

**CHALLENGING INEQUALITIES**

**SELF-ASSESSMENT TOOLKIT**

**– Race and Ethnicity and LGBTQI+**

For Improving Access to Mental Health Services



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# Introduction

This is a toolkit designed by local people with experience of mental illness, experts from Islington's diverse communities and people working within Islington's mental health services. It aims to improve equity of access, experience and outcomes in Islington in relation to mental health services across two key protected characteristics included in the Equality Act 2010 – namely ethnic minorities and racialised groups and LGBTQI+.

The UK health and mental health systems are available for free and accessible to the general population. However, there are challenges and barriers for marginalised communities to access care, due to many factors including; lack of service users' understanding of the system, access barriers, unconscious biases and unhelpful assumptions about the people using it. For example, for those from migrant or refugee backgrounds who are used to very different systems and processes, they can be difficult to understand and navigate. For LGBTQI+ community, they may hide their important part of identity due to fear of discrimination.

Mental health services are in higher demand since the Covid pandemic. We know there are significant numbers of people within Islington's diverse communities with mental health needs who would benefit from treatment and support, yet are not accessing

either. We also know that for some residents, mental health treatment and support are associated with exclusion, discrimination or stereotyping and can be affected by stigma or fear.

These challenges are complex and have been discussed many times before. It is clear that ongoing work is required to change the ways in which we understand and respond to mental health inequalities within our borough.

With this in mind, members of Islington's All Age Mental Health Partnerships Board have formed an Inequalities Subgroup. The membership is keen to deliver mental health services which are inclusive, and accessible to all of our residents. There is a real appetite for change. It is hoped this toolkit will drive the implementation of a more consistent and coordinated approach across the borough.

## How to use this toolkit

It is important that organisations use this guide in whatever ways are most useful and realistic to them. Ideally a lead person in the organisation (or within a department) will talk through the guide with colleagues and service users/patients and carers (or using data gathered from service users/patients and carers) and agree particular areas for action. We recommend two or three achievable pledges to work on for the year. Adoption of the toolkit will require a high level of commitment. Healthwatch Islington has been commissioned to deliver twice per year pledges event where local organisations are invited to create and share progress in their chosen pledges to aid organisations to implement and adopt the approaches found in the toolkit. Between 2023 and 2024, 18 organisations participated in the events and 10 made pledges. Our focus here is not to instruct, but to invite others to join us as we develop and share examples of good practice.

For those services commissioned by Islington Council, commissioners may expect potential providers to refer to this guide

in the commissioning process, and may refer to the guide and related good practice within contract monitoring.

We hope that commissioners and providers will:

- Discuss the toolkit within contract, strategic and service delivery meetings.
- Use it in conjunction with the Self-Audit Tool, addressing any gaps identified using the practical tips and training opportunities outlined.
- Reach out to other organisations and services in order to share learning and best practice.
- Consult with service users as to the impact of the audit and any changes made.

We developed this toolkit together to promote equality and inclusion in mental health commissioning and service delivery.

Throughout the toolkit, recommendations and questions for self-assessment are in yellow boxes.

The best practice shared by organisations and further resources are in blue boxes.

## FOR COMMISSIONERS OF SERVICES

### 1. Commissioning and contracting

#### 1.1 Representation: Diverse communities in service design, including in expert by experience representation

Communities hold a range of intelligence and expertise that are valuable in understanding need, deciding what works, and advising on the likely impact of any changes to mental health models or services. To meaningfully advance equality, it is essential to work directly with service users in order to identify barriers, find new ideas and ensure that services and solutions to problems are coproduced. This means building strong, person-centred relationships which foster a culture of openness and trust over time.

Good examples include initiatives which engage both existing and potential new participants - for example Healthwatch Islington's Diverse Community Health Voice Group.

*Healthwatch Islington facilitates a Diverse Communities Health Voice group. It is made up of 12 organisations representing Islington's diverse communities and helps amplify the voices of the diverse residents they work with. As a partnership, they share skills and insight to strengthen each other's work. They respect each other's expertise and support each other. They share risks and benefits including fair sharing of financial resources. As a principle, they share responsibility for the successful delivery of this work. Their work includes reporting views, and challenging local statutory and voluntary sector partners to take these views on board in the planning and design of services. They also speak out where they see their service users being discriminated against.*

[www.healthwatchislington.co.uk/our-partners](http://www.healthwatchislington.co.uk/our-partners)

While it is a welcoming addition that project specifications now include coproduction activity with service users, commissioners must ensure that representatives involved in coproduction of mental health services are from different backgrounds. Commissioners must support coproduction groups to proactively engage with a broader range of stakeholders so their voice is representative of diverse communities and experiences, and their contributions are more reflective of local communities when influencing statutory and non-statutory

## 1. Commissioning and contracting

services. VCSE partners are encouraged to identify experts by experience within their services and projects who are also willing to use their voice within formal decision-making forums.

