual identity (or coming out) with friends
- **claiming an identity as a LGB offspring** – the process of coming out to parents or guardians
- **developing a LGB intimacy status** – the process of forming intimate relationships with people of the same sex
- **entering a LGB community**— coming out in multiple areas of one’s life and being active within the community, including going to events, clubs, etc

During this developing stage, the relationship between sexual behaviour and sexual identity is not always clear. Some people will claim a LGB identity without ever experiencing same gender sexual encounters.³⁵ Others engage in same-sex sexual behaviour as part of a general experimentation process, but the behaviour may be unrelated to how they perceive their identity and sexual future.³⁶

Some models had been developed by researchers as an attempt to explain the developmental progression towards a LGB identity. Unlike the linear models frequently seen in child development, LGB identity does not always follow a sequential approach. LGB people may move from one stage to another at their own pace, over an undetermined period of time.³⁷

While useful, it is important to remember that models are necessarily broad, and do not reflect the individual identity development of LGB people. This individuality is also influenced by gender, immigration, race, ethnicity, religion, socioeconomic status, and other factors. LGB young people coming from minority groups may face stronger identity challenges that can be particularly conflicting and confusing because of cultural attitudes.³⁸

Suicide risk and protective factors

For all young people

The likelihood of a person taking their own life depends on several factors. Those are known as risk factors that help explain suicidal behaviour (including ideation, attempts and suicide deaths) and protective factors. Protective factors make people less likely to consider suicidal thoughts and behaviours.^{39,40}

Risk factors

- gender – males are three times as likely to take their own life as females
- mental illness
- lack of social support
- sense of isolation
- loss of a relationship
- alcohol and drug misuse
- treatment and care received after making a suicide attempt
- physically disabling or painful illnesses, including chronic pain
- suicide attempts by acquaintances

Protective factors

- access to effective care
- restricted access to lethal means
- community support
- coping skills
- strong family connections

Identifying these factors and understanding their roles is central to preventing suicides.⁴¹ Risk and protective factors can be biological, psychological or social, affecting the individual, the family and environment.⁴² For many people, **it is the combination of factors that is important – rather than one single event, relationship or fact.** Stigma, prejudice, harassment and bullying can all contribute to increasing an individual's vulnerability to suicide.⁴³

For LGB young people

Being LGB is not itself a risk factor for suicide. However, we need to remember that for many LGB individuals there are higher risk indicators for suicide and self-harm.

While most factors affecting suicidal rates of LGB young people are the same as those affecting all youth,⁴⁴ there are some additional risk factors to consider when working with them.

Psychosocial stressors associated with being lesbian, gay, or bisexual, including gender nonconformity, victimisation, homophobia, lack of support, dropping out of school, family problems, suicide attempts by acquaintances, homelessness, substance abuse, and psychiatric disorders, elevate their risk of suicide.^{45,46}

Risk factors

- lesbian and bisexual girls are more likely than boys to attempt suicide
- psychosocial stressors associated with being lesbian, gay, or bisexual, including gender nonconformity
- victimisation
- dropping out of school
- family problems
- homelessness
- psychiatric disorders

Protective factors

- access to inclusive care
- community and school support
- strong relationship with family and friends
- increase self-esteem levels

Research also indicates that LGB youth who disclose their sexual orientation at an early age are more at risk for suicide attempts.⁴⁷ This is in part due to a younger person's lack of ability to cope with isolation and stigma. A recent study conducted in England reported that while low self-esteem and low income were associated with suicide attempts among LGB and heterosexual youth alike, low family support was a unique factor affecting suicidal attempts for the sexual minority group.⁴⁸ Where protective factors are sufficiently strong, even the presence of several risk factors may not create the conditions for suicidal ideation or behaviour.⁴⁹

Other factors to consider

Cyber-bullying

Evidence shows that LGB youth seeks accepting peer groups and social support through internet sites and related technologies at a greater degree than their peers.^{50,51,52} This may be due to the need for privacy and anonymity to access a supportive environment.⁵³ In particular, social media sites have been embraced by young LGB individuals as spaces where they can explore their identities and interact with others.⁵⁴ However, cyber-bullying has become an increasing problem for all young people and young LGB people may be particularly vulnerable in this space.⁵⁵ Young people who encounter cyber bullying can experience the same feelings of isolation, powerlessness and hopelessness as if they were being bullied face-to-face.

