Supporting LGBTI+
Young People in Ireland

BeLonG To Youth Service Submission to The Department of Health for the Public Consultation on the review of the Mental Health Act, 2001

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Introduction

BeLonG To Youth Services is the national organisation supporting lesbian, gay, bisexual, transgender, and intersex (LGBTI+) young people in Ireland. Since 2003, we have worked with LGBTI+ young people, between 14 and 23 years, to create a world where they are equal, safe, and valued in the diversity of their identities and experiences. We also advocate and campaign on behalf of young LGBTI+ people and offer a specialised LGBTI+ youth service with a focus on mental and sexual health, alongside drug and alcohol support. We respond to the needs of LGBTI+ young people in Ireland and we help them thrive. In BeLonG To we directly provide mental health support to LGBTI+ youth in conjunction with our partner Pieta and we continually refer young people to the relevant mental health supports and services necessary to meet their specific needs. LGBTI+ youth mental health is one of the most significant areas of work to which we devote our time as an organisation. It is one of the biggest challenges facing LGBTI+ youth today and one of the greatest barriers to their wellbeing, safety and happiness in Irish society.

As an organisation BeLonG To Youth Services has worked closely with the Department of Health to promote the wellbeing, safety and inclusion of LGBTI+ young people throughout Ireland. LGBTI+ young people face significant mental health challenges and are at a greater risk of adverse mental health outcomes than their straight cisgender peers. This is reflected across our youth work, our advocacy and across national literature[1]. The impact of homophobia,

[1] BeLonG To Youth Services (2020*) LGBTI+ Life in Lockdown Key Findings The Impact Of COVID-19 Restrictions on LGBTI+ Young People in Ireland.* Dublin: BeLonG To Youth Services [Available at: https://belongto.org/wp-content/uploads/2020/06/LGBTI-Life-in-Lockdown-Key-Findings.pdf]
Pizmony-Levy, O. & BeLonG To Youth Services (2019*) The 2019 School Climate Survey Report: The experience of lesbian, gay, bisexual and trans young people in Ireland's schools*. Research Report. Ireland: Dublin. [Available at: https://belongto.org/wp-content/uploads/2021/01/Belong-To-Youth-Servces-School-Climate-Report_2021.pdf]
Higgins A. et al. (2016) *The LGBTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland*. Dublin: GLEN and BeLonG To Youth Services. [Available at: https://belongto.org/wp-content/uploads/2018/05/LGBT-Ireland-Full-Reportpdf.pdf]
Quilty, A. & Norris, M. (2020) *A Qualitative Study of LGBTQI+ Youth Homelessness in Ireland*. Dublin: Focus Ireland [Available at: https://www.focusireland.ie/wp-content/uploads/2020/09/LGBTQI-Youth-Homelessness-Executive-Summary_FINAL-VERSION.pdf]
McBride, R. et al., (2020) *The Post-Primary Experiences of Transgender and Gender Diverse Youth in Ireland.* Dublin: TENI & University of Limerick. [Available at: https://www.teni.ie/reports/]

transphobia, violence, isolation and discrimination span LGBTI+ young people's lifeworlds effecting them in school, home life, employment, third level education and social spaces. Many young people are isolated, victimised and experience daily prejudice and rejection from those closest to them and Irish society more broadly.

Discussion, Research and Important Issues

LGBTI+ Young People and Mental Health in Ireland

Findings from a national survey, we conducted in May 2020 revealed that 93% of LGBTI+ youth are struggling with anxiety, stress or depression during COVID-19. This is in comparison to 53% of the general youth population named in the Young Social Innovators Covid-19 Youth 'Check In' Survey 2020. Prior to the COVID-19 pandemic, internationally recognised research[2] highlighted the mental health struggles experienced by LGBTI+ young people in Ireland. LGBTI+ youth in Ireland are two times more likely to self-harm, three times more like to experience suicide ideation and four times more likely to experience anxiety and depression compared to their non-LGBTI+ peers. This reality has been compounded since the COVID-19 pandemic began as LGBTI+ young people are experiencing a loss of access to the spaces and supports which they relied on for their wellbeing. Key findings[3] reveal that during COVID-19:

- 55% of LGBTI+ young people are struggling with suicide ideation.
- 45% of LGBTI+ young people are struggling with self-harm.
- 60% of LGBTI+ young people are experiencing loneliness.