*Islington Mind is the provider of Mental Health Recovery Pathway, community based mental health support service commissioned by the Integrated Care Board. Their service user representatives actively engage in service planning and reviews through a coproduction group with a senior management staff. This committed group is driven by seeing the difference they make to the service and is an integral part of the service provision.*

[www.islingtonmind.org.uk](http://www.islingtonmind.org.uk)

### 1.2 Community consultation: Time and space should be given to consult community groups and organisations in more flexible and informal ways

Methods used by commissioning and service providers to engage communities in mental health service design/improvement can hamper the involvement of smaller community organisations whose operating culture is different to the NHS or local authority.

- **Some communities prefer a relational approach to engagement – meeting over snacks in an informal setting rather than around a table in a meeting room or in a conference room with a presentation style layout.**
- **Smaller community organisations may not be able to attend two or three hour engagement meetings and keep their services open, and therefore miss an opportunity to be part of the conversation.**
- **Commissioners and providers should ensure that resident engagement prior to service re-design or tender involves diverse communities with an opportunity to speak and influence decision-making.**
- **This may involve supporting residents to prepare in advance, using visual presentations without jargon or interpreters where language would otherwise present a barrier.**
- **Where mental health is specifically the topic, it can be helpful to provide warmers or ask gentler questions first – how do residents experience or talk about wellbeing within their families or communities and what helps them to feel better on a day-to-day basis?**
- **In some community languages, the word ‘mental health’ translates to mental illnesses related to psychotic symptoms. Giving descriptions of common mental illnesses, including depression and anxiety, can be helpful.**

## 1. Commissioning and contracting

### 1.3 Equality Impact Assessments: Not just a tick-box exercise

The current process for completing Equality Impact Assessments can be a desktop exercise that is light touch and 'tick-box'. Completing it in this way can lead to false assumptions about how plans or changes may affect some communities, and may involve unconscious bias.

Finding time for an open and transparent conversation with diverse groups of residents means planning with plenty of time in order to reach out creatively: perhaps by asking a community organisation to host a meeting and empower their resident group to understand what the assessment means and how they can have their say; or being prepared to have both group and 1-2-1 conversations in order to better understand the issues at stake.

Completion of equality impact assessments or resident impact assessments should be a more collaborative experience. The document should be completed earlier in the process and shared before sign-off.

### 1.4 Collaborative bidding

Smaller community organisations serving Islington's diverse communities understand the challenges in achieving equality within mental health services. They are a trusted source of support to residents with high levels of mental health need who are reluctant to access statutory mental health services. They understand the reasons why people are reluctant – stigma, fear of not being understood and being discriminated against, not feeling emotionally or physically safe, lack of trust in the statutory sector.

This expertise incorporates invaluable details or stories pertaining to lived experience which may be specific to a cultural group or identity: sharing experiences, challenges and solutions or coping mechanisms. Whilst the expertise exists locally, it often remains on the periphery of services as contracting models prevent rather than promote this kind of intelligence.

Contract and service models should encourage joint bids, sub-contracts or collaboration with smaller community groups. This will support the intercultural sharing of skills and knowledge, break down taboos or stigma, develop better referral pathways and partnerships and build stronger links between mental health services and the communities they serve.

## 1. Commissioning and contracting

### 1.5 Service mapping

A simple, visual guide to services in Islington is needed. The guide should set out where to go and what to expect from statutory and non-statutory mental health services. This should include information on wellbeing services, including how to access Link Workers, Community Navigators and Social Prescribing services.





## FOR PROVIDERS OF SERVICES

### 2. Race and ethnicity

This chapter was developed when the toolkit project had a strong focus on Islington. The information provided in this chapter is based on Islington's local data, services and activities.

#### 2.1 Welcoming and inclusive services

##### 2.1.1 Locating a service and understanding the system

Locating the right service and attending an appointment for the first time can be very daunting.

In order to minimise anxiety, it can be helpful to:

- **Use outreach wellbeing activities and word of mouth to encourage people to refer themselves.**
- **Suggest a friend or family member travels with the client for the first session but avoid using them as interpreters.**
- **Use simple visual leaflets which describe in simple language what the service is and how to get there.**
- **Consider conducting a face-to-face induction session with the client ahead of beginning treatment or support.**
- **Make use of telephone or face-to-face interpreters, as necessary.**
- **Where possible, keep assessments conversational and complete paperwork afterwards.**
- **If possible, offer an initial appointment in an environment where the client is familiar with, such as a community centre where they regularly attend.**

## 2. Race and ethnicity

### 2.1.2 Appointments in anonymous buildings

The building a service operates from can influence whether someone experiencing mental distress takes up an offer of help. Whilst a lot of progress has been made across society in general, there remains a great deal stigma in relation to mental health difficulties including internalised shame for those experiencing symptoms. A fear of being recognised entering a mental health service means that some people are delaying getting help at the early stages of their illness.

