**Title page**

**Sexuality and student mental health nurse experience in education and practice.**

**Sexuality and mental health nursing**

**Accessible summary**

**What is known on this subject?**

Lesbian, Gay, bisexual and transgender (LGBT) identifying student mental health nurses in higher education can feel less safe than others and this can affect their performance. People do not ‘come out’ once, they come out multiple times and this is difficult in a classroom situation.

**What this paper adds to existing knowledge**

Lecturers can make a difference to LGBT student nurses experience and this can have an impact on clinical practice. The emotional impact of student’s experience of ‘coming out’ in the classroom can have far reaching consequences for their mental health. The response of educational staff can have a huge impact on the ability to learn and the marks achieved. Student lecturer relationships can have transformative consequences.

**Implications for practice**

Student mental health nurses make meaning from their educational experiences in the classroom and clinical practice. If they don’t see themselves (an LGBT perspective) in education and practice this can affect engagement and motivation. Safe nursing practice is role modelled from lecturer to student and has implications for service user experience in clinical settings.

**Key words**

Sexuality, Nursing Education

Importance for mental health nursing

Lesbian, gay, bisexual, or transgender (LGBT) mental health nursing students risk poorer educational outcomes than their heterosexual contemporaries due to feeling excluded and experiencing higher rates of mental ill health. Not only do LGBT student nurses potentially have specific mental health issues, their experiences in education and practice are significantly influenced by the activities of mental health nursing and academic staff. As future mental health nursing practitioners, authentic inclusion of LGBT perspectives in education and practice will improve experiences for students and ultimately, mental health service users.

**Authors**

Ben Milward\*

Student Nurse

University of Derby

Kedleston Rd

Derby

DE22 1GB

Elizabeth Collier\*\*

Senior lecturer in mental health nursing.

University of Derby

Kedleston Road.

Derby

DE22 1GB

[e.collier@derby.ac.uk](mailto:e.collier@derby.ac.uk)

01332 593629

\*At time of writing. Current job and address now;

Benjamin Milward

Registered Mental Health nurse

Derbyshire Healthcare Foundation NHS Trust

Kingsway

DE22

[Benjamin.milward@nhs.net](mailto:Benjamin.milward@nhs.net)

\*\*corresponding author

**Introduction**

The mental health of student mental health nurses in the context of being Lesbian, gay, bisexual, or transgender (LGBT) needs attention in relation to both classroom and clinical placement experiences. LGBT identifying individuals are at greater risk than their heterosexual peers in HE as they feel less safe or respected which affects full engagement with academic programmes (Kosciw et al 2014). Half (n=5375) of LGBT people have experienced depression in the last year, one in eight LGBT (aged 18-24) have attempted suicide, and one in eight have experienced unequal treatment from healthcare staff (Stonewall, 2018a). Two in five students at university have hidden their identity due to fear of discrimination (Stonewall, 2018b).

This paper presents a critical reflection on an experience relating to sexuality from two perspectives, a mental health nursing (MHN) student (Student *MH nurse*) and a lecturer (Lecturer). The aim is firstly, to give voice to minority students in higher education (HE) and secondly, to promote the idea that the educational environment, including placement experiences, can have a profound effect on student experience and wellbeing, as an individual and as a MHN. We will use the commonly used abbreviation LGBT throughout.

In the article we use Gibbs’s (1988) reflective cycle to inform the structure of the paper, that is description, feelings and thoughts, evaluation, analysis, conclusion and action plan. Congruent with reflection, we will use ‘I’ throughout. The article refers to an experience during stage 1 of a graduate entry nursing (GEN) two-year Master of Science MHN programme at a UK university.

**Description**

***(Lecturer):*** I was facilitating a classroom discussion on sexuality with a group of around 20 MH students. One student shared that the population he originated from had been taught that gay men were “no better than dogs”. I clarified the context and ensured that it was identified as offensive and against nursing values. A few days after the session, I had an email from (Student *MH nurse*), who explained that he was a gay man and would there be anything on sexuality in the programme as he was worried about some attitudes that he had been exposed to. In the correspondence, I asked whether he would be willing to speak about it in the classroom.

***(Student MH nurse):*** During a lecture a fellow peer made a comment that schizophrenia and being LGBT were the same thing. The lecturer ((Lecturer)) challenged this idea. Afterwards, I emailed her to see if there would be any discussion around matters pertaining to LGBT in future sessions as the comparison alarmed me. In the email I also mentioned a comment about LGBT individuals being “no better than dogs”. We discussed the issue through emails and at the end I was asked if I would be willing to discuss this in a classroom.

