PSYSSA PUBLISHES HISTORIC GUIDELINES FOR SEXUAL AND GENDER DIVERSITY

Do you speak openly about sexuality to your patients? Do you assume your patients are heterosexual unless they state otherwise? What would you do if a teenage patient tells you that she doesn't feel like a girl and never has? Or, if a patient tells you that their reason for feeling depressed is the anxiety of wanting to come out as gay to their orthodox, conservative parents, who often make homophobic jokes. How would you advise this patient? Do the admin forms in your practice still have outdated binaries, like only a 'male' and 'female' option to tick? These are some of the scenarios that a new set of guidelines will help professionals navigate.

On April 19, the Psychological Society of South Africa (PsySSA) launched the "*Practice Guidelines for Psychology Professionals Working With Sexually and Gender Diverse People*". This was the outcome of years of research by PsySSA's Sexuality and Gender Division and a core team in the LGBTI Human Rights Project. Although aimed at psychology professionals it is broadly applicable to all mental health practitioners to work sensitively, ethically, reflectively, and competently with clients that are lesbian, gay, bisexual, transgender, intersex, queer, or asexual (LGBTQA+). These guidelines supplement the harm-avoidance approach of the Health Professions Act (Department of Health, 2006).

This is a historic piece of work because it is the first time in Africa that a national body of psychology professionals have created and endorsed such guidelines. These best-practice guidelines are meant to be aspirational, so that professionals aspire to work within a framework of human rights and wellbeing. Sexuality and gender are major social determinants of health because South African society is still deeply patriarchal and steeped in heterosexism, despite being the first country in the world to protect sexual orientation rights in its national Constitution. However, as we know, attitudes are difficult to change, even amongst health professionals, and many stories continue to surface from patients about negative experiences in the consulting room.[1]

For example, Lane et al. found that men who have sex with men (MSM) had many negative experiences with health care workers (HCWs) in clinics in Soweto and Mamelodi. Their study revealed that MSM felt their[2] options for non-stigmatizing sexual health care services were limited by homophobic verbal harassment by HCWs. Gay-identified men sought out clinics with reputations for employing HCWs who respected their privacy and their sexuality. One participant in the study said:

> *People are aware of gay and lesbian people but accepting those people like human beings is another story, because they don't understand what they're going through inside, so that causes a problem, in terms of when you need help from them, they see you as a different thing.*

Similarly, Rispel et al. found that MSM in South Africa generally experienced stigma, discrimination and negative health worker attitudes. These findings were triangulated from 32[3] key informant interviews, 18 focus group discussions in four cities, and a survey of 285 people in two cities and are therefore fairly representative of the experiences across the country.

Even abroad, Hinchliff et al. interviewed GPs in the UK and found that "GPs might not always feel well equipped to deal with the needs of lesbian and gay patients" and some GPs even held homophobic attitudes.

Müller conducted[4] a curriculum mapping exercise at the University of Cape Town's (UCT) health sciences faculty, to determine the extent to which LGBT health related content is taught in the UCT's medical curriculum. The study – the first of its kind at any South African[5] university – found that only 10 academics taught some content related to LGBT health in the MBChB curriculum and no LGBT health-related content was taught in the allied health sciences curricula.

Most worryingly:

> The MBChB curriculum provided no opportunity for students to challenge their own attitudes towards LGBT patients, and key LGBT health topics such as safer sex, mental health, substance abuse and adolescent health were not addressed.

It's therefore unsurprising that a report by Gender Dynamix found that 60% of transgender people had negative experiences in public health clinics.[6] If our health care workers are not adequately trained to deal competently and sensitively to gender diversity, they perpetuate the inequities in the health care system and maintain an unjust society.

Given our country's history and diversity, and the significant issues around gender, race, culture, sexual orientation, and health status – including gender violence, hate crime and hate speech, and stigmatisation and prejudice – it goes without saying that competencies in working with diversity are all important.

In time, PsySSA is aiming to publish several sets of practice guidelines to address separate, but intersectional target groups (such as diversity based on race, ethnicity, culture, language, religion and/or spirituality, nationality, internally and externally displaced

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people and asylum seekers, socio-economic status, poverty and unemployment, physical, sensory and cognitive-emotional disabilities, etc.).