*Islington Mind offers specialist services to our most marginalised groups, e.g. the LGBTQI+ (Outcome), the LGBTQI+ people seeking asylum and refugees project (Freedom From Fear To Love), the Women Only space (now moved to another building for expansion) from a residential house in Ashley Road, a quiet residential street. Clients can simply knock on the door, a member of staff or volunteer opens the door, clients sign in independently and enter 'the house'. Clients enjoy the non-institutional setting and describe it as 'home'. They are free to access whichever part of the service they choose. Islington Mind is happy to arrange visits to this site or even better – invite everyone to their open day. Islington Mind's other day centre buildings also display minimal signage for the same purpose. Staff ensure that new users have been given instructions on finding the entrance.*

[www.islingtonmind.org.uk](http://www.islingtonmind.org.uk)

Residents should be provided with the option to have appointments in anonymous, community buildings they may feel more comfortable entering. This option should be widely advertised.

### 2.1.3 Informal, friendly, relaxed and non-clinical service reception areas and consulting rooms

Racism, discrimination and exclusion can leave some people untrusting of mental health services and/or state run or sponsored organisations. Some find a purely functional mental health service environment clinical, alien, impersonal, and feel it is not for them. For some others, it could be re-traumatising to be in a clinical environment if they had previously been incarcerated.

People from diverse communities should be involved in the design of reception areas and clinical rooms. Artwork and other imagery should be inclusive and reflect different cultures in order to create an informal, friendly, relaxed and non-clinical feel.

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*Nafsiyat has artwork representing several different cultures. There is artwork up in each room. They have also partnered with an organisation called [Poems For... The Wall](http://poemsforthewall.org) who provide poems in multiple languages for health waiting rooms, to show a rotation of poems in many different languages with an English translation. These are on rotation on a screen. The idea being that if someone sees a poem in their mother-tongue language, or even in any language other than English, while waiting, they will recognise that they are in a culturally inclusive space.*

poemsforthewall.org

Reception staff are often a person's first in-person contact with a service and that interaction can help to put the person at ease and be the first step in building a positive relationship. Reception staff should be recruited from diverse community groups and ideally be able to speak more than one language. Reception staff should complete Mental Health First Aid and customer service training so that they are both professional and empathic in approach. There should be an option for individuals concerned about being overheard to speak privately. Some people feel more comfortable speaking with a staff member whose

gender looks the same as themselves. It is recommended that people can request to speak to a staff of particular gender.

Working in reception in a mental health service can be a busy and emotionally demanding job, with the potential for emotional exhaustion. Reception staff should be continually supported to develop and sustain their ability to welcome and support others.

### 2.2 Openly discussing differences and external realities

Some UK health professionals make assumptions based on the person's ethnicity, language, immigration status and other characteristics. Within conversations about mental health, this can be particularly inhibiting for a person wishing to disclose: within some cultures, for example, doctors may be seen as authority figures who are not to be questioned; or there may be some confusion between the role of a doctor or psychologist or counsellor depending on a person's background and experience.

Some people from diverse backgrounds can feel that their racial, cultural or ethnic background is ignored when it can present important information about their mental health:

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for example, a person from a refugee background may want to disclose some details of their history in order to explore post-traumatic stress symptoms. Or a Black person may worry about discussing experiences of racism with a White counsellor, in case their experience is minimised or even repeated.

Being able to explore difference sensitively is an important step in supporting people to feel understood, paving the way for greater trust and exchange of ideas. Part of this is staff understanding and recognising external realities such as racism, poverty, abuse and practical barriers which aggravate or even cause mental health difficulties, affecting engagement and attendance at appointments. In counselling training based on Western models with a strong emphasis on a person's internal process, these systemic and social issues which disproportionately affect minoritised communities can be overlooked.

Other approaches to consider include:

- **Awareness of language: being able to take time to explain concepts in plain English, or use interpreters where it is clear that a person does not understand; checking understanding of concepts and asking what they mean to that person.**
- **Maintaining an intersectional awareness of mental health: for example, a woman who is Black, on low income, and does not speak English may have experienced more complex barriers to good mental health than her White middle-class British counterpart.**
- **Creating a consciously multicultural environment – showing appreciation of calendar dates such as Eid, Chinese New Year, Black History Month or International Women's Day in public waiting rooms. Celebrating and using different cultural approaches to wellbeing and acknowledging provenance.**
- **Scaffolding services: providing informal wellbeing activities and psychoeducation as a means of creating a more collaborative pathway into mental health services.**

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*Jannaty, Islington based community organisation providing health and wellbeing support and training for women, have been successfully working collaboratively with external health organisations. The partnership work has been mutually beneficial. Women who access Jannaty were able to have open conversations about mental health which had previously been seen as taboo by some, due to their culture. Having the trust in Jannaty enabled women to access counselling, and it was the first time for many of them. Organisations, such as Talk 4 Health and Heathwatch Islington were able to provide psychoeducation and support. This highlighted importance of having multiple entrance points and generic services reaching out to community groups.*

[www.jannaty.info](http://www.jannaty.info)



## 2. Race and ethnicity

### 2.3 Training and recruitment for counsellors with community languages

There is a shortage of trainee or qualified counsellors able to speak the languages of Islington's communities and this has been the case for years. Language has been repeatedly raised as a barrier to accessing services and it is well known that most professional mental health training courses are expensive and therefore exclusive. In addition, many speakers of English as a second language underestimate their fluency in English and may lack confidence to train as a bilingual mental health practitioner or counsellor.