During a later lecture, the discussion shifted to the LGBT community and (Lecturer) mentioned that I had emailed her regarding this subject and asked if I wanted to say anything. Once prompted, I then started speaking. It started with a disclosure about my sexuality and I explained about how my sexuality had severely affected my mental health. I had been on a clinical placement where there was no inclusive accessible material nor monitoring of sexual orientation for service users. I felt that most of the time, discussions in lectures were heteronormative in nature. I had felt invisible. I told them about my previous university experience during my BSc whereby I was not myself and hardly a person due to the fear around my sexuality.

**Feelings and thoughts**

***(Lecturer)***: When I got the email, I felt concerned and responsible as I was conscious of my duty of care to students. I felt that this was an important email and that my response to it was critical for (Student *MH nurse*)’s wellbeing. I was aware that an ill-judged reply could do harm. I discussed the issue with a colleague and responded. When I got confirmation that he would consider speaking out I remained aware that something important was happening that needed to be managed sensitively.

***(Student MH nurse)***: When I agreed to speak out, I had a whole array of feelings including anxiety and fear of discrimination. During this disclosure, the entire classrooms attention was on me. I was aware of how shaky my voice was and how I felt. The disclosure ended with everyone clapping and praising me. Afterwards, I felt proud, and it felt that the experience was important for myself and for others. I felt better afterwards and more comfortable in the classroom. I felt transformed.

**Evaluation**

***(Lecturer):*** It was useful to talk it through with a colleague and explore ideas. When (Student *MH nurse*) and I met much later (Aug 2020) to talk about it again, I was very interested in (Student *MH nurse*)’s perceptions about the impact of his experiences on his grades and attainment. What student MHN students learn from lecturers and others in the classroom has important implications for their university experience, their clinical practice and ultimately therefore, service user experience. On this occasion I was privileged to find out what a student was thinking. However, most of the time I won’t know, so as a lecturer I need to assume that a lot of unspoken activity is going on at all times and act accordingly.

***(Student MH nurse):*** I think one of the most important things to promote is awareness of what it means to be LGBT and how this can have an impact on mental health. I think “Coming out” is a unique aspect of personal experience that plays a pivotal role in a person’s life. People don’t come out once, they come out multiple times and each time can be distressing. Coming out again, this time in the classroom, was a necessary risk. I think it is important that people are aware of this and are aware of how to support people. My past experience had been traumatic, and I carry it with me every day. Jonny Benjamin did a Christmas lecture at university which I felt inspired by, thinking maybe I could find the courage to talk about my experiences, but I hadn’t explored it further, until I emailed (Lecturer).

I think that there is a link between being open about myself and my grades. In the past I have openly discussed my mental health but avoided the subject of sexuality. Nor had I linked them together. Table one shows my perceptions of how coming out affected my abilities to perform educationally.

***Insert table 1***

It could be argued that the increase in grades was just about academic development. However, I feel this was directly impacted by my ability to be more comfortable with being myself and feeling safe enough to discuss this topic with others.

In contrast, during my BSc I didn’t disclose my sexuality and I felt that every facet of university of life was severely affected. I found it hard to attend lectures and impossible to join seminars for fear of being found out. My grades suffered. More importantly though was the impact on my mental health which was already damaged. During my BSc there was no mention of anything LGBT related in the programme and no support options evident. It felt as though I was utterly alone. During my MSc however, despite the anxiety, I feel that the disclosure in the classroom was the single most important moment of my entire degree and enhanced my personal ability to obtain the grades I did.

**Analysis: implications for mental health nursing and practice**

The idea that students construct their learning and make meaning from their classroom experiences has been an influential theory in nurse education. As nursing is an applied course, that is, theory and evidence as applied to the ‘real world’ of people and services they use, relationships with others are at the core of safe, effective nursing practice, principles that can be transferred to HE relationships.

(Student *MH nurse*)’s decision to come out in the classroom would not have happened without the email exchange. Although it was (Student *MH nurse*) who had instigated the contact, it was perhaps made possible by the learning environment where he felt safe to communicate in this way. Being empathetic and attending to student experience can ensure equality of opportunity to contribute, which in turn can affect student motivation and engagement (Draganov et al 2013).

