Unkindest cuts: Reflections on destruction and resilience in LGBTQ community-based mental health support

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On January 29th 2016, the community-led mental health charity PACE (Project for Advocacy, Counselling and Education) closed its doors after over 30 years serving London's LGBTQ (lesbian, gay, bisexual, trans* and queer) communities.

The authors, Stephanie and Sarah reflect on the closure from the perspective of people who used PACE's mental health services, and Taz, from the perspective of someone who provides mental health support to LGBTQ people at a specialist community-based charity.

Stephanie: From a self-destructive lost soul into a good advocate

Austerity isn't kind to minority groups. Things are so bad that the UN's Committee on the Rights of Persons with Disabilities is looking into 'human rights abuses caused by Tory Government welfare reforms'[i]. Practically every week, disability and other minority groups express their suffering and frustration on social media and public demonstrations because official media remains frighteningly silent.

I am a member of the suffering, frustrated minorities. I say minorities because I belong to at least two: those branded with a mental health diagnosis and the LGBTQ community. Being at the receiving end of austerity measures doesn't surprise me. When the Coalition government got elected, I knew we 'mad queers' were in for hard times. But I wasn't expecting a long serving organisation like PACE to be forced to cease operations after 31 years of providing amazing support to people like me.

Ironically, PACE closed their doors just after publishing research highlighting the continued need for their services. The 'RaRE Report', published at the end of 2015, clearly states that 'negative reactions from professionals can limit lesbian and bisexual women's engagement with treatment and support, causing them to disengage with treatment altogether'. It also says that 'that discrimination perceived by LGB people may partially explain their greater psychiatric morbidity risk'. [ii]

PACE was one of the few places for LGBTQ Londoners of all ages struggling with their mental health. The demise of this apparently resilient organisation, which managed to survive the Thatcher era, may seem surprising for those who are not part of an LGBTQ community. Sadly, PACE is only one of many organisations that are either being destroyed or forced to severely cut back. Journalist Patrick Strudwick has observed that 'beneath the confetti of same-sex marriage, as the government basks in its headline-grabbing policy completing legal parity for lesbian, gay, bisexual and transgender people, comes the cold reality of how the coalition's cuts are disproportionately affecting this community'[iii].

Local LGBTQ support charities such as Mosaic Youth in Camden, London are seriously threatened with closure and Broken Rainbow, the UK's only LGBTQ domestic violence charity, finally ceased operations on 2nd June 2016. [iv]

Back in 2006, I was recovering from a suicide attempt resulting from a brutal, and very poorly handled, redundancy. I turned to PACE, where staff, offering the unique support atmosphere that can only be found in LGBTQ run services, managed to rebuild my self confidence. I enrolled on their excellent mental health advocacy training and was transformed from a self-destructive lost soul into a good advocate. It is thanks to PACE that not only did I manage to rebuild my sanity but also found a new career in the mental health sector. Without PACE I would not be making the contributions I do to the service user and survivor movement. Without PACE I would possibly not even be alive.

As I take this trip down memory lane, I am reminded that I find myself in a precarious situation again: my job at NSUN is shrinking because of reduced funding and increased competition caused by austerity, and I am on the brink of needing support again. But PACE is not there to provide it. Minority groups are being relentlessly bashed by austerity measures and with safe, specialist services like PACE disappearing, the LGBTQ community is losing the vital safety net we've woven for ourselves over the years.

Taz: A safe place to be ourselves

The government cuts and welfare reforms are having a direct detrimental impact amongst those who are in situations that make them vulnerable.

In health and social care, the term 'vulnerable adult' was used for someone in need of care services due to disability, age or illness. We all experience varying mental and physical health. We also have various social and biological identities. But some of these identities are extremely stigmatised by our society, with the risk of people being treated less favorably or with shame associated with a particular characteristic. These things can result in making people vulnerable.

Identifying as LGBTQ, non-heterosexual or expressing ourselves outside of societal gender norms can create vulnerability when accessing statutory mental health services. One can fear and experience homophobic, biphobic and transphobic staff attitudes as well as left to feel excluded when heterosexist language is used or assumptions made.

