

1. What are your views on the action called for in the petition? PE1817: End Conversion Therapy.

The Mental Health Foundation is an evidence-based research organisation focussed on the prevention of mental ill-health and advancing the notion of public mental health. The Foundation has a long-standing record of seeking to reduce the prevalence of mental health inequalities, including tackling deep-rooted social and economic factors that prevent people from bettering and sustaining their mental health. In 2020, the Foundation published a report titled 'Tackling social inequalities to reduce mental health problems: How everyone can flourish equally'ⁱ. Amongst other at-risk groups, the report set-out the specific barriers faced by the LGBT+ community to bettering and sustaining their mental health.

The Mental Health Foundation supports the action called for in petition PE1817 to ban the provision or promotion of LGBT+ conversion therapy in Scotland. That is a full and effective ban on practices that demonstrate an assumption that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to bring about a change of sexual orientation or gender identity and/or seeks to suppress an individual's expression of sexual orientation identity on that basis.

A failure to act on this issue would be at odds with the Scottish Government's aim to 'preserve and advance Scotland's reputation as one of the most progressive countries in Europe in terms of LGBTI+ equality'ⁱⁱ.

Conversion therapy (or similar terminology including cure therapies and suppression practices) is a damaging, degrading and discriminatory practice that seeks to alter a person's sexual orientation or gender identityⁱⁱⁱ. It can take the form of spiritual counselling or a range of psychological treatments. It has been described, by voices of lived experience, as a form of torture; it violates the human rights of LGBT+ people and it has been condemned by all major mental health bodies across the UK and the NHS^{iv}. We support the Royal College of Psychiatrists in their conclusion that "there is no sound scientific evidence that sexual orientation can be changed."^v

The 2018 UK LGBT Survey found that in 19% of cases conversion therapy had been conducted by healthcare providers or medical professionals while over half (51%) had been conducted by faith organisations. The Independent Forensic and Expert Group has concluded that "there is no empirical evidence to support pathologising or medicalising variations in sexual orientation and gender identity"^{vi}.

Mental health professionals should be committed to reducing discrimination and social inequality, not adding to it by engaging in practices that harm LGBT+ mental health. We therefore oppose unethical, flawed and unfounded attempts to "cure" sexuality or gender identity.

There is widespread evidence available which highlights the harmful long-term effects on mental wellbeing associated with undergoing conversion therapy practices.

The UN Report of the Independent Expert on protection against violence and discrimination concluded that conversion therapy interventions inflict "severe pain and suffering and result in psychological and physical damage"^{vii}. It observes that conversion therapy relies on "the medically false pathologisation of sexual orientation and gender identity".

LGBT+ people in Scotland already experience poorer mental health – this is not caused by their sexuality, but as a direct result of stigma, prejudice, discrimination, bullying, homophobia and transphobia. A recent survey of LGBT+ people across Scotland found half (49%) reported having experienced depression and one in six reported having deliberately harmed themselves in the last year. Moreover, one in eight reported having received unequal treatment from healthcare staff because of their sexual orientation and one in four reported having witnessed discriminatory or negative remarks against LGBT people by healthcare staff. Conversion therapy only adds to the hostile and stressful social environment that causes mental ill health^{viii} and as such we support a legislative ban.

A survey conducted by the Ozanne Foundation in 2018 found that of those who had undergone conversion therapy practices, 70% of the 281 respondents reported having suicidal thoughts^{ix}. Furthermore, a large online survey of young adults in the US found that young people who reported having undergone conversion therapy were more than twice as likely to report having attempted suicide^x. Research has also demonstrated other consequences associated with conversion therapy practices which include higher rates of depression and anxiety^{xixii}, post-traumatic stress disorder (PTSD)^{xiii}, lower education attainment, lower weekly incomes and being prone to feeling isolated^{xiv}.

The harmful impact of conversion therapy practices is particularly felt by those who are exposed to these efforts in their earlier years. A study of 27,000 transgender adults living in the USA found that exposure to conversion efforts before age 10 years resulted in a twofold increase in instances of severe psychological distress in previous months compared to those who participated in therapy without conversion efforts^{xv}.

Given the financial and emotional dependency of most children and young people on their parents and guardians, the ability for this age group to make an independent decision about whether to undergo conversion therapy practices is largely redundant.

