

**Community Engagement with LGBT  
Mental Health Service Users  
in the South Side of Glasgow**

**INCLUSION - Glasgow Demonstration Project**

By Nick Laird

One of the key elements of the Glasgow Primary Care Mental Health Services Demonstration Project has been Community Development, as the principles of 'Patient Focus Public Involvement' aim 'to involve service users and carers in order to respond to individual needs and to work together to improve services'. The community development activities for the Glasgow Demonstration Project are:

- Engage with LGBT mental health service users
- Support engagement in GGPCT PFPI meetings
- Link to advocacy activity

The advocacy activities include:

- Consider developing pilot advocacy service
- Consider need for LGBT support group activity

The processes of engaging LGBT people who have accessed mental health services in the South Side of Glasgow have been based on the above activities. The following is a report on the methods and findings of this process.

## **Methods**

Various methods were used to try and engage LGBT people who had used, or were using, mental health services in the South Side of Glasgow. Initially meetings took place with the Mental Health Network to discuss what might be the best way to include and involve LGBT people in the Demonstration Project. It was acknowledged from the beginning of the process that there were potential barriers to engaging LGBT mental health service users, including the stigma around mental ill health and homo/bi/transphobia. The other potential barrier to accessing LGBT mental health service users was the limited geographical area of the South Side of Glasgow. Gillian Grant, the Co-ordinator of the Mental Health Network in Glasgow pointed out that the best place to access LGBT mental health service users was through the 'club houses' in the East and West of Glasgow and that accessing people in the South Side would be more difficult because there are no 'club houses' there.

The first attempt to engage LGBT mental health service users was to arrange a participatory appraisal workshop to look at participant's experiences of mental health services on the South Side. Participatory appraisal techniques have successfully been used in a number of health related initiatives, and through its formal and structured style of engagement and creative approach to information gathering, as well as its empowering ethos, was an ideal method to use. Flyers were made advertising the workshop, which was to be held in Glasgow LGBT Centre on Saturday 28 February 2004. Flyers were distributed through the Glasgow Association for Mental Health, the Scottish

Association for Mental Health, the Mental Health Network and the Rossdale Resource Centre in Pollok, which was one of the demonstration project areas. The workshop was also advertised in Core Magazine and in the Glasgow LGBT Centre.

Three people responded to the adverts. Two of them were gay men and one respondent was a transsexual woman who was prepared to share her experiences one to one, but not in an LGBT group because she felt that her experiences were specific to being trans person, which she did not want to share in a group with non-trans people. On the day of the workshop, one of the respondents did not turn up, or contact again, and the other remaining respondent phoned to say that he would be very keen to talk to the INCLUSION project but did not want to the workshop in the LGBT Centre because he was concerned about people in the Centre knowing he had accessed mental health services, which highlights the stigma associated with mental illness. However, this respondent did arrange to come in and share his experiences the following week during office hours.

After the failure to hold a workshop in the LGBT Centre there was some discussion around the possibility of having a workshop at Rossdale Resource Centre. However, it was decided that it would be best to offer one to one informal interviews to try and minimise the possibility of participant's fears of homo/bi/transphobia. A letter was sent out through Rossdale Resource Centre (see appendix 2). There was no response to this.

Engaging LGBT people who had accessed services in the South Side of Glasgow was proving to be extremely difficult. It was felt that anonymous postcards asking specific questions about services could be a way of gathering evidence on service users experiences without people having to 'come out', either as LGBT or as someone who had used mental health services. The postcards had three specific questions, space for additional comments and a freepost address to return them (see appendix 3). Four hundred postcards were sent out through the Scottish Association for Mental Health, the Glasgow Association for mental Health, the Mental Health Network, Rosedale Resource Centre and the LGBT Centre. Three completed postcards were returned and one person wrote a two-page letter of her experiences and posted it to us.

## **Findings**

### **One to One Interviews**

The one to one interviews were informal and interviewees were only asked if they had any positive or negative experiences of the service they used, in relation to their sexual orientation and/or gender identity that they wished to share. The interviewees were assured that any information they gave would be anonymous.

The first person interviewed was a thirty two year old gay man who had been in the Southern General twice after attempting to kill himself. Overall he felt that his 'sexuality was not an issue for staff'. He said, 'the nurse I spoke to about being gay said she didn't mind, she was really nice and seemed more caring and human'. He said 'the psychiatrist was a lot more impersonal, clinical and gave no negative or positive response when I told him I was gay'. Other comments made by the interviewee were, 'the staff seemed too busy' and 'you feel isolated in the wards, you're just aware you are gay and nobody else is'. The biggest problem for the interviewee was the homophobia he experienced at Castlecraig, the rehabilitation centre he was referred to for the treatment of alcoholism. He said, 'you couldn't say you were different there. I was sent for pastoral counselling and the pastor told me homosexuality was a sin and that I had to stay celibate if I wanted to recover from alcoholism'. This incident did not happen in the Southern General, but it was where he was referred to Castlecraig from.