The association (Student *MH nurse*) makes between coming out and academic attainment may relate to his emotional state, as when the emotional domain of experience in HE is attended to, extrinsic learning can occur. This is particularly important for GEN students, where there is significantly less time than BSc programmes to digest complex concepts and higher academic issues. Pedagogy is not mentioned in most nursing documents outlining curriculum content and ‘feeling at home’ is most important (Mackintosh Franklin 2016). A favourable learning environment should be pleasant, promote confidence, be culturally and mutually respectful, informal, negotiable, and cooperative (Draganov 2013). Good classroom management should strive to achieve this with a view to avoiding detrimental consequences that could so easily occur.

This experience shows how important an inclusive learning environment is. (Student *MH nurse*) emailed (Lecturer) because he wanted to be able to challenge some of the comments made in class but did not feel safe to do so. All students need to feel safe in a well-managed classroom and this is part of a hidden curriculum (Quinn, 2007) where values and attitudes inherent in nurse education are as important as knowledge and skills.

The email exchange contributed to acknowledging the heteronormative nature of (Student *MH nurse*)’s HE experiences, but his clinical experience was also similar and raised questions about LGBT service user needs. Fifty-seven per cent (n= 3001) of staff in health and social care services do not consider sexual orientation to be relevant to health needs, 10% are not confident in their ability to understand the specific needs of LGBT service users and 59% of staff feel uncomfortable asking a service user about sexual orientation (Stonewall 2015). This is perhaps unsurprising when the (UK) NHS People Plan (NHS, 2020) originally included LGBTQ+ in a paragraph on the *disability* equality standard. This has been changed (described as a drafting error), however the 52-page document makes reference to LGBT staff once on page 24. This is concerning on a document aiming to promote a culture of inclusion and belonging and raises questions about organisational understanding of LGBT staff needs.

**Reflection conclusions**

The contact between student and lecturer had profound consequences and reinforced the need for a proactive approach to classroom management. Personal transformation can happen in the classroom and can have significant effect on achievement, quality of experience and mental wellbeing. Responding to student concerns in a thoughtful, measured and sensitive way is essential for an holistic education. Talking about experiences openly is a powerful way of reducing stigma and (Student *MH nurse*) is more open since this experience which he finds helpful.

MHN educators in HE must adhere to organisational and nursing codes’ values of equality and diversity in their academic practices. This will contribute to protecting ‘patients and the public effectively and efficiently’ (NMC, 2015)’, which includes students.

**Action plan**

**(Lecturer)**

* Successful classroom management is more likely if I actively see things from a student’s point of view at all times.
* I will not be despondent when I do not get anything back from the students, there is a lot going on.
* I will evaluate and revise all my learning materials with LGBT issues in mind.
* I have recently been revising my module reading list to ‘decolonise the curriculum’ and I realised whist writing this paper that I had not ever considered sexuality. Therefore, I will also reconsider reading lists from this perspective.

**(Student** *MH nurse***)**

* I shall use the confidence I gained from this reflection to set new goals moving forward in my career.
* I shall harness my feelings of empowerment to support others and change different aspects of practice and public spheres.
* I shall strive to make sure all area of work and education I find myself in are inclusive of everyone.
* Since this reflection and qualifying as a nurse, I have begun to work towards developing a more inclusive environment at my current place of work, and I shall continue to do this.

**Conclusions**

This paper has highlighted that the diverse communities we serve in HE and mental health services require a well-informed workforce. Students need to be able to recognise themselves in teaching materials offered in HE in order that they can feel included. This is important for resilience building and mirrors professional practices, linking theory to clinical practice.

Ensuring inclusive and diverse issues are represented in teaching may promote more opportunities for students such as co-reflections and invite new perspectives into the classroom. Providing a safe environment is important for minority individuals and attempts to improve the environment may help such students reach their full potential and carry this confidence into other areas of their life and professional practice. Nurse lecturers are registered nurses who have a responsibility to public health and safety and this includes students.

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**Table 1. Student timeline of events in chronological order**

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| --- | --- | --- |
| **Assignment** | **Context** | **Grade achieved** |
| 1 | No one knows about my sexuality. | 68 |
| 2 | I tell one close friend about my sexuality and its impact on my mental health and decide to discuss my mental health in a reflection assignment. | 75 |
| 3 | I had discussed with a few close friends and developed a small social network. I designed an original phenomenological study looking at coming out online. | 86 |
| 4 | I had emailed a lecturer regarding a comment that was made in class about being LGBT and then came out in classroom during the cultural competence lecture. | 90 |
| 5 | I felt comfortable and safe, my cohort appeared more open and friendly to me. Peers spoke to me a lot more, no negative experience. | 92 |