Because of the nature of the technology, it can be hard for victims to escape the situation, since it will require them to fully disconnect from supportive friends or relations, via the internet and their phones. Young people who have experienced cyber-bullying are almost twice as likely to attempt suicide compared to those who have not.⁵⁶ In the majority of cases, online contacts decrease isolation and build positive relationships. Further research is needed on how social networking and other internet applications can raise – or lower – risks of suicide among LGB and other adolescents.⁵⁷

Ethnicity, cultural background

Research indicates that some cultural, ethnic and religious groups are less welcoming and accepting of LGB communities. It is highly possible that young people who live within communities that strongly oppose LGB groups can suffer from higher levels of stress, and that can lead to increased risk of depression, anxiety, or thoughts of suicidal.^{58,59,60} A UK-based report raised the issues of multiple discrimination and access to appropriate health information in black and minority ethnic LGB groups.⁶¹ For asylum seekers language barriers, racism, and legal uncertainties can lead to depression and social isolation, two of the most important risk factors for suicide. Some young people may be asylum seekers because of their sexual orientation, following family rejection in their country of origin.

Religion and faith

Religion and faith are important factors in suicidal behaviour. Research shows a relationship between low levels of suicide rates in religious groups where suicide is strictly forbidden. At the same time, faith and religions that believe in reincarnation are among those with the highest rates of suicide.⁶² Young people developing lesbian, gay or bisexual identities within communities of faith where the religious doctrine is not supportive may face significant additional stress and potential rejection from their community.

While some religions and faith organisations remain unwelcoming of LGB communities, the UK has a strong network of LGB friendly faith-based organisations.⁶³ More research needs to be done in relation with religion and faith and adolescent suicide rates.

Homeless and runaway youth

Being homeless represents a suicide risk for all people. However, young homeless people and runaways have higher rates of mental illness, and are at higher risk of having suffered sexual abuse, violence and substance abuse.⁶⁴ For LGB youth, the risk is even higher. One study found that 62% of LGB homeless youth had attempted suicide, compared to 29% of non-LGB homeless youth.

Although there is limited research in the UK, the international evidence suggests that lesbian, gay, bisexual young people are more likely to experience homelessness than their heterosexual peers. This is often a result of initial rejection in the household when they first come out about their identity at home.

HIV/AIDS

Research indicates a relationship between living with HIV or having AIDS and risk of suicide. There is little evidence around LGB youth in particular; however 16% of the new diagnoses of HIV in 2013 among men who have sex with men were in men under the age of 25 years.⁶⁵ Most studies done with older LGB people reported higher suicide risk among HIV seropositive groups than in HIV sero-negative ones.⁶⁶ What we do know is that living with HIV has been associated with depression and isolation, two risk factors for suicide. Also, some HIV medications can affect a person's emotional wellbeing. It is recommended to gather as much information on medication (if any is being used) with an HIV positive client/patient currently under treatment.⁶⁷

Coming out

Being 'in the closet' or 'closeted' is a term to describe those who have not openly disclosed their LGB identity to others. This can be applied to several aspects of their life, including family, work or social environments. It is possible to be 'in the closet' at work but open to family members. Coming out can be a rewarding experience and has been associated with mental health benefits.⁶⁸ Yet, in environments where being gay, lesbian or bisexual is not socially accepted, coming out can involve risks of violence, rejection and discrimination. Levels of disclosure vary in different situations as the young person judges the safety, support and their autonomy of a given situation and space.⁶⁹ Coming out in an environment with low levels of visible support is unlikely to be a positive experience and is most likely to generate stigma and rejection.^{70,71,72}

Some benefits of coming out

- decrease feelings of depression and increase overall sense of wellbeing and self-esteem
- lower levels of depression, anger and higher self-esteem
- more genuine and meaningful relationships can be formed with friends and family
- individuals may be able to connect more with individuals who identify as part of the LGBTQ population and become a part of the community
- individuals may alleviate the stress associated with "hiding" their identity

Some challenges of coming out

- homophobia can be internalised and negative feelings towards your own sexuality can be developed
- stigma and marginalization can result on "compartmentalization" of sexual behaviour, creating a discrepancy with sexual identity
- personal relationships may be permanently changed and could end up in the loss of a support system (including housing and financial support)
- increased risk for experiences with violence such as bullying, teasing, harassment, physical assault, and suicide-related behaviours

Working with LGB young people

Local responsibility for coordinating and implementing work on suicide prevention is an integral part of local authorities' new responsibilities for leading on local public health and health improvement. PHE will also support local authorities, the NHS and their partners across England to achieve improved outcomes for the public's health and wellbeing, including work on suicide prevention. This toolkit has been developed to support your work with LGB young people. It looks to help build a LGB-friendly practice that is welcoming and safe. However, this process is not always simple, and some people might have concerns about working with LGB communities or might have some questions about why being LGB-friendly is important.

