



LGBTQIA+

GUIDANCE FOR EMHPS
AND EDUCATION PROFESSIONALS



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'A school would be likely to have two lesbian, gay or bisexual young people per class group and one trans young person per year group, and many more pupils may be questioning or feel unsure about their sexual orientation or gender identity'

(Stonewall)

This guide has been created to develop confidence in providing mental health support for LGBTQIA+ young people and families. The term EMHP is used throughout, however the information is applicable for other education professionals (e.g. teachers, mentors).

There are amazing organisations and resources out there - this guide can help point you in their direction and answer some common questions.

Common Terms and Acronyms

The following pages will explain common terms and acronyms that are used - this is not an exhaustive list.

If you are working with a young person who uses a different term, it is ok to acknowledge that you are unsure of what it means, and ask them what it means to them.

Hearing their terms and using them is the important bit.

Longer lists of terms from Outreach Youth OutRight Action

What is the difference between all of the acronyms?

As language evolves, so does the way we talk about people. The term LGBT has been changed to include a wider range of identities.

This can seem confusing, and it is likely that the acronyms will keep changing as different language is found to express gender and/or sexuality. That's ok. Making an effort to keep up and appreciate why someone might want to see their identity in the acronym is what's important.

At the moment, one of the more commonly used and inclusive is LGBTQIA+.

What does LGBTQIA+ stand for?

- L** **Lesbian**
Often refers to a woman who is sexually and/or emotionally attracted to other women. Some non-binary people also identify with this term.
- G** **Gay**
Often refers to a man who is sexually and/or emotionally attracted to other men. Some non-binary people also identify with this term.
- B** **Bisexual**
Someone who is attracted to more than one gender.
- T** **Transgender**
Any person who has a gender identity that is different from the gender that they were assigned at birth.
- Q** **Queer**
Often used as an umbrella term referring to anyone who is not straight and/or not cisgender*. This term was previously used as a slur, but has been reclaimed by the some of the community. It can be used as a rejection of clear-cut labels.
- OR**
- Questioning**
Someone who is not sure how they identify, in terms of sexual orientation and/or gender identity.
- I** **Intersex**
People who naturally have biological traits, such as hormonal levels or genitalia, that do not match what is typically identified as male or female. Being intersex is a naturally occurring trait in humans. Being intersex is not linked to sexual orientation or gender identity.
- A** **Asexual**
An umbrella term used for individuals who do not experience, or experience a low level of, sexual desire. This identity can include those who are interested in having romantic relationships, and those who are not. People of different sexual orientations and gender identities can be asexual. Often referred to as 'Ace'.
- +** **+**
An acknowledgment that there are non-cisgender and non-straight identities that are not included in the acronym.

Pansexual

A person who is sexually, romantically, and/or emotionally attracted to people regardless of their sex or gender identity.

Although there is some debate, generally this overlaps with bisexual and it is personal preference which is used.

Often referred to as 'Pan'.

Other useful terms

*Cisgender

People whose gender identity and expression match the sex they were assigned at birth.

Demisexual

Someone who can only experience sexual attraction after an emotional bond has been formed. Often referred to as 'Demi'.

Ally

A person who is not lesbian, gay, bisexual, or transgender who is supportive of the LGBTQIA+ community. Allies challenge homophobic and transphobic remarks and behaviours, and are willing to explore and understand those forms of bias within themselves.

Non-binary

Non-binary refers to people whose gender identity falls outside of the gender binary and therefore do not define themselves as male or female.

FTM/MTF

These acronyms stand for female-to-male and male-to-female respectively. They are used to describe how someone was assigned at birth and how they now identify (e.g. FTM would be someone assigned female at birth but who identifies on the masculine side of the gender spectrum)

Genderfluid

Being genderfluid means wanting to remain flexible in your gender identity. This allows for change over time.

Intersectionality

Intersectionality is the acknowledgement that experience of discrimination or oppression are unique to the individual. How class, race, disability, ethnicity intersect with sexuality and gender is important to consider. This is discussed more later.

Deadname

Deadname refers to the name of a transgender person prior to their transition. Deadnaming is the act of calling them that name - it can be very hurtful regardless of intent.