The second person interviewed was a forty five year old transsexual woman who was referred to a clinical psychologist at the Southern General before she transitioned, so she was presenting in a male role at that time. She was referred to the psychologist by her GP in the South Side of Glasgow suffering from depression, anxiety and because she was 'scared to leave the house half the time'. She said, 'that psychologist was the first person I ever told about my feelings that I should have been born a girl'. The interviewee saw the psychologist one time and was referred to Dr Carr, who was based at the Family Planning Clinic at Claremont Terrace at that time. Overall the interviewee felt that her experience of the service she used at the Southern General was positive. She said, 'the psychologist admitted to not knowing a great deal about transsexuals, but did know who to refer me to'.

## **Postcards**

The postcards stated:

'If you have used mental health services in the South Side of Glasgow and are lesbian, gay, bisexual, and/or transgender, you can help LGBT equality in the NHS by answering the following questions'.

The first question asked if the service user had disclosed their sexual orientation and/or transgender status when using the service. One respondent ticked 'No', meaning they did not disclose, one ticked 'Yes', meaning they did

disclose and the other respondent ticked both 'Yes' and 'No' and clarified this by commenting, 'I told one doctor and nobody else'.

The second question asked if they felt the service was welcoming for lesbian, gay, bisexual and transgender people. Two of the respondents ticked 'No' and one ticked 'Don't Know', meaning they did not feel the service was welcoming for LGBT people, or did not know if it was welcoming. The respondent who answered 'Don't Know' to question two did disclose their sexual orientation and/or transgender status. This respondent commented on the second question, 'I don't think I was being perceived as LGBT'. The respondent who ticked 'Yes' and 'No' in the first question commented on the second question, 'there was no indication it was welcoming or was not welcoming'. The remaining respondent made no comment on question two.

The third question asked if they felt they were treated fairly in relation to their sexual orientation or transgender status. The respondent who ticked 'No' for questions one and two did not answer this question. The other two respondents ticked 'Yes', meaning they felt they were treated fairly in relation to their sexual orientation or transgender status.

The final question asked if they had any further comments on the service. The respondent who answered 'No' to the first two questions, and did not answer the third, said 'NHS is interested in creating and protecting own jobs not in gay people'. The respondent who ticked 'Yes' to questions one and three and 'Don't Know' to question two said, 'NHS staff do not understand our pain, to

them we are a drain on resources'. The remaining respondent who ticked 'Yes' and 'No' for question one, 'No' for question two and 'Yes' for the third question said 'they assumed I was straight'.

## **Letter**

A hand written letter was sent in by a woman who had seen the postcards, but felt she wanted to write her experiences in more detail. Most of the letter was not relevant to specific services and was more about the person's personal experiences of mental ill health. She gave her first name and her phone number and was called to be thanked for her letter and to ask her to clarify the relevance of her experiences in relation to her sexual orientation. She was referred by her GP to a psychiatrist in the South Side of Glasgow, although she did not specify where exactly, and felt that the psychiatrist was not very understanding about her being a lesbian, which she felt was because she has three children. In her letter she said, after she left the psychiatrist, 'I went home that day with a heavy black heart and was totally broken'. She went on to comment on how supportive her GP was and that she got a lot of benefit from seeing a counsellor fortnightly for a year. She said, 'from my own experience I can honestly say that at GP level I couldn't have had better treatment but being passed on [to the psychiatrist] did nothing for me and in many ways added to the stress that I was feeling'.

## **Capacity Building**

As well as engaging with LGBT people who had used mental health services in the South Side of Glasgow there was the expectation that this should involve supporting engagement in GGPCT PFPI meetings. The difficulties in accessing individuals and the lack of willingness to be 'out' by any respondents meant that no LGBT service users were supported to engage in GGPCT PFPI meetings. LGBT representation on the GGPCT PFPI steering group is currently through Nick Laird, the Community Development Officer for the INCLUSION Project. It is the aim of this representation to ensure LGBT issues are included in the GGPCT PFPI agenda.

Since attempts to engage LGBT people who had used mental health services in the South Side of Glasgow there has been some consideration around LGBT support group activity. This was discussed with the manager of the LGBT Centre in Glasgow and the Glasgow Association for Mental Health. Nick Laird also discussed the need for LGBT support with a support worker from GAMH in the West End of Glasgow and with Gillian Grant from the Mental Health Network.

To involve LGBT people who have used mental health services in the PFPI agenda the barriers of stigma around mental health and homo/bi/transphobia need to be broken down, which can only happen if LGBT issues are included. It is not necessary for LGBT people to be involved in meetings to be included. It is up to the people who are involved, and in positions of power, to make sure LGBT issues are included. It is this commitment that will encourage

involvement. The INCLUSION Project's current involvement in the GGPCT PFPI meetings aims to ensure LGBT issues are included with the aim of making it easier for LGBT people who use, or have used mental health services to get involved. It is not realistic to expect the most excluded people in society to get involved until there is a visible commitment for inclusion.