LGB young people are patients, like any other patient, and in line with the commitments made in the NHS Constitution,⁷³ deserve respect and good quality healthcare. Much of the research has suggested that LGB patients sometimes have difficulty disclosing their sexuality to healthcare practitioners and have concerns about their confidentiality being respected. We do not expect everyone to become an expert in supporting LGB young people after reading the toolkit, but we believe it is a good starting point in our wider efforts to prevent suicide and to improve individual practice and patient care. To get started, here are some of the questions that professionals working with LGB young people often ask, and the answers that Stonewall, a national charity working with LGBT communities, provided.

Are there any LGB young people in my community, and how can I tell?

There are lesbian, gay and bisexual people in every community and gay people come from every type of cultural background – including all different ethnicities and religions. Often gay young people may not be 'out' – meaning that they haven't told people they are lesbian, gay or bisexual. This means there are likely to be more gay young people in your community than you might realise. Making sure that your service is gay-friendly could help young people feel more able to come out and be honest about themselves.

Why is it important that our service for young people is gay-friendly?

Homophobic bullying (bullying of people because they are, or are thought to be gay) doesn't just happen to gay people. It can happen to any young person who is seen as different in some way. It is a huge problem in schools and all other spaces where young people come together. Dealing with homophobia won't just protect gay young people using your service; it will protect all young people.

If a young person comes out as lesbian, gay or bisexual to staff do we need to do anything?

When a young person comes out to you it shows they trust you. Often they will be looking to you for reassurance. The most important thing is to be supportive – as you would with any young person who shared something important with you

(*) Adapted from: Stonewall, "Everyone is Included", London, 2012.⁷⁴

Practicalities: how to talk with LGB young people

Talking to a LGB young person is not that different to talking with any other young person. A clear, non-judgmental, and confidential communication plays a critical role in building a safe space. Remember this might be the only space where youth can be open about their identity. Here are five simple tips to help you build rapport and make a conversation easier.

1

Ensure confidentiality. Spend part of every visit with patients alone. By asking them in private if they want their parent, partner, peer or other support person involved in their care, they will be more likely to give you a more comfortable answer.

2

Begin by discussing confidentiality and its limits. This helps build trust and explains the basis for mandated reporting. If you are unclear of the limits to confidentiality, contact your practice child protective services for more information.

3

Use inclusive language. Language that includes LGB or gender variant terms builds trust and indicates acceptance. Instead of 'do you have a boyfriend/girlfriend?' try saying 'are you seeing anyone?' or 'are you in a relationship?' Listen to the language your patients use and, when in doubt, ask what is preferred.

4

Avoid complex terminology. Simple, straightforward language ensures effective communication of important information. Check for mutual understanding by asking open-ended questions, and clarifying slang in a non-judgmental manner (eg, "I've never heard that term before, do you mind explaining what ___ means?").

5

Respect their experience and autonomy. Many young people feel that adults and people in positions of authority discount their ideas, opinions and experiences. Health care providers, together with parents, can help patients make wise, healthier decisions.

Remember that many young people are still in the process of developing their own identity and many will not self-identify as LGB. Just make sure to be welcoming to everyone and to consider the five tips in order to better facilitate a conversation.