A specific piece of work should be undertaken to explore these barriers and find solutions in the medium term. In the short term, good practice for mental health services includes:

- **Specifically encouraging applications from mental health staff with community languages within recruitment drives, with mention of the exact languages required according to client population.**
- **Advertising widely using dedicated platforms such as [The Black, African and Asian Therapy Network](#), or circulating advertisements to local community organisations and networks.**
- **Ensuring that student placements are offered to a diverse range of applicants; that speakers of English as a second language are not discriminated against by other professionals or clients; and that additional support is given if necessary to develop IT and paperwork skills.**

[www.baatn.org.uk](http://www.baatn.org.uk)

### 3. LGBTQI+

This chapter has been designed assuming that readers have an understanding of what “LGBTQI+” stands for. Information about the acronym can be found on [Stonewall website](https://www.stonewall.org.uk/resources/list-lgbtq-terms)<sup>1</sup>. In addition to Islington, the scope of this chapter is aimed at London based organisations.

#### 3.1 Welcoming and inclusive services

##### 3.1.1 Promoting inclusivity for the LGBTQI+ community

Despite progressive gains, LGBTQI+ individuals and communities continue to face discrimination, prejudice, and stereotyping. This can often lead to compounded isolation, mistrust of service providers, and a fractured sense of belonging within the wider community. It is important that services make the effort to practise and demonstrate inclusion and acceptance in a variety of ways.

- **Display LGBTQI+ affirmative posters, slogans, and statements that reflect gender, sex, sexuality, and relationship diversity.**
- **Demonstrate an LGBTQI+ affirmative and inclusive approach by creating a gender-neutral bathroom.**

<sup>1</sup> [www.stonewall.org.uk/resources/list-lgbtq-terms](https://www.stonewall.org.uk/resources/list-lgbtq-terms)

- **Present visual cues that your practice is a safe place: team member pronouns visible on lanyards and email signatures, rainbow stickers or flags.**
- **Ensure campaigns, imagery, and visual communication reflect positive and diverse representation of LGBTQI+ lives and experiences and are inclusive of intersex individuals, and black and brown communities.**
- **Display brochures and materials about LGBTQI+ issues and health concerns prominently.**
- **Visibly post a non-discrimination statement or code of conduct, clearly indicating what is and is not acceptable within your organisation.**
- **Display key LGBTQI+ contacts such as Switchboard, Stonewall Housing, Positive East, alongside local LGBTQI+ projects in a focal place.**
- **Ensure that any lists and resources are kept up-to-date and relevant.**

Rainbow lanyards, bracelets, or badges worn by team members can be helpful clues for individuals, signalling a level of knowledge, understanding, and awareness of LGBTQI+ issues. Staff members should actively deepen their ongoing understanding of LGBTQI+ experiences to avoid these symbols being tokenistic gestures.

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#### 3.1.2 Affirmative and inclusive language

The language we use to describe our sex, gender, and sexual orientation is always changing. For some, this can be disorientating, confusing, and anxiety-inducing.

It is important that staff practice acceptance to these changes and give space for individuals to talk about any confusion or concerns relating to language and experience. Staff should stress that diverse expressions are not going to take space, resources, or rights away from others and be willing to hold space.

Curiosity or lack of information about gender diversity can be explored respectfully through conversation. However, no person's individual learning should be to the detriment of others' safety and wellbeing. Gender diverse members of staff and clients should not be burdened with informing/educating other people.

- **Develop an evolving glossary of key terms and affirmative language. Be clear that this glossary is always open to change and not a fixed representation of people's identities.**
- **Familiarise yourselves with the differences between gender, sex, orientation, and other key terms.**
- **Avoid making assumptions about people's gender, sex and orientation.**
- **Employ inclusive language that can challenge internalised gender binary assumptions; avoid 'guys', 'ladies and gents', 'Mr/Mrs', 'Sir/Madam' and instead use gender neutral terms like 'folks', 'people', 'colleagues' and 'friends'.**
- **We encourage services to actively model use of pronouns, to normalise their use and encourage clients to become familiar with this. Everybody has pronouns and they are not exclusively for trans or gender non-conforming folk. It can be assumed that if an individual does not present in a typically male/masculine or female/feminine way that they are expected to declare their gender.**
- **Let your communities lead with what language they prefer to use to describe themselves and their experiences. Language is unique and personal to each individual.**



### 3. LGBTQI+

#### 3.1.3 Embedding awareness

There is a greater LGBTQI+ presence and visibility in wider society. However, there is also an increase in reported hate crime, and open homophobia and transphobia in political discourse and mainstream media.