Coming out

Alongside these terms is the actual experience of finding which one works for you. This might change over time. However, this does not mean it is a 'just a phase'.

The process of exploring sexuality and gender can take place across a person's lifetime.

A young person might come to you sure of themselves and able to articulate their preferred terms - or they might be feeling unsure and confused.

Exploring who you are and feeling comfortable talking about yourself (even in your head) in that way is sometimes calling 'coming out' to yourself.



Resources for Young People



[The Trevor Project](#) has a helpful guide for young people

It explains terms like gender expression and sexuality, and uses diagrams and questions to help young people explore their feelings and identity.

It talks through planning ahead about coming out, including self-care strategies.

You should make young people aware that it is American so some services listed will be different to those in the UK.

[The Anna Freud Centre](#) covers coming out in their LGBTQI and Mental Health guide.

This is shorter and covers similar areas around who young people could speak to and when.

The overall resource can be very helpful and has relevant organisations listed at the back.



How being LGBTQIA+ is raised in sessions depends on where the young person is at.

Coming out

They might have explored their identity for some time, really identify with a term, and be out to their friends and family.

They might be questioning or unsure.

They might know what they identify as, but not feel like it is safe or 'ok' to come out.

If a young person comes out to you in a session...

There is no set 'perfect' response, but here are some pointers...

Acknowledge the trust they have placed in you

'Thank you for sharing that about yourself'
'I'm glad you feel comfortable telling me about yourself'

Check in with them about support

'Have you spoken to anyone else about this?'
How did you find that?'
'I've got some resources I can share, if you would like?'

Remind them about confidentiality

Depending on where they are with coming out, it can be reassuring to be reminded that you won't tell teachers, friends or parents

Validate their identity and/or exploration

'It's normal to want to feel like yourself'
'It can be hard when you don't think others will understand, but you are worth understanding'

Ask them how they are feeling about talking about their gender and/or sexuality

'How do you feel talking about this with me?'
Check in again at the end of the session.
You may ask them questions that they don't know answer to yet. It can be good to normalize that you don't have to know everything straight away.

Be honest about what you know and don't know

It's OK not to be an expert, ask questions and acknowledge when you might need to have a think or ask for advice

Explore how they would like to go forward

'Would you like us to talk more about this as we work together?'
You could use resources like the [Genderbread person](#).
You can ask the young person directly how coming out or exploring their gender and/or sexuality is affecting their mental health - this may be a positive or negative impact.



Being LGBTQIA+ doesn't mean you will have mental health difficulties.

However, factors such as bullying and feelings of rejection, mean that LGBTQIA+ young people are at higher risk of developing mental health difficulties - including higher rates of self-harm and suicide.

Think about support network

Depending on the young person, you might be one of a few (or the only) person that knows this about them - or they might have an amazing network of people who 'get them'. Discussing this sensitively can help them explore who they would like to talk to in future about their identity. You might encourage them to find places where they feel safe to discuss being LGBTQIA+.

Support confidence and self-esteem

Depending on the young person, their identity might be a source of worry. Think about activities that recognise their strengths, for example exploring values and interests.

Talk about pronouns and names

It is good practice to check-in with pronouns and preferred name for all young people. For LGBTQIA+ young people, you may need to agree when and where pronouns and names are used. This might mean using a different name/pronouns with parents or school.

In sessions

Being LGBTQIA+ is not a 'safeguarding issue'
As a practitioner you need to assess whether this context is needed by school to keep them safe and communicate this to the young person - for example, if they do not feel safe at home because of conflict around their identity.

Acknowledge challenges

It's great to support young people to live as themselves, but it is realistic to acknowledge that this can come with its own set of challenges. Allowing space to discuss this in session and validating difficult feelings and experiences is important.

Be conscious of self-censuring

Young people who do not feel safe being themselves may censure themselves in different ways: how they speak, what they talk about, what interests/hobbies they take up. Providing them a space to talk safely and be themselves is valuable. Be sensitive around goal-setting and step-by-step plans - there may be reasons why they don't feel comfortable doing something.