This research highlights that while immeasurable change has taken place in relation to the rights and inclusion of LGBTI+ people in Ireland in the last 5 years, more needs to be done specifically in relation to LGBTI+ young people's mental health and their access to appropriate services and provisions that recognise the specificity of their experiences.

In relation to their schooling experiences, LGBTI+ youth are often subjected to bullying and harassment due to their sexual orientation or gender identity. Our most recent exploration of LGBTI+ young peoples lived experience in post-

[2] Higgins A. et al. (2016) *The LGBTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland*. Dublin: GLEN and BeLonG To Youth Services. . [Available at: https://belongto.org/wp-content/uploads/2018/05/LGBT-Ireland-Full-Reportpdf.pdf]

[3] BeLonG To Youth Services (2020*) LGBTI+ Life in Lockdown Key Findings The Impact Of COVID-19 Restrictions on LGBTI+ Young People in Ireland.* Dublin: BeLonG To Youth Services [Available at: https://belongto.org/wp-content/uploads/2020/06/LGBTI-Life-in-Lockdown-Key-Findings.pdf]

primary school[4] in Ireland discovered the following findings in relation to young people's safety, wellbeing and mental health:

- The majority of LGBTI+ students (86%) felt deliberately excluded by peers with 74% experiencing being the focus of rumours or lies.
- 77% of LGBTI+ students were verbally harassed (e.g. name-calling or being threatened) based on their sexual orientation, gender, gender expression or ethnic origin.
- 38% of LGBTI+ students were physically harassed (e.g. being shoved or pushed), 25% because of their sexual orientation and 18% based on gender expression.
- 43% of LGBTI+ students were sexually harassed (eg unwanted touching or sexual remarks).
- 70% of LGBTI+ students felt that other students do not like them.
- 49% of LGBTI+ students felt lonely at school.
- 49% of LGBTI+ students were unable to make friends.
- 44% of LGBTI+ students felt like an outsider at school.
- 64% of LGBTI+ students said their peers never intervened when they were being victimised.
- 86% of LGBTI+ students felt deliberately excluded or "left out" by other students.
- 60% of LGBTI+ students never reported incidents of LGBTI+ bullying to school staff and 54% never reported to a family member.

The findings of this research demonstrate a bleak reality for LGBTI+ young people in the Irish education system with many of these findings compounding LGBTI+ young people's struggles with their mental health and feelings of despair and Isolation.

One qualitative finding from a young person is captured in the following quote:

"I felt deeply suicidal for a large portion of the year and I still do"

[4] Pizmony-Levy, O. & BeLonG To Youth Services (2019*) The 2019 School Climate Survey Report: The experience of lesbian, gay, bisexual and trans young people in Ireland's schools*. Research Report. Ireland: Dublin. [Available at: https://belongto.org/wp-content/uploads/2021/01/Belong-To-Youth-Servces-School-Climate-Report_2021.pdf]

– LGBTI+ young person in the findings of the 2019 BeLonG To School Climate Survey[5].

Ireland changed what it means to grow up LGBTI+ in Ireland in 2015 with a resounding Yes in the marriage equality referendum and with the Gender Recognition Act as well as the introduction of the National LGBTI+ Youth Strategy and the National LGBTI+ inclusion strategy. However, recent Irish research confirms BeLonG To's experience from our frontline work with young people, that anti-LGBTI+ stigma results in significantly higher mental health challenges for young LGBTI+ people.[6] We have seen a doubling in the numbers of young people in crisis who have come to our services, especially those who are under-18. Our dedicated youth workers and our resilience programmes are consistently working to meet the need these mental health challenges demand. LGBTI+ young people deserve to feel safe, equal, welcome and supported in their schools, families and communities. They need access to specialised services such as peer support, resilience, suicide and self-harm prevention programmes and counselling. They also need access to medical care and treatment from a health care system that is LGBTI+ inclusive and has the capacity to meet their particular needs.