Motivational interviewing techniques

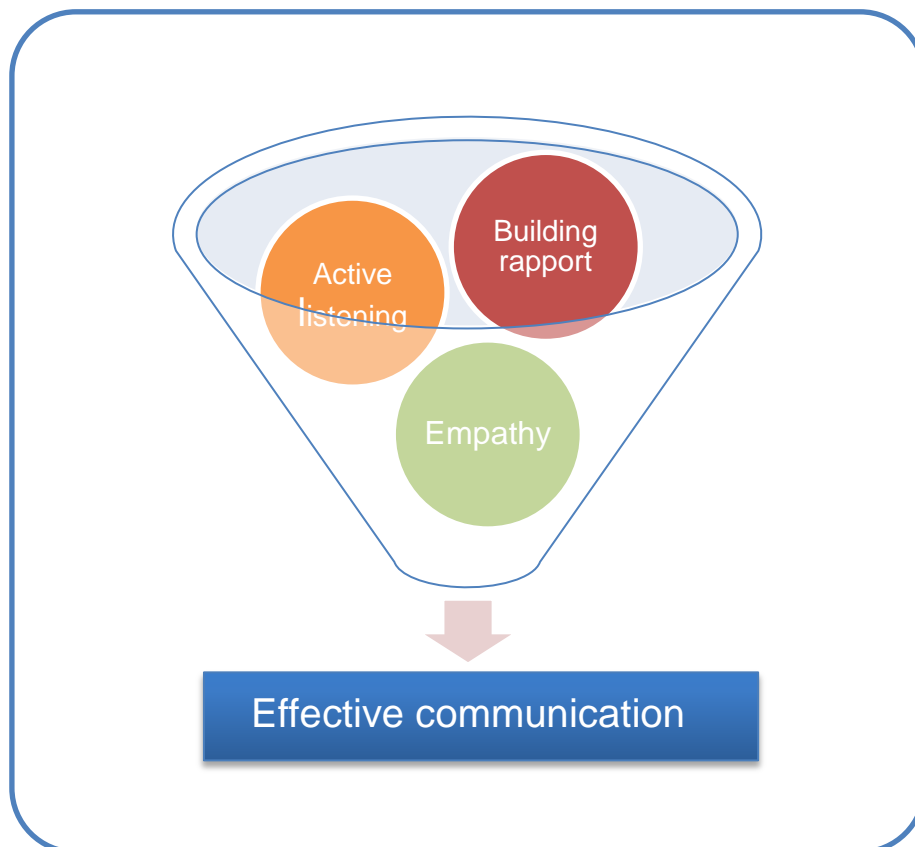
Current research shows that motivational interviewing techniques can be an effective non-invasive strategy to identify suicide risk factors. *BATHE* is one technique for conducting brief assessments, exploring concerns during routine visits. The following table gives some examples of questions you can use when talking to LGB young people while trying to assess suicide risk factors.

	Example questions/comments	Purpose
B	<p>Background</p> <ul style="list-style-type: none"> • What's going on in your life? • Tell me about a typical day for you 	Invites young person to talk about the significant matters in their lives by using direct, open-ended questions.
A	<p>Affect</p> <ul style="list-style-type: none"> • How do you feel about that? • That situation sounds very _____. • Are you feeling ___? 	Asks young person to recognize their feelings and understand how situations affect their emotions and behaviours.
T	<p>Troubling</p> <ul style="list-style-type: none"> • What troubles you the most about problem, situation, condition? • How has this problem caused difficulties for you at home, school or anywhere else in your life? 	Aims to help determine why and how significantly a situation troubles them and how it impacts them.
H	<p>Handling</p> <ul style="list-style-type: none"> • How are you dealing with that? • Could you respond to the situation differently? • What might help improve the situation or help you feel better? 	Provides an opportunity to learn about and reinforce their own healthy coping strategies and suggest additional interventions.
E	<p>Empathy</p> <ul style="list-style-type: none"> • That must be very difficult for you. • Thank you for being so honest with me. 	Shows their response to the situation is reasonable. Demonstrates understanding for their position, feelings and perceptions.

Effective communication

There is no perfect way to ask a difficult question. If you think a young person is at immediate risk for suicide, self-harm or any other health related risk; you should always follow your local risk protocol, regardless of sexual orientation or gender identity.

While not an exclusive approach for LGB young people, some components of effective communication can help you be more inclusive and sensitive to their needs. The development of a safe, non-judgemental environment that is supportive is always a good place to start. All young people need to feel safe before discussing their feelings and behaviours, regardless of sexual orientation or identity.⁷⁵ Building rapport, active listening and expressing empathy are important components to keep in mind when working to establish effective communication.



Building rapport, practising active listening and expressing empathy, are not always easy strategies to implement; in particular when trying to identify suicide risk-factors. But there are some small actions that we can take to have a bigger impact in our risk assessment.