Signpost where appropriate

If you feel the young person would benefit from specific support around being LGBTQIA+, you can signpost. Our short interventions may be a good start, but longer term mentoring or social support might be what they need.



Areas to consider

There are great parts about being LGBTQIA+ and part of an EMHP's work with an LGBTQIA+ young person might be helping them realize and appreciate them.

However, other risks and issues can come up for young LGBTQIA+ individuals. If you think any of these are an issue for your young person, you may need to talk to the safeguarding team and your supervisor.

Gender dysphoria

Gender dysphoria is the feeling that your gender does not match how your body looks - this can be distressing. This can include clothing and haircuts. Sometimes school uniform rules conflict with this, making school experience uncomfortable. Research has found links gender dysphoria and disordered eating with the desire to change your body as an underlying motivation. For more info, [visit GIDS](#) and see this [research summary](#).

Sexual health



As LGBTQIA+ relationships are often briefly covered, or not covered at all, during sex education, young people may have misinformation about this. They may also feel uncomfortable accessing services that seem targeted to cis straight young people. For more info, see the [BeYou Project](#) and [Metro](#)

Grooming

LGBTQIA+ young people can be more vulnerable to grooming as they may be keeping their relationships secret from others, as well as desiring connection and guidance from older LGBTQIA+ adults. Sometimes professionals can see view these situations as different than if heterosexual individuals were involved. See [research by Barnardo's](#) for more info and guidance

Self-harm

LGBTQIA+ young people are more likely to self-harm. Studies suggest this is due to a range of factors, like bullying, not feeling able to talk, and negative experiences seeking help. For more info, see [Queer Futures study](#).

Conversion Therapy

Conversion therapy has the aim of changing a person's sexual orientation and/or gender identity. This harmful practice links with the idea that there is something inherently 'wrong' with being LGBTQIA+. The UK government is proposing banning it. [Galop](#) has a [helpful page](#) of more info.





Areas to consider

Bullying

Over half of LGB young people report experiencing homophobic bullying. This is higher for trans young people. Bullying is distressing and can make LGBTQIA+ individuals feel isolated and rejected. This can extend online, making it feel as if there is no safe space. For more information and school recommendations [see Stonewall's guidance](#).

Medication and hormones

There are [reports](#) of young people buying hormone-altering drugs online to try and avoid the long waiting lists for services. Without medical guidance, these can have many unwanted side effects. Some young people also buy unprescribed drugs for mood and depression.

Intersectionality

Focusing on solely LGBTQIA+ identities does not appreciate an individual's full lived experience. This is particularly relevant where LGBTQIA+ identities intersect with other marginalized groups. For example, the experience of a disabled, non-binary person of colour will be different from that of a white, non-disabled gay man. For more info and further reading, see [LGBTQ Intersect](#)

Internalized homophobia/transphobia

Homophobia and transphobia can come from people close to you, strangers, and wider society. These messages can become internalized leading LGBTQIA+ young people to have negative feelings about themselves and their identity - this can be unconscious. Reflecting on this can help bring these thoughts to the surface and challenge them. [Mind's webpage on LGBTQ+ experiences](#) can provide more insight and [Rainbow Project has more info](#) on internalized homophobia.

Substance Use

Research shows that LGBTQIA+ people are more likely to use drugs and alcohol - and develop a problematic relationship with them. This can be seen as a maladaptive coping mechanism linked to distress and not feeling able to access support. For more info, [see this summary](#).



Resources and services for young people



This [Anna Freud guide](#) is a useful resource in itself, but also has a list of national services in the back.

This includes faith-specific support, services for LGBTQIA+ people with disabilities, as well as specific issues such as homelessness.

London Groups, Services and Support

[Gendered Intelligence](#) run a wide range of groups for trans, non-binary or gender questioning young people from 11-25 years old, including camping trips.

[METRO](#) offer services around sexual health, as well as mentoring, counselling for ages 8-18, and social groups.

[ELOP](#) delivers training in schools, alongside support for young people through counselling and groups for ages 12-18.

[Step Forward](#) offers mentoring and counselling and social groups for ages 11-25.

[Mosaic](#) run youth clubs, as well as mentoring, residentials and work placements for under 18s.