BeLonG To provides some of these supports in partnership with Pieta, at our flagship service in Dublin and we support a network of LGBTI+ youth groups who provide a variety of these and other mental health supports for LGBTI+ young people throughout Ireland. Our work focuses largely on early intervention and prevention of mental ill-health. However, where young people are referred by us to statutory agencies for treatment, on top of waiting lists and other challenges, they often report feeling unwelcome, afraid to 'come out', misunderstood and that service providers do not have the capacity or knowledge

[5] BeLonG To Youth Services (2020*) LGBTI+ Life in Lockdown Key Findings The Impact Of COVID-19 Restrictions on LGBTI+ Young People in Ireland.* Dublin: BeLonG To Youth Services [Available at: https://belongto.org/wp-content/uploads/2020/06/LGBTI-Life-in-Lockdown-Key-Findings.pdf]

[6] Higgins A. et al. (2016) *The LGBTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland*. Dublin: GLEN and BeLonG To Youth Services. . [Available at: https://belongto.org/wp-content/uploads/2018/05/LGBT-Ireland-Full-Reportpdf.pdf]

[6] BeLonG To Youth Services (2020*) LGBTI+ Life in Lockdown Key Findings The Impact Of COVID-19 Restrictions on LGBTI+ Young People in Ireland.* Dublin: BeLonG To Youth Services [Available at: https://belongto.org/wp-content/uploads/2020/06/LGBTI-Life-in-Lockdown-Key-Findings.pdf]

to meet their needs. In some instances, young people have even reported experiences of homophobia or transphobia. On top of improving the supports and services for young LGBTI+ people we believe it is also important to address the root causes of these higher rates of mental ill-health:

- Bullying
- Fear of rejection
- Social exclusion
- Anti LGBTI+ stigma

BeLonG To provides peer to peer youth groups, one to one support, workshops, training and runs 'Stand Up LGBT+ Awareness Week' which is a highly successful campaign that addresses some of the damaging behaviour listed above in Irish secondary schools. However, we very much welcome the review to the Mental Health Act, 2001, which in its current iteration is ill-equipped to meet the needs of LGBTI+ young people.

The Mental Health Act, 2001

The review of The Mental Health Act, 2001 (the Act) is critical to advance and protect the rights of the individual in Ireland. The Act in its current iteration conflicts with the rights-based & partnership approach to treatment which is regarded internationally as best practice. The Act lacks a person-centred approach and is disempowering and presents individuals with a lack of autonomy on admission and in the context of treatment. It is paternalistic in its interpretation of service users and in comparison to international standards the legislation is outdated and does not adequately protect the rights of individuals. Additionally, the Act does not comply with international human rights standards namely the European Convention on Human Rights (ECHR) and the UN Convention on the Rights of Persons with Disabilities (UNCRPD). It is crucial that enhanced protections and the human rights of adults and children who go into hospital for mental health care and treatment are provided for in future updated legislation. BeLonG To youth services commend the work that has taken place up to this point in order to advance and improve the existing legislation.

However, we wish to acknowledge that the Act does not create the conditions for a person's legal right to individual care and recovery planning. Currently, voluntary patients have no basic right to information and there is no

existing right to advocacy for voluntary or involuntary service users. Concerningly 16 and 17 year olds cannot consent to or refuse mental health treatment and there is no review for voluntary patients of 16 and 17 years. Additionally, Advance Healthcare Directives are not recognised for involuntary patients and there is a lack of specific guiding principles for children in the Act.

Consent to Treatment & Provisions Related to Children

Current legislation, policy and practice around the age of consent in accessing or refusing mental health treatment are barriers to all young people being affirmed in relation to their healthcare needs. However, this specific barrier in which only those aged 18 and over can consent or refuse treatment poses significant risk to LGBTI+ youth. In relation to mental health access and service provision, this creates a circumstance for LGBTI+ young people wherein their access to mental health services is dependent on their willingness to share their needs with their parents/guardians. As research has demonstrated, many LGBTI+ young people are not supported in their home environments as a result of their sexual orientation or gender identity[7]. Thus their parents/guardians may act as gatekeepers to mental health treatment by utilising this aspect of the Mental Health Act, 2001. Additionally, young people may be forced to come out to parents/guardians as LGBTI+ prematurely in order to access mental healthcare which could have numerous ill-effects for the young person if their family is unsupportive.