Services must actively practise acceptance and inclusion and challenge any expression of intolerance. Services should be actively anti-homophobic and anti-transphobic.

Pride celebrations can get a lot of attention and other LGBTQI+ awareness days, weeks, and months that arise throughout the year can often be overlooked. We encourage services to create a rolling calendar of events.

These moments are also chances for allies to express allegiance with the community. It is also important to remember the origins of these events, often involving traumatic harm and a subsequent need for protest and change. These histories can be triggering for LGBTQI+ individuals, who may have direct or indirect experiences and who may feel that contemporary Pride celebrations have forgotten these important histories.

- **17 May: International Day Against Homophobia, Biphobia, and Transphobia (IDAHOBIT)**
- **June: Pride Month**
- **Black Pride**
- **ParaPride**
- **July: Disability Pride Month**
- **13-19 November: Trans Awareness Week**

[www.ukblackpride.org.uk](http://www.ukblackpride.org.uk)  
[www.parapride.org](http://www.parapride.org)

Consider how you might sensitively hold the multiplicities of celebration, recognition and integration alongside other realities they may speak to, such as grief, oppression and loss.

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#### 3.2 Different groups within the LGBTQI+ community

##### 3.2.1 Trans awareness

Trans awareness is a large topic and cannot be covered in its entirety in this chapter. The terminology of transness has changed over time. Contemporarily, “transgender” is used to describe being trans. As an umbrella term, trans can include gender-nonconforming people, non-binary, genderfluid, genderqueer and intersex people.

As a term, transness is often associated with the clinical/medical and has been pathologised by the medical/psychiatric industry. Anybody can identify as trans irrespective of legal gender and medical intervention.

- **Respect and use people's pronouns, name, forms of address and how they choose to identify.**
- **Avoid assumptions as to what pronouns someone might use, listen and model your own pronouns to encourage a safety for others to disclose theirs.**
- **Avoid questions or speculation around medical transitioning; like everyone, trans people have a right to privacy.**

- **Understand the diversity of experiences with transitioning, recognising that there is no “correct” or singular way to be trans**
- **Accept that you will make mistakes and get things wrong. Be open and receptive to critique. Dwelling on your mistake is not helpful.**
- **Train your staff to effectively engage clients during referral processes, demonstrating confidence and sensitivity to capture accurate reflections of your communities and ensure that your monitoring forms are inclusive of diverse gender identities and sexual orientations.**

#### **UK based helplines specialised in supporting trans people**

- [Gendered Intelligence](https://genderedintelligence.co.uk/services/66-support-line)
- [Mindline Trans +](https://www.mindinsomerset.org.uk/our-services/adult-one-to-one-support/mindline-trans/)
- [CliniQ \(peer mentoring\)](https://cliniq.org.uk)

[genderedintelligence.co.uk/services/66-support-line](https://genderedintelligence.co.uk/services/66-support-line)  
[www.mindinsomerset.org.uk/our-services/adult-one-to-one-support/mindline-trans/](https://www.mindinsomerset.org.uk/our-services/adult-one-to-one-support/mindline-trans/)  
[cliniq.org.uk](https://cliniq.org.uk)

### 3. LGBTQI+

All staff should undertake gender awareness training, which would include reflections across diverse gender identities, notably trans awareness, and awareness of non-binary and intersex identities, that can often be overlooked in cisnormative society. Training should also include broader reflections on gender, sex and relationship diversity.

Frontline professionals and service users both report feeling overwhelmed at the increasing speed with which language may change. It is important to remember that you may not need to understand everything but be respectful of how these terms can make others feel.

*Not A Phase is a trans-led, grassroots charity dedicated to awareness campaigning, social projects and new initiatives for the trans community. The organisation recognises the diverse needs within the trans community and has developed a range of projects and safe spaces that centre and support trans voices and experience. Identifying the challenges trans individuals can face when entering conventional gym spaces, they have developed Misfits - a fitness, wellbeing and self-defence programme created to empower and build confidence.*

notaphase.org

*Islington Mind's LGBTQI+ project Outcome offers various training workshops which address the various dynamics and intersecting needs of LGBTQI+ communities. Workshops include Building and Sustaining Community-led LGBTQI+ Therapeutic Spaces and broader Allyship training, which can be tailored to your organisation's specific needs. Workshops are intended to increase staff confidence in supporting LGBTQI+ communities, and to explore what tangible actions can be taken to move towards affirmative and inclusive allyship.*

[www.islingtonmind.org.uk/our-services/outcome/](http://www.islingtonmind.org.uk/our-services/outcome/)



### 3. LGBTQI+

#### 3.2.2 Allyship – more than a buzzword

Allyship, much like “safe space”, can be easily adopted but not always properly enacted. It is not so much a label or title, but an ongoing process. Some individuals may take issue with the term as it has connotations of war and combat, which may be important to keep in mind. In essence, it is affirmative, active support for oppressed communities.