It would be in all health professionals, citizens, and LGBTI people's best interest to peruse the guidelines and familiarise themselves with the latest research emerging out of psychology. GPs, especially, are most people's first encounter with health care, and play a pivotal role in determining whether a LGBTI person will be able to trust the health system and get the care that they deserve – or whether they will not come back for fear of stigma, discrimination or embarrassment. MHM

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MENTAL HEALTH CARE USERS AND THE RIGHT TO VOTE

On the 29th of May 2018, Parliament was briefed on possible reforms which will allow mental health patients to vote in elections. First and foremost, SAFMH would like to applaud government on the measures taken thus far to make this previously extinguished right a reality. eNCA also released a poll which posed the question as to whether "mental health patients should be allowed to vote." The results were that 60% of voters in the poll said yes they should and 40% said no they should not be able to. We support eNCA's decision to request the public to give their opinion and to start the conversation around this issue. It is important for pending law reform to be publicised and for the perception of the public surrounding important and controversial topics such as this to be known by decision-makers, especially leading up to the general elections. While heartening to know that more than half of respondents were in favour of the right to vote extending to people who have been denied the franchise in the past, it is concerning that such a large proportion of voters expressed that this right should be curtailed against people so situated. Public opinion is important in the law reform process because of the participatory nature of our democracy. Social stigma often puts a pin in this, however, frustrating the course thereof. While not decisive, the view of the public is very important and thus, on this basis, SAFMH has some aspects it wishes to raise surrounding the issue.

The way in which South African law already addresses this issue is as follows: the right to vote is guaranteed to all citizens over the age of 18 years of age in terms of section 19(3)(a) of the Constitution of the Republic of South Africa (CRSA); however rights are capable of limitation in terms of section 36. This limitation in respect of people with mental illness and intellectual disabilities voting is contained within sections 8(c) and (d) of the Electoral Act, which excludes people deemed to be of "unsound mind," the "mentally disorderly" and those held under the Mental Health Care Act. It is unclear what exactly the first two of these exclusions refer to as they are archaic terminology, but the third refers to people who have been involuntarily admitted to a psychiatric hospital. Section 36 of the Constitution states that rights may be limited only if that limitation is reasonable and justifiable. It is our submission that it is not. This is because of the extent to which it limits the person's rights to dignity, equality and freedom of expression. It is contrary to international law and does not take cognisance of the fact that people with mental illness, psychosocial disability and intellectual disability can, with reasonable accommodation, be quite adept at making decisions concerning what is best for them and those around them.

As to the international law concerned, Article 29 of the United Nations Convention on the Rights of People with Disabilities (UNCRPD) provides that the political rights of people with disabilities are guaranteed, that States Parties must bestow upon people with disabilities the right to vote, must ensure that voting procedures and facilities are "appropriate, accessible and easy to understand and use," and protect the right of the person to vote by secret ballot, but with assistance if they so choose. The UNCRPD does not make distinctions regarding the types of disabilities to which this applies. It is therefore submitted that as a state that has ratified the UNCRPD, South Africa must make these provisions for people so-situated.

The South African Federation for Mental Health (SAFMH) is a non-governmental organisation (NGO) seeking to uphold and advocate for the rights of mental health care users. We submit that the South African legal framework is currently very outdated and bourn of stigma against people with mental illness, psychosocial and intellectual disabilities. It represents perceptions that existed before Post Constitutional Democracy and does not reflect the human rights-based model for which we advocate. We call upon the public to become educated on these issues, to know what the law states and what it means and to gain an understanding of the fact that people with mental illness, psychosocial and intellectual disabilities can be extremely capable citizens. Similarly, we call upon duty-bearers to facilitate this educational process.

It is time to *#takeyourplace* and be freed from societal perceptions that things should stay the way they are. Mental health care users ought to be on a same footing as everyone else. They have the right to have aspirations about how this country should be taken forward, rights to offer their support to a political party. For them to be denied that represents a flagrant dereliction of their constitutional entitlements. Let's take that 60% yes and make it 100%.

SA Federation for Mental Health