2. What action would you like to see the Scottish Government take, within the powers available to it?

The Mental Health Foundation notes that all five of Scotland’s main political parties committed to ending conversion therapy in their 2021 election manifestos – we welcome this cross-party consensus. We also note that the UK Government has committed to banning the practice in the UK, as set out in Queen’s Speech. We’re calling on the Scottish Government to immediately clarify with the UK Government whether this ban will apply to Scotland and what timescales have been agreed.

The Scottish Government should bring forward its own legislation in the following circumstances:

- i. If the UK Government fails to kickstart the legislative process within the next six months;
- ii. If the UK Government proposals fall short in protecting LGBT+ people from harm.

For a ban to be effective and protect people of all ages from harm it must apply across the board, in both public and private settings, with no exceptions. Any ban must protect vulnerable groups – in

particular, people with pre-existing mental health problems. Children must also be protected as they are more likely to be victims of trauma which can harm their psychological and emotional development. Finally, any ban must apply to both sexual orientation and gender identity.

We also want to be clear that whilst conversion therapy is deeply harmful, psychological support that helps individuals explore, accept and/or come to terms with their identity in a supportive manner can be beneficial. Psychological support that helps LGBT+ people process trauma, adverse childhood experiences, rejection, discrimination or neglect can significantly improve mental health and wellbeing outcomes. Research indicates that a variety of low-level psychological interventions can improve mental health outcomes for this group. A recent systematic review also identified that while mental health professionals can help reduce psychological distress for those accessing Gender Identity Services, access to such professionals within these services is severely limited^{xvixvixviii}.

In addition to legislation, we propose that the Scottish Government consider practical forms of support for LGBT+ people, including survivors and what further action should be taken to educate parents, communities and faith groups about sexuality and gender identity, the harms of conversion therapy and the links between parental rejection and mental health. This should be considered in the context of Scotland's multi-cultural and multi-faith society, with guidance tailored for specific cultural groups^{xix}.

Specifically, in order to improve mental health outcomes among people who are LGBT+, we believe that the Scottish Government should ensure that any person who requires psychological support to explore, accept or come to terms with their sexual orientation or gender identity can access it and that it is provided by a skilled professional. We also call for publicly funded psychological and trauma-informed support to be offered to victims, including historical cases.

The Scottish Government should provide evidence-based resources and support educational campaigns, including peer education, to religious groups, parents, schools, health services and other relevant professional settings which details the harmful impacts of conversion therapy practices on the long-term mental wellbeing of those who undergo these practices. Providing evidence-based resources and educational campaigns to relevant organisations would encourage higher buy-in from those sectors historically most reluctant to agree to a comprehensive ban.

Universities should also ensure that those students who are aspiring to work as primary and secondary teachers are able to appropriately act upon cases of their pupils expressing an exposure to conversion therapy practices.

Former Chief Medical Officer of Scotland Catherine Calderwood's signing of the 2017 '*memorandum of understanding on conversion therapy in the UK*^{xx}' marked a distinctive moment in the journey to ending these practices in Scotland. Now that the predetermined review of the memorandum scheduled to take place in July 2021 has arisen, the positions outlined in the memorandum should be embedded fully into law.

In summary, the Scottish Government should:

- 1) Seek clarity on the UK Government's timescale for implementing a comprehensive UK-wide ban on conversion therapy practices.
- 2) Bring forward legislation in Scotland if UK-wide legislation is not brought forward within six months or any such legislation does not go far enough in implementing a comprehensive ban.

3. Do you have suggestions on how the Committee can take forward its consideration of the petition? For example:

- **who should it talk to?**
- **who should it hear from?**

The committee should seek the views of all relevant interest groups in the form of oral evidence sessions, for example, survivors of conversion therapy practices, the LGBT+ community, mental health organisations, human rights organisations, legal experts, medical professional bodies and religious organisations.

Given the high risk of re-traumatisation, we strongly recommend a private evidence session with survivors and emotional support proactively offered to those willing to share their story. Moreover, the committee should seek the views of international legislators, such as Germany, who have experience of implementing a similar ban in their own territories.

Following a process of evidence-gathering, the committee should produce an evidence-based report for the attention of the Cabinet Secretary for Justice calling for the banning of the provision and promotion of conversion therapy practices in Scotland. The Committee should also forward its findings to the Cabinet Secretary for Health and Social Care.