There is a mix of virtual and in-person support. It might be helpful to discuss how this works for the young person - depending on their age and if their family are supportive.

Looking for something specific?

[TranzWiki](#) is a directory of services and organisations supporting trans or gender diverse individuals and families. You can filter by location and category (e.g. health).

[Stonewall's What's In My Area](#) is a directory of services and support which you can filter by area (e.g. asylum) and postcode.

Working with Parents and Carers

Parents and carers' knowledge and understanding of LGBTQIA+ identities varies.

They might have recognised that their child is questioning their sexuality and/or gender and are waiting for their child to decide when to come to them.

They might hold views about sexuality and gender that do not allow for their child's open expression.

They might 'just want their child to be happy', but worry about how being LGBTQIA+ will affect their safety or have to readjust their expectations of their child.

You can be in a position to help educate parents and carers about LGBTQIA+ identities. However, it is up to the young person when they want to come out to their parents.

If they believe their parents hold homophobic or transphobic views, they may not choose to come out to them while they live at home.

Resources for Parents



FFLAG is a national voluntary agency which supports LGBTQIA+ young people and their families.

It has guides designed to help families understand LGBTQIA+ young people and reflect on their experiences and views.

FFLAG offer parental groups across the UK and recommend books and other resources.

YOUNGMiNDS

YoungMinds have advice about supporting a young person who comes out.

LGBTQIA+ history is varied and complex, including many heroes who often go unnoticed. Here, the focus is on policy and recent history in brief so EMHPs can reflect on how this impacts the English landscape, in particular in schools.

Knowledge of the journey of LGBTQIA+ rights can help you understand the background of discrimination and erasure, as well as appreciate the fight to be heard, included and respected.

LGB history in England

In the UK, male homosexual acts were criminalised in 1533 – this included the death penalty. Although this was changed to a prison sentence in 1861, other legislation was soon brought in which made it possible to be prosecuted for private homosexual acts, even if there were no witnesses. This meant that things like letters of affection between two men were used to prosecute and imprison. There was no law for female homosexuality as it was believed to be an extremely small group and that making a law would draw attention to it and encourage women to explore their sexuality.

After WWII, there was a rise in arrests and prosecution of gay men, including Alan Turing who endured chemical castration rather than prison time. Amidst this rise, questions were asked and a committee was created to assess the system. Only by 1967 did England partially legalise same-sex acts in private (Scotland and N. Ireland were over 10 years later).

In terms of healthcare, in the 1950s the DSM I – a diagnostic manual used by psychiatrists – included a diagnosis of homosexuality. This implied it was not normal and was something to be cured. DSM III only removed this in 1973.

In 1988, 'Section 28' banned local councils and education from 'promoting homosexuality' which prevented the discussion of LGBT issues and support in schools. This was repealed in 2003

In 2004, civil partnerships allowed same-sex couples to become legal partners. In 2013, this was extended to marriage.



Trans history in England

Lack of recognition and appreciation of trans history and significant figures means it is more difficult to put it in terms of dates and legislation. There is evidence of trans people's presence in all cultures and times in history.

In the UK, the first gender confirmation surgeries occurred in the 1940s. Michael Dillon transitioned from female-to-male using hormones and surgery, while training as a doctor. Dillon worked as a ship's surgeon for several years until he was outed by the Sunday Express in 1958. Dillon assisted Roberta Cowell with male-to-female surgical transition. She was a racing driver and previously had been a Spitfire pilot in WW2. She sold her story to the Post and continued to win motor races.

The sensationalism of trans lives by the press continued with model April Ashley being outed in the 1960s. The press focussed their attention on her again in 1971 when a judge ruled that her marriage should be annulled because Ashley was male. This had long-lasting implications as it determined that trans people were legally considered the gender they were assigned at birth. This only changed in 2004 with the Gender Recognition Act.

However, this does not allow for self-identification of gender. Instead, transgender applicants must provide medical evidence of a diagnosis of gender dysphoria and details of any treatment received; evidence of living in their 'acquired gender' for at least two years; and a statutory declaration that they will continue to do so permanently. Married trans people must also gain the consent of the spouse. There are calls to change this often distressing and invasive process.