Working as a mental health nurse on the wards I experienced daily homophobia, with others telling me that I was sinning or going to hell, or always assuming I had a boyfriend. These attitudes didn't come from the service users, but from my colleagues. I thought if this is how mental health professionals were treating one another, then what impact were these attitudes having on service users? The Stonewall 'Unhealthy Attitudes' survey found that 'one in ten [of 3000 people surveyed] have witnessed staff within their workplace expressing the belief that someone can be 'cured' of being lesbian, gay or bisexual'[iv].

My own experience of discrimination as mental health service staff led me to find METRO, a health and wellbeing charity specialising in diversity and difference. I started volunteering just to be in a space where I didn't need to monitor what I said – a place where I could be myself. Eventually, I started working at METRO, running the mental health and wellbeing service which provides a weekly social based peer supportive drop-in. I created a one-to-one crisis support service and an advocacy service for those who identify as LGBTQ and who feel

they are experiencing mental health issues.

From my own experience of working in mainstream mental health services, if you have a stigmatised identity and don't feel comfortable to share that in your surroundings, then for protection it's easier to try to conceal it. If you feel threatened by your environment you will conceal a part of yourself to protect yourself from danger. This concealment is a cognitive burden and the effects of the constant discrimination and stigma can be the direct cause of mental health issues. The more stigmatised identities you have for example being 'a black, gay disabled woman' the more of a heightened risk of illness due to experience or fear discrimination.

Sadly, in mainstream mental health services both LGBTQ service users and staff are often forced into concealment and experience considerable psychological stress as a result. This is why mental health support provided by community-sector charities like METRO and PACE are vital in providing a safe, supportive space where LGBTQ service users and staff can be themselves, reducing social isolation, building a strong sense of community solidarity and cohesiveness. The LGBTQ mental health and wellbeing drop-in group helps people to feel safe and safety in accessing LGBTQ counselling services, crisis one to one support and advocacy.

The cuts are affecting local voluntary and community sector mental health support across the UK. Services are being pushed to provide 'courses to wellness and recovery' and to see more people than ever before. Harsh competition with large providers is squeezing out brilliant community-led services that have been providing mental health support and crisis prevention for those who were discharged from their CMHTs for being either 'too well', 'not ill enough', 'not treatable' or 'too difficult to engage with'.

Social connectedness and peer support is vital for mental wellbeing. Specialist services for specific groups need to remain open. Local specialist community-led services need all the support possible right now before vast numbers of our people whose identities and status can make them vulnerable fall through the net like never before.

Sarah: The evidence is clear, including our own experiential evidence

When I was 19, suicidal and self-harming, I sought the help of a therapist. But instead of supporting me through my mental health crisis, he tried to change my sexual orientation. Unsurprisingly, as a result I became very wary of therapists and afraid of what could happen in the isolation of the therapy room. Ten years later I found myself in a similar mental and emotional crisis. I knew I needed to talk and to be supported to understand myself and why I got into such terrible states, but going to a therapist again seemed almost too risky.

However PACE enabled me find a lesbian therapist who helped and affirmed me. Never once did I fear being pathologised for my sexual orientation or stigmatized for my distress. By holding a list of therapists approved as safe and supportive for LGBTQ people, PACE eliminated the risk and vulnerability I felt in trying to find help. Later, I volunteered for PACE as a Trustee and advised on research projects. It was the least I could do after they kept me safe from potential harm. Their approach to mental and emotional support was entirely responsive to the strengths, needs, diversities and complexities of LGBTQ communities and families.

It is well documented that LGBTQ people are at higher risk of developing mental health problems and have a greater risk of suicide and self-harm, and evidence shows the impact of discrimination on LGB&T mental health, including within mental health services. [vi] [vii]

LGBTQ young people have an increased risk of discrimination that impacts on their life chances and are at higher risk of becoming homeless or experiencing mental health problems most frequently owing to familial rejection or abuse[viii]. Older LGBTQ people's mental health-related quality of life is positively affected by having a positive sexual identity, but negatively affected by lifetime victimisation and discrimination[ix].

It is estimated that nearly half a million LGBTQ people from black and minority ethnic (BME) communities in the UK whose multiple identities and needs are not recognised by public services that adopt a 'one minority at a time' tick box approach[x] Intersectional discrimination has been identified as a key concern for LGBTQ people from faith or refugee communities or those who identity as BME, including within mental health services [xi] [xii].