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- ⁱ Mental Health Foundation (2020). Tackling social inequalities to reduce mental health problems: How everyone can flourish equally. Retrieved from [MHF-tackling-inequalities-report_WEB.pdf \(mentalhealth.org.uk\)](#)
- ⁱⁱ [Scottish Government \(2019\). Equality and Rights; LGBT. Retrieved from https://www.gov.scot/policies/lgbti/ on 12/08/32](#)
- ⁱⁱⁱ Graham, T. C. (2018). Conversion therapy: A brief reflection on the history of the practice and contemporary regulatory efforts. *Creighton L. Rev.*, 52, 419.
- ^{iv} British Association for Counselling and Psychotherapy (2017). Memorandum of Understanding on Conversion Therapy in the UK. Retrieved from: <https://www.bacp.co.uk/media/11738/mou2-reva-O421.pdf> on 12/08/21
- ^v Royal College of Psychiatrists [RCPsych] (2014). Royal College of Psychiatrists' statement on sexual orientation. London: RCPsych. Retrieved from https://www.rcpsych.ac.uk/pdf/PSO2_2014.pdf on 12/08/21
- ^{vi} Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity (2020) Report on Conversion Therapy. Online: Office of the High Commissioner. Retrieved from <https://www.ohchr.org/EN/Issues/SexualOrientationGender/Pages/ReportOnConversiontherapy.aspx> on 12/08/21
- ^{vii} Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity (2020) Report on Conversion Therapy. Online: Office of the High Commissioner. Retrieved from <https://www.ohchr.org/EN/Issues/SexualOrientationGender/Pages/ReportOnConversiontherapy.aspx> on 12/08/21
- ^{viii} [jpm.124O2.pdf](#)
- ^{ix} Sherwood H. (2019). Conversion therapy can result in mental illness, poll finds. Retrieved from: <https://www.theguardian.com/world/2019/feb/20/conversion-therapy-can-result-in-mental-illness-poll-finds> on 12/08/21
- ^x Green, A. E., Price-Feeney, M., Dorison, S. H., & Pick, C. J. (2020). Self-reported conversion efforts and suicidality among US LGBTQ youths and young adults, 2018. *American journal of public health*, 110(8), 1221-1227.
- ^{xi} Przeworski, A., Peterson, E., & Piedra, A. (2021). A systematic review of the efficacy, harmful effects, and ethical issues related to sexual orientation change efforts. *Clinical Psychology: Science and Practice*, 28(1), 81.

^{xii} Meanley, S., Haberlen, S. A., Okafor, C. N., Brown, A., Brennan-Ing, M., Ware, D., ... & Plankey, M. W. (2020). Lifetime exposure to conversion therapy and psychosocial health among midlife and older adult men who have sex with men. *The Gerontologist*, 60(7), 1291-1302.

^{xiii} Horner, J. (2010). Undoing the Damage: Working with LGBT Clients in Post-Conversion Therapy. *Columbia Social Work Review*, 8(1), 8-16.

^{xiv} Ryan, C., Toomey, R. B., Diaz, R. M., & Russell, S. T. (2020). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment. *Journal of Homosexuality*, 67(2), 159-173. Retrieved from: <https://www.utah.gov/pmn/files/513643.pdf> on 12/08/21

^{xv} James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality. Retrieved from <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf> on 12/08/21

^{xvi} Gonzalez, F. R. (2020). Cultural considerations in behavioral health service delivery with LGBT populations. In *Handbook of Cultural Factors in Behavioral Health* (pp. 177-183). Springer, Cham.

^{xvii} Craig, S. L., McInroy, L. B., Eaton, A. D., Iacono, G., Leung, V. W., Austin, A., & Dobinson, C. (2019). An affirmative coping skills intervention to improve the mental and sexual health of sexual and gender minority youth (Project Youth AFFIRM): protocol for an implementation study. *JMIR research protocols*, 8(6), e13462.

^{xviii} Pachankis, J. E., Williams, S. L., Behari, K., Job, S., McConocha, E. M., & Chaudoir, S. R. (2020). Brief online interventions for LGBTQ young adult mental and behavioral health: A randomized controlled trial in a high-stigma, low-resource context. *Journal of consulting and clinical psychology*, 88(5), 429.

^{xix} [Parent-initiated conversion therapy.pdf](#)

^{xx} British Association for Counselling and Psychotherapy (2017). Memorandum of Understanding on Conversion Therapy in the UK. Retrieved from: <https://www.bacp.co.uk/media/11738/mou2-reva-O421.pdf> on 12/08/21