- **Educate yourself and others, raising awareness and understanding of the challenges, diversity, and experiences of LGBTQI+ communities.**
- **Be conscious of the language you are using, making efforts to understand unfamiliar terms or terminology.**
- **Develop your understanding of the origins of Pride and LGBTQI+ histories.**
- **Appoint LGBTQI+ allies to advocate for LGBTQI+ communities and understand the importance of LGBTQI+ people representing themselves.**
- **Engage in conversations with LGBTQI+ people that are reflective of the diversity within the LGBTQI+ community.**
- **Stand in when you are needed but resist telling others' stories or speaking for them.**
- **Step forward to challenge stereotypes and negative attitudes towards LGBTQI+ individuals and communities in an effort to combat hate and bigotry.**
- **Avoid burdening LGBTQI+ people to educate you.**

### 3. LGBTQI+

#### 3.2.3 Key challenges and issues faced by the subgroups of the LGBTQI+ community

Many LGBTQI+ people experience challenges due to discrimination and phobia in society. In the full version of the [LGBTQI+ inclusion toolkit](#)<sup>2</sup>, you can access information on different types of experiences by;

- LGBTQI+ carers
- LGBTQI+ people seeking asylum on the basis of their gender identity or sexual orientation and refugees
- Older LGBTQI+ people
- Disabled LGBTQI+ people
- Neurodiverse people
- LGBTQI+ people who have faith

The toolkit also highlights issues which affect the LGBTQI+ people disproportionately. These include;

- Homelessness
- Hate crimes and victimisation
- Sexual health

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<sup>2</sup> [www.islingtonmind.org.uk/equality-diversity-inclusion/](http://www.islingtonmind.org.uk/equality-diversity-inclusion/)

The oppression LGBTQI+ people experience can contribute to the high prevalence of mental ill health and in the worst case, suicide. Due to fear of discrimination, some LGBTQI+ people are reluctant to access service open to all. It may be helpful to share available specialist resources once someone has disclosed their LGBTQI+ identity to you.

#### UK based helplines supporting LGBTQI+ people

- [Switchboard](#)
- [Mindline Trans+](#)
- [LGBT Foundation](#)
- [Mermaids](#)
- [Galop](#)
- **Black and Brown Rainbow helpline** 0800 054 1097 (open 6pm-8pm on Mondays and Wednesdays), [info@blackandbrownrainbow.com](mailto:info@blackandbrownrainbow.com)

[switchboard.lgbt](http://switchboard.lgbt)  
[www.mindinsomerset.org.uk/our-services/adult-one-to-one-support/mindline-trans/](http://www.mindinsomerset.org.uk/our-services/adult-one-to-one-support/mindline-trans/)  
[lgbt.foundation/help/helpline-email-support](http://lgbt.foundation/help/helpline-email-support)  
[mermaidsuk.org.uk/contact-us](http://mermaidsuk.org.uk/contact-us)  
[galop.org.uk](http://galop.org.uk)

#### 4.Data collection and analysis

Inequalities in health and access to services are widely reported and we know it varies across groups and conditions. Widespread, reliable and consistent data is needed to identify the extent of the problem and monitor progress in addressing it. The need for good-quality and complete ethnicity data has been reinforced by the Equality Act 2010, which places responsibility on authorities to tackle inequalities and target services appropriately. It is not always the case that ethnicity data is being collected in Islington, particularly with regards to attrition and outcome.

Once collected, ethnicity data across the population and mental health services must be routinely analysed in order to strengthen action to prevent and manage poor health - identify needs in specific communities and respond with tailored strategies - as well as track the impact of this work. This will require Public Health and commissioning to undertake detailed analysis of ethnicity data across the mental health system at least every six months.

To gather data on gender and sexual orientation, asking service users to self-identify is recommended, rather than having a list of limited options for them to choose from, as the language continuously changes. It also offers an opportunity to ask and record their pronouns, although staff should be aware of any changes that may occur in the future and service user records needing updating, if so.



## 5. Organisation governance, recruitment of staff and policies

### 5.1 Inclusive staff policies and processes

Islington's diverse communities should be more visibly reflected within its mental health workforce – commissioning, public health, staff in services and management. This means ensuring human resource policies and processes, including recruitment, are inclusive and appealing to people from different communities.

Organisations should review all existing workplace policies with a diversity lens. All staff recruitment, induction and management processes should reflect the importance of promoting equality and addressing inequalities. All organisations should have an Equal Opportunities, Equalities and Diversity Policy and Influence and Participation Policies, and these should be live documents, shared via regular meetings and trainings.

CIPD (Chartered Institute of Personnel & Development) have a range of resources on their website. It includes information on *use of terminology*, information on developing an *anti-racism in the workplace strategy*, having *conversations about race in the work* and webinars on *tackling racism in the workplace*.