It is only in the last 20 years that the UK government has recognized being transgender as 'not a mental illness', and only in 2019 did WHO put this into their documentation. However, currently there is debate over young people's access to medical intervention, including hormones and surgery, as well as long waiting lists for services.



References and Further Reading:

[Change in WHO guidance](#)

[British Library History](#)

[Trans History in Healthcare](#)

[Stonewall Timeline](#)

[Trans Pioneers](#)

[Gender Recognition Act - Stonewall Response](#)

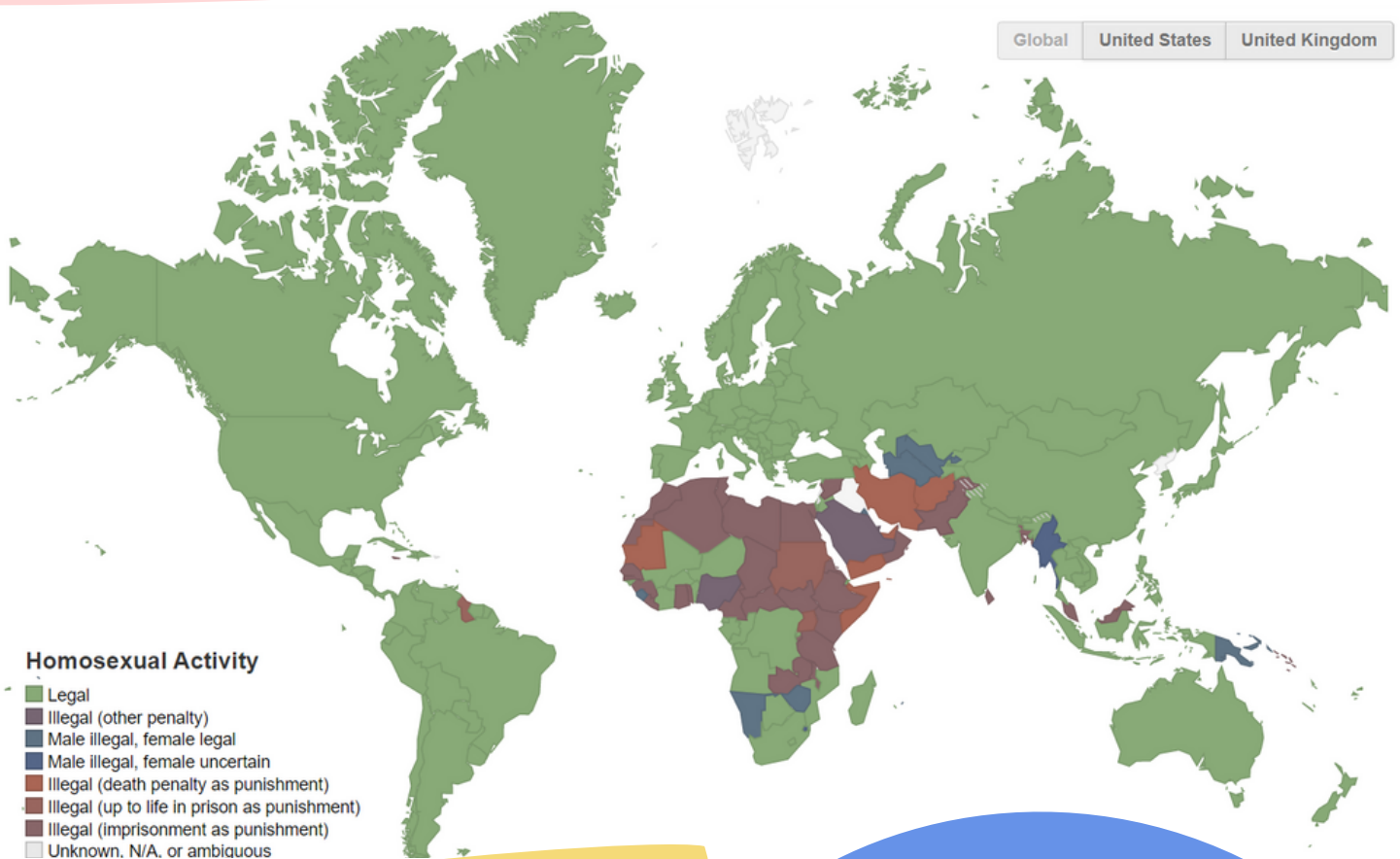
[Mermaid's Response to Hormone Blockers Decision](#)

['LGBT History you probably didn't learn about in school'](#)

In global context

As we work with families from across the world, it can be helpful to understand how LGBTQIA+ people are viewed in other countries.

