WPA Position Statement on Gender Identity and Same-Sex Orientation, Attraction and Behaviours

Recent controversies in many countries suggest a need for clarity on same-sex orientation, attraction and behaviour (formerly referred to as homosexuality). Along with other international organizations, the WPA considers sexual orientation to be innate and determined by biological, psychological, developmental and social factors.

Over 50 years ago, Kinsey et al[1] documented a diversity of sexual behaviours among people. Surprisingly for the time, he described that for over 10% of individuals this included same-sex sexual behaviours. Subsequent population research has demonstrated that approximately 4% of people identify with a same-sex sexual orientation (e.g., gay, lesbian and bisexual orientations). Another 0.5% identify with a gender identity other than the gender assigned at birth (e.g., transgender)[2]. Globally, this equates to over 250 million individuals. There is a recognized need for moving towards a non-binary gender identity.

Psychiatrists have a social responsibility to advocate for a reduction in social inequalities for all individuals, including inequalities related to gender identity and sexual orientation.

Despite an unfortunate history of perpetuating stigma and discrimination, it has been decades since modern medicine abandoned pathologizing same-sex orientation and behaviour[3]. The World Health Organization (WHO) accepts same-sex orientation as a normal variant of human sexuality[4]. The United Nations Human Rights Council[5] values lesbian, gay, bisexual and transgender (LGBT) rights. In two major diagnostic and classification systems (ICD-10 and DSM-5), same-sex sexual orientation, attraction and behaviour are not seen as pathologies.

There is considerable research evidence to suggest that sexual behaviours and sexual fluidity depend upon a number of factors[6]. Furthermore, it has been shown conclusively that LGBT individuals have higher than expected rates of psychiatric disorders[7,8], and once their rights and equality are recognized these rates start to drop[9-12].

People with diverse sexual orientations and gender identities may have grounds for exploring therapeutic options to help them live more comfortably, reduce distress, cope with structural discrimination, and develop a greater degree of acceptance of their sexual orientation or gender identity. Such principles apply to any individual who experiences distress relating to an aspect of their identity, including heterosexual individuals.

The WPA believes strongly in evidence-based treatment. There is no sound scientific evidence that innate sexual orientation can be changed. Furthermore, so-called treatments of homosexuality can create a setting in which prejudice and discrimination flourish, and they can be potentially harmful[13]. The provision of any intervention purporting to "treat" something that is not a disorder is wholly unethical.

1. The WPA holds the view that lesbian, gay, bisexual and transgender individuals are and should be regarded as valued members of society, who have exactly the same rights and responsibilities as all other citizens. This includes equal access to health care and the rights and responsibilities that go along with living in a civilized society.
2. The WPA recognizes the universality of same-sex expression, across cultures. It holds the position that a same-sex sexual orientation *per se* does not imply objective psychological dysfunction or impairment in judgement, stability or vocational capabilities.
3. The WPA considers same-sex attraction, orientation and behaviour as normal variants of human sexuality. It recognizes the multi-factorial causation of human sexuality, orientation, behaviour and lifestyle. It acknowledges the lack of scientific efficacy of treatments that attempt to change sexual orientation and highlights the harm and adverse effects of such "therapies".
4. The WPA acknowledges the social stigma and consequent discrimination of people with same-sex sexual orientation and transgender gender identity. It recognizes that the difficulties they face are a significant cause of their distress and calls for the provision of adequate mental health support.
5. The WPA supports the need to decriminalize same-sex sexual orientation and behaviour and transgender gender identity, and to recognize LGBT rights to include human, civil and political rights. It also supports anti-bullying legislation; anti-discrimination student, employment and housing laws; immigration equality; equal age of consent laws; and hate crime laws providing enhanced criminal penalties for prejudice-motivated violence against LGBT people.
6. The WPA emphasizes the need for research on and the development of evidence-based medical and social interventions that support the mental health of lesbian, gay, bisexual and transgender individuals.

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Improving education, policy and research in mental health worldwide: the role of the WPA Collaborating Centres

The WPA, within its 2014-2017 Action Plan[1], established a network of Collaborating Centres to develop innovative initiatives on education, policy and research in mental health. The aim of this network is to create repositories of information as well as offer practical advice and guidance on teaching, policy and research.

The WPA Collaborating Centres have been appointed by the WPA President and Executive Committee for a period of three years in the first instance, according to the following criteria: a) high scientific reputation at national and international levels; b) pre-eminent status in the country's health, research or academic structures; c) high quality of academic and research leadership; d) stability in terms of achievements, staff and resources; e) willingness to deliver the WPA Action Plan; f) clear and appropriate technical expertise.

The functions of the WPA Collaborating Centres are to: a) collect and disseminate information on mental health; b) provide training and links to clinical and research centers; c) support capacity building at country or regional level; d) conduct and coordinate educational and research activities with the support of the WPA[2].

The network includes now seven sites: the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India; the Department of Psychiatry, Chinese University of Hong Kong, Hong Kong; the Department of Psychiatry, University of Nairobi, Kenya; the Department of Psychiatry and Mental Health, University of Cape Town, South Africa; the Institute of Psychiatry, Faculty of Medicine, Ain Shams University, Cairo, Egypt; the Department of Psychiatry, Barts and London School of Medicine and Dentistry, Queen Mary University, London, UK; and the Department of Psychiatry, University of Naples SUN, Naples, Italy.

The network started its activities in 2016, adopting the principles of co-creation and the democratization of knowledge. In fact, mutual learning and exchanges are extremely important for developing new solutions that are sustainable and evidence based, and for providing better care for patients in times of economic constraints, shortage of skilled mental health professionals, and legal and policy obstacles to mental health care in all countries[3-5].

The Centers will provide opportunities for scholarship across high-, middle- and low-income countries, and will disseminate curricula, best clinical practice guidelines, shared policies and high impact research to improve patient care and public mental health. Another priority is to develop shared teaching and learning projects for medical students and psychiatric trainees[6,7]. In the future, the network will expand its aspirations by promoting social inclusion, protection of human rights in care environments, and adoption of effective complex biopsychosocial interventions in clinical practice[8,9].

Updates on the activities promoted by the WPA Collaborating Centres will be shared and disseminated through policy papers, educational activities and training programs.

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