CIPD also have a range of resources on their website that support LGBTQI+ inclusivity in the workplace.

- *LGBT+ Business Champion's call to enqage: inclusion at work*
- *Championing inclusion of diverse sexual orientations and gender identities*
- *Supporting LGBT employees at work*
- *Inclusion at work: perspectives on LGBT+ working lives*

[www.cipd.org/uk](http://www.cipd.org/uk)

Time should be dedicated at staff meetings to talk about equality issues within the team and managers should create a work environment where staff are encouraged, empowered and supported to appropriately challenge non-inclusive comments or behaviour by staff and by clients whenever it happens, when it happens.

Practices which support these concepts include:

- **Practising cultural sharing, can staff feel confident in bringing their culture and belief system to the organisation?**
- **Checking unconscious bias in terms of recruitment practices – someone may do better at interview if their written English is not perfect; be aware of recruiting people who are ‘one of us’ or ‘make us feel comfortable’**
- **Ensuring your staff reflects the demographic of your service users – so that everyone feels represented and welcome.**
- **Make sure anti-discrimination policies and practices are fit for purpose, understood, and carried out throughout the organisation.**

- **Organisations are encouraged to explore Employee Resource Groups or diversity networks that could offer support, foster career growth, and nurture personal development within the workplace.**
- **Focus Groups are a good way of building local knowledge about needs and feedback to the wider organisation.**
- **Explore what mentoring or coaching schemes might look like within your organisation. There are different modes of delivery and something like reverse mentoring may be an option for smaller grassroots spaces where expertise can be shared across all levels internally.**
- **Employers could build a peer support and allyship networks, such as for LGBTQI+ and Black and Brown employees. They can approach the representatives as the first point of contact when they have faced bullying and harassment.**



## 5.2 Service reviews and equality champions

Decisions on the design or delivery of mental health services can unintentionally affect access. People from minoritised communities will not necessarily have the trust or confidence to assert any barriers, therefore it is important to use an equalities lens when discussing and booking in appointments. Issues will cover a broad range and may not be resolved – however, sometimes an acknowledgement is enough, especially where this affects regular or on-time attendance. Examples to consider include:

- **A person with childcare responsibilities who cannot attend outside of school hours**
- **A homemaker who is expected to cook at certain times for the family and may not have the level of independence assumed by the majority culture.**
- **A person working to a zero hours contract who would lose pay in order to attend an appointment at a certain time.**
- **A person with a range of complex practical issues who has to attend different appointments each week.**

Services should coproduce service reviews and developments with people from diverse communities in order to better understand barriers and design accessible appointments.

Each service should have an identified Equality Champion whose role is dedicated to highlighting and improving equity of access within the service and to whom team members can raise concerns or present ideas. London Borough of Islington have introduced System Champions.

*Systems Champions training is offered to statutory and voluntary organisations operating in Islington, including a large number of metropolitan police officers. The two days training covers anti-racism and cultural competency with an aim to develop workforce to influence the whole organisations involved. The training teaches inclusive leadership skills and theory of change, followed by action learning sets where trainees collaboratively work on real issues they face at work.*

## 6. Staff training

### 6.1 Mental health awareness training provision for wider staff teams

There should be a greater understanding of mental health and wellbeing across all of services, including the council's housing teams. All staff working or volunteering with community services should attend Mental Health First Aid training. The course teaches practical skills to spot the signs of mental health issues, teaches how to reassure and support a person in distress, and provides basic information on mental health.

*In Islington, Mental Health First Aid is offered for free of charge to individuals working in organisations. Information on this and other mental health awareness courses in Islington can be accessed [here](#).*

*There are other courses focused on suicide prevention at various lengths and depth. One key components of Islington Council's suicide prevention strategy 2022-2027 is to make suicide prevention everyone's business. All public facing staff and volunteers should be equipped with listening skills for those feeling suicidal.*

[www.islington.gov.uk/social-care-and-health/health-services-in-islington/public-health-training](http://www.islington.gov.uk/social-care-and-health/health-services-in-islington/public-health-training)

### 6.2 Cultural competence training on race and ethnicity

All staff should attend cultural competence training, which includes reflecting on culture, power and privilege. Where possible, mental health services should include parallel practical roles which support complex issues such as housing, immigration, welfare and debt management.

*[Nafsiyat](#) offers a one-day Cultural Competence training workshop which addresses the dynamics of working with diverse communities. The training highlights possible inequalities within the organisation and equips staff to be more confident in therapeutic engagement with Black, African, Asian clients (particularly with regards to engaging in conversations around race and differences in general).*

[www.nafsiyat.org.uk/index.php/training](http://www.nafsiyat.org.uk/index.php/training)

There are a number of training providers on cultural competence. There should be an ongoing investment in training delivery for both frontline staff and management level.