Building rapport

- design your working space to be welcoming to young people. Think about the visible posters and signs, magazines and leaflets, if there is a waiting room
- begin the visit with an informal conversation. Explain what will happen during the visit
- help them recognize and appreciate their assets and strengths
- use terminology and expressions the young person will understand
- ask for their own input into treatment plans
- summarise findings, treatment plans, and next steps for the young person
- allow time for questions and provide information on community resources (if required)

Active listening

- pay attention to their concerns. Try to understand the young person perspective and keep an open mind
- use gender-neutral terms when conversing with young people you think maybe LGB
- avoid interrupting
- minimise note-taking, particularly during sensitive questioning
- notice non-verbal cues such as eye contact, facial expressions, posture, and physical movements
- ask open-ended questions in a non-judgemental manner

Empathy

- sense the emotion the young person is feeling, then state it back. "You seem tense. Do you feel worried?"
- validate their feelings by letting them know you appreciate the possible reason for the emotions
- educate them about mental health and substance use. Refer them to additional resources and give out emergency contact information. Education helps to reduce stigma
- highlight protective factors such as caring friends, supportive family, or coping abilities
- reassure them that she/he is not alone
- honour their emotions and honesty with genuine remarks. Example: "It took a lot of courage to talk about your feelings." "I am impressed with how well you are doing under these circumstances."

Sample questions for effective communication

The following are some examples of questions you can use when communicating with any adolescent, including LGB young people. These are examples and should be used according to your understanding of the situation, and based on your comfort level. Remember to be aware of the young person response level. This will help you identify protective or risk indicators in their answers.

“I’m going to take a few minutes to ask you some sensitive questions. This information is important and will help me provide better health care to you. Let’s first discuss what information will be kept private and what information I might have to share with other people”

Initial questions

- Some of my young patients are exploring new relationships. Do you have an interest in anyone? Are you dating or seeing anyone?
- Are you attracted to men, women, both, or none?
- What do you do when you feel stressed or overwhelmed?
- Do you ever feel very sad, tearful, bored, disconnected, depressed or blue? (Choose a few, not all, for your question.)
- Have you ever felt so sad that you feel life isn’t worth living?
- Do you think about hurting or killing yourself?
- Have you ever tried to hurt or kill yourself?
- Are you thinking about hurting/killing yourself now? Have you thought about it recently?
- Do you know anyone who has tried to kill themselves, or has committed suicide?

Follow-up questions

- Who have you told about your sexual orientation?
- What are your family’s reactions to your sexual orientation/identity?
- Is there any adult that you can talk to if you feel depressed or suicidal (mirror youth language, eg, sad, low, down)?
- Have you ever had counselling or therapy?
- What was that like for you?
- Have you ever been given any medications to affect your mood or behaviour?

Confidentiality and consent

Young people list confidentiality as one of the most important reasons for delaying or forgoing medical care. During a visit, LGB youth are more likely to disclose sensitive information if consent and confidentiality is explained to them and they have time alone with a health care provider. Nurses are in a privileged position when it comes to finding out a lot of information about the patient/client. It is possible that LGB young people will speak about things with you, which they have not discussed with their family or friends.

Breaching that trust by disclosing information about a patient/client to someone who has no right to the information is one of the most serious errors a health care worker can commit. It can lead to disciplinary proceedings and, if the individual is a registered practitioner, to formal professional misconduct hearings. More information can be found in the NMC: Guidance on professional conduct.⁷⁶

Consent is the means by which an individual authorises interventions in their own care.⁷⁷ Nursing staff are used to this concept in relation to consent to treatment and records. For consent to be effective, it must be informed. This means, before recording sexual orientation of a patient/client, it is important to obtain consent and explain the purposes for which the information is being recorded. If the young person refuses to give consent to record their sexual orientation, it is important to be respectful and mindful of their decision.

Trusts and practices vary in their approaches to recording sexual orientation in clinical records. It may be useful to discuss with your team or line manager what the local position is.^{78,79}

TIPS for better confidentiality and consent

- Be clear with young people up front about confidentiality and its limits. Be as specific as possible, so that they know what to expect and do not feel betrayed if something needs to be reported to a parent or child protective services.
- Explain that mandated reporting exists if a young person is at risk of abuse. Though it can cause confusion at times, it is ultimately for their protection.
- Explain early on the importance of confidentiality between health care providers and parents. Rather than adversaries, parents can be allies in the provision of confidential health care for young people.
- Nurses should never make a record of a client/patient's sexual orientation without their prior permission.