This is not to say that families will agree with the view or treatment of LGBTQIA+ people in their home country or in the UK, but it can provide context.



[Equaldex](#) provides data to help you gauge the rights and treatment of LGBTQIA+ in countries across the world.

For example, the map above demonstrates where homosexual activity is legal.

Clicking on each country gives you a rundown of LGBTQIA+ rights there and recent developments.

It also includes surveys of the population where available which can give insight into the opinions and views around the laws. These can give you a sense of the levels of acceptance and safety in the area for LGBTQIA+ people.

Reflection

In order to best support LGBTQIA+ young people, it is helpful to reflect on your own experiences, assumptions, and views.

These prompting questions aim to provide a non-judgmental way to reflect. You can do this by yourself, or with others.

How often do you read, listen to or watch stories about LGBTQIA+ people?

How often does content you read, listen to or watch make jokes at the expense of LGBTQIA+ people?

Are there any narratives about LGBTQIA+ people you've noticed across media?

How comfortable do you feel using the terminology?

How comfortable do you feel saying the words 'gay', 'trans' and 'queer'?

Why might you feel this level of comfort or discomfort?

How comfortable do you feel challenging others on homophobic or transphobic views?

How comfortable do you feel voicing your support for LGBTQIA+ young people?

What would it have been like to be LGBTQIA+ at your school?

Did you know anyone who was LGBTQIA+ when you were at school?

Do you think this is similar or different to the schools you work in now?

How is being LGBTQIA+ viewed in your religion/culture?

Does this view change across generations?

How do you respond to someone correcting or challenging your use of pronouns, or understanding of LGBTQIA+ experience?

How would you like to respond?

When you picture a relationship, what does it look like?

How well do you fit into the stereotypical version of 'male' or 'female'?

Resources

Further Reading

[PFLAG's Guide to Being a Straight Ally](#) - this is an engaging reflection and guide on being an ally, including questions and experiences of real people

[GLAAD Being an Ally and Friend](#) -GLAAD also have lots of interesting resources about media representation

[Queer Futures 'RaRe Report'](#) - discussion of LGBT mental health alongside risk and protective factors

['It's only a phase': what not to say to LGBT pupils if they come out](#) - article about coming out in school

[Mentally Healthy Schools info](#) on supporting LGBTQIA+ young people through school policy

Film and TV



There is increasing representation in TV and film - look out for productions that include LGBTQIA+ cast members, writers and directors.

[Disclosure](#) - documentary about TV and film industry's depiction of the trans community

[Love, Simon](#) - YA coming-of-age film about high school

[Pride](#) - film about the true story of LGB activists in 1984 who want to support the mining strike

[Moonlight](#) - film about growing up as a gay black man in America

[Pose](#) - TV show about drag ball culture and trans rights

[Sex Education](#) - TV show about teenagers navigating sex and relationships, including exploration of gender and sexuality

[Feel Good](#) - semi-autobiographical TV show about questioning your identity

[It's A Sin](#) - TV show that follows a friendship group during the HIV/AIDS crisis in the UK

[Heartstopper](#) - YA romantic comedy adapted from a graphic novel of the same name

There are lots more! Publications like [the Gay Times](#) produce lists of great films and shows to watch

Books

There are more and more LGBTQIA+ stories being published. Here are just a few:

['How We Fight for Our Lives: A Memoir'](#) by Saeed Jones

['Girl, Woman, Other'](#) by Bernardine Evaristo

['The Perks of Being a Wallflower'](#) by Stephen Chbosky

['We Have Always Been Here'](#) by Samra Habib

['Proud'](#) by Gareth Thomas

There are a lots of helpful reading lists, like this one from [Southampton Library](#).