### 6.3 Cultural competence and counselling training on LGBTQI+

LGBTQI+ people may experience stress from feeling unseen or unheard in a largely heteronormative society, and consistently express a need for LGBTQI+ identifying counsellors. Make concerted efforts to recruit such counsellors and therapeutic practitioners within your provision. Where this is not possible, ensure the recruitment of LGBTQI+ affirmative practitioners committed to providing robust support for LGBTQI+ communities.

Counsellors should stay up to date with the latest LGBTQI+ issues. Some clients will have experienced Conversion Therapy in some form and will likely be distrustful of counselling services. Trans individuals may have experienced what is commonly referred to as 'exploratory therapy'. This can be experienced as denying trans experiences, moving away from the client's best interest. We strongly advise all recruiters to ensure a robust interview process with counsellors interacting with LGBTQI+ individuals to ensure they are trans affirmative and centre clients' experiences.

*Gender, Sexual, and Relationship Diversity (GSRD) was commissioned by the British Association for Counselling and Psychotherapy (BACP) as a Good Practice guide for counselling professionals. Encourage conversations and best practice relating to GSRD to ensure individuals and communities you support can feel confident in the care and support that is available.*

[www.bacp.co.uk/media/5877/bacp-gender-sexual-relationship-diversity-gpacp001-april19.pdf](http://www.bacp.co.uk/media/5877/bacp-gender-sexual-relationship-diversity-gpacp001-april19.pdf)

*Pink Therapy has online learning models and continual professional development for therapists and counsellors working with LGBTQI+ communities. They also have a directory for individuals seeking LGBTQI+ affirmative care, although private psychotherapy may not be affordable for many. Also see 2.1 for training offered by Outcome and others in the next page.*

[pinktherapy.com](http://pinktherapy.com)

#### Training providers

- Gendered Intelligence: trans awareness and inclusion
- Outcome: LGBTQI+ awareness and separate trans specific inclusion
- ELOP: LGBTQI+ awareness
- London Friend: LGBTQI+ mental health and drug and alcohol use by LGBTQI+ people, including chemsex

[genderedintelligence.co.uk](http://genderedintelligence.co.uk)  
[islingtonmind.org.uk/our-services/outcome](http://islingtonmind.org.uk/our-services/outcome)  
[elop.org](http://elop.org)  
[londonfriend.org.uk/training](http://londonfriend.org.uk/training)

## Contributions

### [CNWL Sexual Health Services](#)

[www.sexualhealth.cnwl.nhs.uk](http://www.sexualhealth.cnwl.nhs.uk)

### [GALOP](#)

[galop.org.uk](http://galop.org.uk)

### [Healthwatch Islington](#)

[www.healthwatchislington.co.uk](http://www.healthwatchislington.co.uk)

### [Hidayah](#)

[hidayahlgbt.com](http://hidayahlgbt.com)

### [Hillside Clubhouse](#)

[www.hillsideclubhouse.org.uk](http://www.hillsideclubhouse.org.uk)

### [Islington Council](#)

[www.islington.gov.uk](http://www.islington.gov.uk)

### [Islington Faith Forum](#)

[www.islingtonfaithsforum.org.uk](http://www.islingtonfaithsforum.org.uk)

### [Islington Heritage](#)

[www.islington.gov.uk/libraries-arts-and-heritage/heritage](http://www.islington.gov.uk/libraries-arts-and-heritage/heritage)

### [Jannaty](#)

[www.jannaty.info](http://www.jannaty.info)

### [LGBT Community Centre](#)

[londonlgbtqcentre.org](http://londonlgbtqcentre.org)

### [London Friend](#)

[londonfriend.org.uk](http://londonfriend.org.uk)

### [Maya Centre](#)

[www.mayacentre.org.uk](http://www.mayacentre.org.uk)

### [Micro Rainbow](#)

[microrainbow.org](http://microrainbow.org)

### [Nafsiyat](#)

[www.nafsiyat.org.uk](http://www.nafsiyat.org.uk)

### [Naz & Matt Foundation](#)

[www.nazandmattfoundation.org](http://www.nazandmattfoundation.org)

### [North Central London Integrated](#)

### [Care Board](#)

[nclhealthandcare.org.uk/icb/about/](http://nclhealthandcare.org.uk/icb/about/)

### [Not A Phase](#)

[notaphase.org](http://notaphase.org)

### [Outcome Islington Mind](#)

[www.islingtonmind.org.uk/our-services/outcome/](http://www.islingtonmind.org.uk/our-services/outcome/)

### [Rainbow Sisters](#)

[www.refugeewomen.co.uk/support-our-rainbow-sisters/](http://www.refugeewomen.co.uk/support-our-rainbow-sisters/)

### [Room To Heal](#)

[www.roomtoheal.org](http://www.roomtoheal.org)

### [St Luke's Community Centre](#)

[www.slpt.org.uk](http://www.slpt.org.uk)

### [The Outside Project](#)

[lgbtiqoutside.org](http://lgbtiqoutside.org)

### [Tonic Housing](#)

[www.tonichousing.org.uk](http://www.tonichousing.org.uk)