Next steps

It is important that when you are working with a young person that you think about how you finish the consultation and leave them feeling safe, respected and with access to further support and advice if they need it. If the young person has expressed clear suicidal wishes, it is crucial that you refer them to a specialist service urgently.

There are lots of specialist services nationally and locally that can support young people in terms of their sexual orientation and identity. The sections following have some information on further resources and services.

It is important you talk to the young person about how they perceive their own situation, and whether they would like to access any of these services. They may want to call one of the helplines or access a website in your office or the clinic, where it is safer to do so without someone seeing them. This is the kind of simple step that can really make a difference in a young person's life. Some areas may have an LGBT youth club or service and it's a useful piece of homework when you finish reading this toolkit to have a local look online, or ask the Trust diversity lead for details.

If a young person is actively expressing suicidal thoughts and intent then it is crucial that you follow the local procedures for a young person at high risk – and ensure they are supported to immediate psychiatric assessment and care.

If they are not actively suicidal and you are happy that they are not at any immediate risk, then try to end the consultation with some positive steps and actions. A clear agreed plan, whether that be a further appointment with yourself or a plan to get help and support elsewhere, will help to make them feel valued and cared for.

Some motivational interviewing questions may help draw the consultation to a positive close.

- How do you feel about things now?
- What would you like to do next? What might be useful?
- Would you like any information on local services? If it helps you could call them/access the website from here?
- Would you like to come back to talk to me again?

If the consultation has left you feeling unsure about your practice then use your clinical supervision with your line manager to reflect on the encounter, and consider how you can improve your practice next time the opportunity arises.

Resources for LGB young people

The public health provider's landscape is always changing, and it is possible that some local services are no longer available or that their contact information has changed. If possible, we encourage you to contact the organisation (being mindful of confidentiality) in advance of referral, and make sure you are providing the right information – and request a contact name. It makes the experience less intimidating for a vulnerable young person if you can let them know that someone real is there, waiting to help them.

Antidote offers information and support exclusively to LGBT people around drugs, alcohol and addiction.

0207 833 1674

www.antidote-lgbt.com

Being Gay is Okay provides online information and advice for young people under 25 years old. www.bgiok.org.uk

ELOP are a London based LGBT mental health and wellbeing centre offering a holistic approach, with free counselling and young people's services.

020 8509 3898 www.elop.org

FFLAG (Family and Friends of Lesbians and Gays) offers support for parents, families and friends of LGB people.

0845 652 0311 www.fflag.co.uk

GMFA is a gay men's health charity and has a number of booklets and workbooks that can be downloaded for free online. They are written by counsellors and cover a range of topics exploring self-esteem and relationships. www.gmfa.org.uk

The Lesbian and Gay Foundation is a charity offering health and wellbeing services and resources to the LGBT community in the north of England.

0845 3 30 30 30 (National Helpline available 365 days a year)

www.lgf.org.uk

LLGS (London Lesbian and Gay Switchboard) provides national information and a listening service via phone and email/ instant messaging. **Helpline:** 020 7837 7324

www.llgs.org.uk

Samaritans

While not an exclusively LGB&T organisations, it provides 24/7 confidential phone support.

London Friend is a long-running LGBT charity that offers a telephone support service, as well as many different drop-in counselling and support groups. It also runs a specific befriending service and a carers' support group. It is based in North London.

Helpline: 020 7837 3337 open Mondays, Tuesdays, Wednesdays and Fridays 7.30pm-9.30pm www.londonfriend.org.uk

PACE offers specialised LGBT mental health and wellbeing services, including advocacy, counselling, training, couples and family support, and also holds workshops and produces publications. Based in London.

020 7700 1323 www.pacehealth.org.uk

Stonewall Housing is a charity that specialises on lesbian, gay, bisexual and transgender (LGBT) housing advice and support provider in England.

www.stonewallhousing.org

Young MINDS

www.youngminds.org.uk

Resources for you

This toolkit is not intended to replace any form of training. It is up to all of us to keep educating ourselves to be the best health care providers that we can be. The following are some current resources that could help you to better understand the complex health needs of LGB young people.