LGBTQ communities have created community-based mental health projects that are trusted, supportive and safe, drawing on peer support, community networks and specialist knowledge of the complexities involved in LGBTQ mental health[xiii]. Access to peer support has been identified as particularly important for LGBTQ people from BME communities[xiv]

In response to unsafe and inaccessible mainstream mental health services, we have pulled our socks up, got on our bikes and taken care of ourselves and each other. Surely the Tories should approve of and invest in our endeavours?!

The evidence is clear, including our own experiential evidence, that LGBTQ mental health outcomes can be improved and lives saved by community-based support services like PACE, Mosaic, Broken Rainbow and METRO. However, such evidence is being ignored when it comes to making counterproductive decisions about where and who to cut during ideological and increasingly brutal austerity. Cutting such support will inevitably lead to cutting short the lives of many LGBTQ people who experience mental and emotional distress.

[i] Taylor-King, S (2015) 'Human rights Inquiry could lead to better times for people with mental ill health', *Mental Health Today*, Sept-Oct 2015 (www.mentalhealthtoday.co.uk/network-human-rights-inquiry-could-lead-to-better-times-for-people-with-mental-ill-health.aspx)

[ii] Nodin, N. et al (2015) *The RaRE Research Report: LGB&T Mental Health – Risk and Resilience Explored.* Project Report. PACE (Project for Advocacy Counselling and Education), London (www.queerfutures.co.uk/wp-content/uploads/2015/04/RARE_Research_Report_PACE_2015.pdf)

[iii] 'Lesbian and gay groups face funding crisis', The Guardian, 3 September 2014. (www.theguardian.com/society/2014/sep/03/lesbian-gay-transgender-community-groups-funding-crisis-cuts)

[iv] 'Services for LGBT young people will just disappear', The Guardian, 2 February 2016 (www.theguardian.com/society/2016/feb/02/services-for-lgbt-young-people-will-just-disappear)

[v] Somerville, C (2015) *Unhealthy Attitudes: The treatment of LGBT people within health and social care services London*: Stonewall (www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf)

[vi] King, M. et al. (2008) A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry, 18*, 8:70. (http://bmcpsychiatry.biomedcentral.com/articles/10.1186/1471-244X-8-70)

[vii] Chakraborty, A. et al (2011) Mental health of the non-heterosexual population of England. *British Journal of Psychiatry, 198,* pp. 143-48. (http://bjp.rcpsych.org/content/198/2/143)

[viii] Albert Kennedy Trust (2015) *LGBT Youth Homelessness: A UK national scope of cause, prevalence, response and outcome* Manchester: Albert Kennedy Trust (www.akt.org.uk/webtop/modules/_repository/documents/AlbertKennedy_ResearchReport_FINALInteractive.pdf)

[ix] Fredriksen-Goldsen, K. et al (2014). Successful Aging Among LGBT Older Adults: Physical and Mental Health-Related Quality of Life by Age Group. *The Gerontologist, 55*(1), 154–168 (http://gerontologist.oxfordjournals.org/content/55/1/154.short)

[x] Guasp, A & Kibiridge, H (2012) *One minority at a time: Being black and gay* London: Stonewall (www.stonewall.org.uk/sites/default/files/One_Minority_At_A_Time__2012_.pdf)

[xi] Albert Kennedy Trust (2015) *LGBT Youth Homelessness: A UK national scope of cause, prevalence, response and outcome* Manchester: Albert Kennedy Trust (www.akt.org.uk/webtop/modules/_repository/documents/AlbertKennedy_ResearchReport_FINALInteractive.pdf)

[xii] Carr, S (2010) Seldom heard or frequently ignored? Lesbian, gay and bisexual (LGB) perspectives on mental health services *Ethnicity and Inequalities in Health and Social Care 3*(3), 14 - 23 (www.emeraldinsight.com/doi/abs/10.5042/eihsc.2010.0506)

[xiii] Carr, S (2014) *HSMC Policy Paper 18: Social care for marginalised communities: balancing self-organisation, micro-provision and mainstream support* Birmingham: University of Birmingham (www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/publications/PolicyPapers/policy-paper-18-sarah-carr.pdf)

[xiv] Guasp, A & Kibiridge, H (2012) *One minority at a time: Being black and gay* London: Stonewall (www.stonewall.org.uk/sites/default/files/One_Minority_At_A_Time__2012_.pdf)