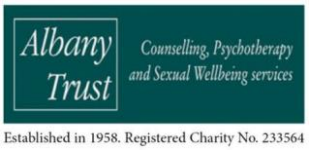
Memorandum of Understanding on Conversion Therapy in the UK

Version 2

December 2021



Purpose and Overarching Position:

1 The primary purpose of this Memorandum of Understanding (MoU) is the protection of the public through a commitment to ending the practice of 'conversion therapy' in the UK.

2 For the purposes of this document 'conversion therapy' is an umbrella term for a therapeutic approach, or any model or individual viewpoint that demonstrates 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, or seeks to suppress an individual's expression of sexual orientation or gender identity on that basis.

These efforts are sometimes referred to by terms including, but not limited to, 'reparative therapy', 'gay cure therapy', or 'sexual orientation and gender identity change efforts', and sometimes may be covertly practised under the guise of mainstream practice without being named.

i) For the purpose of this document, sexual orientation refers to the sexual or romantic attraction someone feels to people of the same sex, opposite sex, more than one sex, or to experience no attraction.

ii) For the purposes of this document, gender identity is interpreted broadly to include all varieties of binary (male or female), non-binary and gender fluid identities.

3 Signatory organisations agree that the practice of conversion therapy, whether in relation to sexual orientation or gender identity, is unethical and potentially harmful.

4 Signatory organisations agree that neither sexual orientation nor gender identity in themselves are indicators of a mental disorder.

5 This MoU also intends to ensure that:

- the public are well informed about the risks of conversion therapy.
- healthcare professionals and psychological therapists are aware of the ethical issues relating to conversion therapy.
- new and existing psychological therapists are appropriately trained.
- evidence into conversion therapy is kept under regular review.
- professionals from across the health, care and psychological professions work together to achieve the above goals.

6 This position is not intended to deny, discourage or exclude those with uncertain feelings around sexuality or gender identity from seeking qualified and appropriate help.

This document supports therapists to provide appropriately informed and ethical practice when working with a client who wishes to explore, experiences conflict with or is in distress regarding, their sexual orientation or gender identity.

Nor is it intended to stop psychological and medical professionals who work with trans and gender questioning clients from performing a clinical assessment of suitability prior to medical intervention. Nor is it intended to stop medical professionals from prescribing hormone treatments and other medications to trans patients and people experiencing gender dysphoria.

For people who are unhappy about their sexual orientation or their gender identity, there may be grounds for exploring therapeutic options to help them live more comfortably with it, reduce their distress and reach a greater degree of self-acceptance. Some people may benefit from the support of psychotherapy and counselling to help them manage unhappiness and to clarify their sense of themselves. Clients make healthy choices when they understand themselves better.

Ethical practice in these cases requires the practitioner to have adequate knowledge and understanding of gender and sexual diversity and to be free from any agenda that favours one gender identity or sexual orientation as preferable over other gender and sexual diversities. For this reason, it is essential for clinicians to acknowledge the broad spectrum of sexual orientations and gender identities and gender expressions.

Roles and responsibilities:

7 Signing this document commits signatory organisations to draw up an action plan to proactively implement the relevant actions below.

8 Where appropriate, the organisations undersigned will ensure that there is board-level support in carrying out the necessary measures to meet the commitments within the MoU.

9 While all parties share a common interest in ending conversion therapy, their remits and responsibilities differ.

10 This MoU does not exhaustively list every action which every organisation will take but sets out a framework for how organisations will respond to the issue in areas where they do have responsibility.

11 Organisations with practice members will ensure through training and/or published guidelines that the relevant over-arching ethical principles in their statements of ethical practice are understood and applied when working with sexually and gender diverse clients, as pertaining to the basic standards of honest, competent and non-discriminatory practice to which clients of all identities and orientations are entitled.

12 Organisations that work in the provision of mental or psychological health delivery or commissioning, such as the NHS, will seek to ensure they do not commission or provide conversion therapy.

13 Professional associations will work to ensure their memberships have access to the latest information regarding conversion therapy.

14 Professional associations will endeavour to make Continuing Professional Development (CPD) events available which help develop therapists' understanding and cultural competence in working with gender and sexually diverse clients.

15 Organisations will work together to create a shared information resource on conversion therapy, including Frequently Asked Questions (FAQs), and help and support for both members of the public and professionals.

16 Those with a responsibility for training will work to ensure that training prepares therapists to have sufficient levels of cultural competence such that they can work effectively with gender and sexually diverse clients.

17 Training organisations are advised to refer to the latest guidelines from professional associations who are signatory organisations on working with gender and sexually diverse clients when reviewing their curriculum on equality and diversity issues.

18 Organisations will review their current guidelines and policies and consider the need to include more specific requirements to ensure individual practitioners and training organisations demonstrate awareness and understanding of policy regarding conversion therapy.

19 Campaigning bodies will work to ensure that their target audiences are aware of the basis for concern about any ongoing practice of conversion therapy.

Review & Research:

20 Signatory organisations will meet regularly to oversee the implementation of the MoU and monitor progress towards realising its intentions and goals.

21 Within the next five years, if funded, signatory organisations will seek to ensure appropriate research into the prevalence and effects of conversion therapy in the UK, and into how best to work with gender and sexually diverse clients.

22 The text of the MoU will be kept under review and altered, if necessary, in the light of new research or the appearance of unintended consequences. A full formal review will be conducted every three years from the date of the MoU hard launch (July 2018). The next formal review is due in July 2021.

23 Signatory organisations will endeavour to keep abreast of international developments in addressing conversion therapy.

Mutual understanding:

24 The memorandum is not intended to and does not create any contractual obligations between these parties.

25 Instead, this memorandum is signed in recognition of a shared professional responsibility to improve the support and help available to those at risk from conversion therapy.

Nicola Gale, President
British Psychological Society

Jeremy Clarke,
Chair & Clinical Director,
Albany Trust

Reenee Singh
Association for Family Therapy

Anthony Ruddle, Chair
Association of Christian Counsellors

Dr Thomas Swaine,
GLADD Secretariat
GLADD (The Association of LGBT Doctors and Dentists)

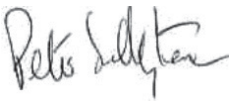
Chris Williams, President
British Association of Behavioural and Cognitive Psychotherapies

Dr Andrew Reeves, Chair
British Association for Counselling and Psychotherapy

John Hazlett Dickinson, Chair
British Association of Dramatherapists

Helen Morgan, Chair
British Psychoanalytic Council

Michelle Ross, Co-founder
cliniQ



Peter Saddington, Chair
College of Sexual and Relationship Therapists

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Professor Sir Bruce Keogh,
National Medical Director
NHS England

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NHS Scotland

Dominic Davis, Chief Executive
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Richard Bagnall-Oakeley, Chair
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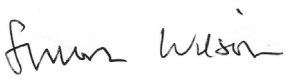

Simon Wilson, Chair
Relate

Nigel Mathers, Honorary Secretary
Royal College of General Practitioners

Martin Pollecoff, Chair
UK Council for Psychotherapy

Mark Winstanley, **Chief Executive** Rethink

Sean Duggan, **Chief Executive** Mental Health Network

Paul Farmer CBE, **Chief Executive** Mind

Dr Adrian James, President Royal College of Psychiatrists

Supporter organisations

ATSAC

Association for the Treatment of Sexual Addiction and Compulsivity

Stonewall

IMPROVING CHILDREN'S MENTAL HEALTH

Place 2Be

Centre for Mental Health