Not 'just' a friend: Best practice guidance on healthcare for lesbian, gay and bisexual service users and their families

Royal College of Nursing

www.rcn.org.uk/_data/assets/pdf_file/0014/20741/notjustafriend.pdf

Lesbian, gay, bisexual and transgender patients or clients

Guidance for nursing staff on next of kin issues

Royal College of Nursing

www.rcn.org.uk/_data/assets/pdf_file/0015/520512/002017.pdf

The nursing care of lesbian, gay and bisexual clients

Guidance for nursing staff

Royal College of Nursing

www.rcn.org.uk/_data/assets/pdf_file/0020/520517/002_018.pdf

Mind for Better Mental Health

www.mind.org.uk/

Working with LGBT patients

NHS – National Health Service

www.healthwithpride.nhs.uk/miscellaneous/patients/

Mental Health in children and young people: A RCN toolkit for nurses who are not mental health specialists.

http://www.rcn.org.uk/_data/assets/pdf_file/0003/596451/RCNguidance_CYPmental_health_WEB.pdf

RCN-accredited Sexual Health Skill e-learning course

www.gre.ac.uk/schools/health/current_publications

Supporting lesbian, gay and bisexual young people

Stonewall

www.stonewall.org.uk/resources

Mind Out: LGB&T mental health project

www.mindout.org.uk/

Resources for you on trans health

To learn more about the health care needs of trans individuals and communities, you can use the following online resources.

On the Royal College of nursing website

- Fair care for trans people (RCN Resolution)
- Promoting more compassionate care of transgender patients

Trans: A Practical Guide for the NHS. Department of Health

<http://www.gires.org.uk/assets/DOH-Assets/pdf/doh-trans-practical-guide.pdf>

Transgender Action Plan. Government Equalities Office

<https://www.gov.uk/government/publications/transgender-action-plan>

Gendered Intelligence: Understanding gender diversity in creative ways

<http://genderedintelligence.co.uk/>

GIRES: Gender Identity Research and Education Society

<http://www.gires.org.uk/>

Mermaids: Family and individual support for teenagers and children with gender identity issues

www.mermaidsuk.org.uk

Reflective checklist

Creating a safe, non-judgmental, and supportive environment can help young people feel more comfortable sharing personal information. This toolkit can only provide an outline of best practice when working with LGB young people. Training for all staff and monitoring of outcomes will be essential elements of any action plan and achieving good practice. There are many things that can be done to ensure that your practice is LGB youth friendly. Here is a checklist,⁸⁰ with some points to consider as you work through developing a more welcoming environment for all.

Are you prepared?

- I am aware of my own attitudes, feelings and behaviours towards LGB people and how my own experiences shape my opinion towards LGB adolescents.
- I am confident, comfortable, and non-judgemental when addressing young people.
- I am prepared to take a strengths-based approach when working with youth.
- I am aware of the characteristics/features of positive adolescent development and relationships.
- I am ready to provide medically accurate information about adolescent health.
- I am familiar with the legal and confidentiality issues dealing with adolescent's health services.
- I am aware of services for LGB young people available in my community.

Is your service prepared?

- Our educational materials are inclusive of a diverse audience including LGB young people, trans youth and youth with disabilities.
- Our confidentiality policies are posted in areas that can be viewed by both patients and their families.
- We use gender-inclusive language on intake/history forms and questionnaires.
- We have (and know how to implement) a general procedure for dealing with emergency and crisis situations.
- We have a policy regarding adolescents scheduling their own appointments
- We have policies regarding talking to young people alone without their parent/caregiver.
- Our clinic/practice attention hours are convenient for teens.
- We have a network of referrals for LGB youth-friendly providers in the area.

Is your team ready?

- My team is friendly and welcoming toward LGB patients.
- My team is knowledgeable about the laws of minor consent and confidentiality and consistent in upholding those laws.
- My team is aware of privacy concerns when young people check in.
- My team is careful to avoid making assumptions about gender or sexual orientation.
- My team is ready to maintain cultural sensitivity for the age, race, ethnicity, gender, sexual orientation, disability, family structure, and lifestyle choices of our patients and their loved ones.

If you realise there is some room for improvement in your practice, don't worry. You have taken the important step of identifying where there is an opportunity for you to take action.

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