[7] BeLonG To Youth Services (2020*) LGBTI+ Life in Lockdown Key Findings The Impact Of COVID-19 Restrictions on LGBTI+ Young People in Ireland.* Dublin: BeLonG To Youth Services [Available at: https://belongto.org/wp-content/uploads/2020/06/LGBTI-Life-in-Lockdown-Key-Findings.pdf]
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Quilty, A. & Norris, M. (2020) *A Qualitative Study of LGBTQI+ Youth Homelessness in Ireland*. Dublin: Focus Ireland. [Available at: https://www.focusireland.ie/wp-content/uploads/2020/09/LGBTQI-Youth-Homelessness-Executive-Summary_FINAL-VERSION.pdf]

It is also of note that we believe that the lack of agency given to young people to refuse treatment adversely effects LGBTI+ young people who may be subjected to anti-LGBTI+ treatment in the form of conversion therapies, given that Prohibition of Conversion Therapies Bill 2018 has yet to be legislated. As this bill has yet to become law there is little protecting LGBTI+ young people from harmful stigmatising practices masquerading as mental healthcare. We must protect LGBTI+ people from these harmful practices by restoring their agency to consent to their mental health treatment.

There is a lack of clarity about consent to access to health services for young people under the age of 18 years in the context of the Mental Health Act, 2001. Echoing the recommendation of The Task Force for Youth Mental Health[8] which BeLonG To Youth Service was a part of, we support the recommendations of the Expert Group on the Review of the Mental Health Act, 2001 on the issue of consent to mental health services for those aged 16 or 17, along with additional recommendations included below.

[8]The Task Force for Youth Mental Health (2017) *National Youth Mental Health Task Force Report 2017.* Dublin: Department of Health [Available at: https://www.gov.ie/en/publication/117520-national-youth-mental-health-task-force-report-2017/]

Recommendations

We recommend the following:

- Introduce 16 as the uniform age of consent for young people for all medical treatment/support.
- Introduce Gillick competence to inform young people aged 13-16's access to consent to treatment based on the evolving capacities of young people at different ages.
- Additionally, we recommend that the autonomy and personhood of those aged 13 and under be recognised and recommend that provisions be enacted to ensure young people and children are be consulted in their treatment, listened to regarding their needs and informed appropriately.

While we wish to draw the Department's specific attention to Consent to Treatment & Provisions Related to Children as these topics relate to LGBTI+ young people's experiences, we are also calling for actions to be taken to:

- Amend the law in line with the recommendations from the expert group review of the mental health act, 2001.
- Ensure adults and children have their rights adequately protected.
- Ensure the Mental Health (Amendment) Act 2018 be commenced or incorporated as part of this critical review.

Gaps in the Expert Group on the review of the Mental Health Act, 2001

Additionally informed by our collaboration with expert organisations within the mental health sector we are proposing additional changes to the law under the following headings which were not adequately addressed within the expert group review of the mental health act, 2001.

<u>Seclusion & Restraint</u>

We call on the department to implement the following recommendations in relation to seclusion and restraint within the Act:

- Seclusion and restraint must only be used in life-saving, emergency situations
- When seclusion and/or restraint is used on a voluntary patient the patient's voluntary status must be reviewed.

Role of the Family

We call on the department to implement the following recommendations in relation to the role of the family within the Act:

- Family members should have a right to general information about the person's health with their consent.
- The health service should be required to assess & provide for the support needs of the family.
    - This includes assessing and meeting the needs of children and young people in the person's family
- The patients Clinical Director should involve the family in discharge planning where the service user is being discharged to a family member's home.

Independent Complaints Mechanism

We recommend that an independent body be established to review, investigate and resolve complaints about mental health service delivery.

Protection from Abuse

We call on the department to implement the following recommendations in relation to protection from abuse within the Act:

- In previous legislation, it was a criminal offence to neglect or mistreat a
- patient in a psychiatric institution. This offence was not included in the 2001 Act. We recommend that this vital safeguard be brought back through the new Act.

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