Dear Norman Lamb

As you will be aware, on Wednesday 20th November 2013, in a Westminster Hall debate moved by Sandra Osborne MP, Parliament finally had the chance to debate the concerning problem of conversion therapy in Britain. Attendees raised a range of concerns about the extent of the practice and suggested a variety of measures which the government could help address the problem.

In your response to this debate, you rightly condemned the practice and said you were undertaking a range of measures to help address the problem. We welcome these moves, and we are glad to see that a joint statement against conversion therapy has now been produced by the British Association of Counsellors and Psychotherapists (BACP), United Kingdom Council for Psychotherapy (UKCP), Stonewall and a range of other organisations.

Nevertheless, we feel there is a need to explore as many options as possible to address the concerns raised by Members at the debate. Since 20 November, yet more evidence has emerged concerning the dangers of modern-day conversion therapy, with a report by BBC Newsbeat highlighting the plight of an anonymous young woman from West Yorkshire, treated for her sexuality in 2007. This adds to the already considerable evidence, both from academia and the press, that conversion therapy is a surprisingly prevalent problem in Britain today; and that it is part of a much broader issue of poor public service provision more generally for the LGBT population – highlighted, not least, by Stonewall’s most recent gay and bisexual men’s health survey.¹

Conversion therapy, it must be stressed, is not just an issue of religious fundamentalists propagating fake “cures” to unwilling patients, and nor is it likely to be directly commissioned by the NHS. As a recent survey showed,² a surprisingly high proportion of modern mental health practitioners – over

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200 of 1300 surveyed – have offered conversion therapy before. 35% of the patients these respondents described were referred to them for treatment by GPs, and indeed an undercover investigation by Patrick Strudwick of the Independent revealed one conversion therapist received most of her clients from her local GP’s surgery.³

Although many religious groups have been prominent in advocating conversion therapy, not all those complicit in the practice are likely to be motivated for religious reasons. Considering that many of those working in the mental health sector likely started practice before homosexuality was removed from the World Health Organisation’s International Classification of Diseases, in 1990, there is a danger that some professionals lack an understanding of what to do when, for example, a homosexual patient approaches them expressing uneasiness about their sexuality.

In order to address this much deeper problem, there is scope for government to go beyond merely supporting professional bodies in making statements against conversion therapy. We must encourage a wider shift in attitudes across the public services and other professions, enhancing the effectiveness and relevance of services to the LGBT population. Below, we list six further measures which can be taken to address the problem, and we would be grateful to hear the Government’s views on them:

(1) Implement effective training in LGBT-Friendly health provision: It is crucial that professionals across the NHS and therapy sectors are properly trained in the specific needs of the LGBT population, and know what to do when an LGBT patient approaches them expressing uneasiness about their sexuality. Examples of individual best practice, such as in the Nottingham City Clinical Commissioning Group, need to be expanded across the country. As a Stonewall Public Health Champion, Nottingham City CCG is committed to increasing LGBT representation on their People’s Council, training CCG staff on the health needs of LGBT people and working with the Local Authority to drive up the relevance of their services for the LGBT population.

(2) Investigate NHS and professional links with conversion therapists: There is now considerable evidence that some GPs have forwarded patients on to conversion therapists, and indeed in 2010, in the wake of Strudwick’s investigation, the British Medical Association (BMA) called on the Government to investigate cases where NHS money might have been used for conversion therapy.⁴ It is vital that Government takes measures to investigate how informal links with conversion therapists – not simply direct, formal commissioning – might lead to maltreatment of LGBT patients in the NHS.

(3) Ensure CCGs and other commissioning bodies only commission to providers accredited with competent professional bodies, with effective complaints procedures in place:

The Nottingham City CCG only commissions counselling and psychotherapy from practitioners accredited with the BACP but other CCGs, Freedom of Information (FOI) requests from Diana Johnson MP suggest, have sometimes commissioned services from providers which are neither BACP-accredited nor accredited by any organisations on the Government’s Accredited Voluntary

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⁴ Deborah Cohen, “BMA Meeting: Conversion Therapy for homosexuals should not be funded by the NHS” in *British Medical Journal* 2010: 341, [www.bmj.com/content/341/bmj.c3553](http://www.bmj.com/content/341/bmj.c3553).
Register (AVR). Such organisations have also not been party to the recent joint statement against conversion therapy. Patrick Strudwick has also raised concerns about the complex and bureaucratic process he went through to have psychotherapist Lesley Pilkington struck off from the BACP.\(^5\) We must ensure that only providers accredited with effective organisations – with robust complaints procedures in place – are commissioned by the NHS.

(4) **Ensure effective regulation for the Counselling and Psychotherapy sector:** In order to ensure counsellors and psychotherapists are properly accountable to patients, the Government needs to explore whether effective statutory regulation – either through the Health and Care Professions Council (HCPC) or some other appropriate arrangement – could be put in place to ensure that nobody can legally practice as a psychotherapist without being part of an accredited professional body. The Registration Council for Clinical Physiologists (RCCP), although they do not operate in a sector in which conversion therapy is an issue, have recently raised a range of relevant concerns to us that individuals struck off from AVR-registered bodies like the RCCP for malpractice can still gain employment in the public sector. In one extreme case, RCCP Registrant “A” – imprisoned for the possession of child pornography and weaponry and placed on the child sex offender monitoring unit upon release – was subsequently found to have gained a locum post within hours of leaving the police station.

(5) **Encourage effective use of the Public Sector Equality Duty:** Enshrined in the Equalities Act 2010, the Duty requires public bodies to drive forward the kind of measures mentioned above in making services more relevant to the LGBT population. Government can encourage the Duty’s effective use by, amongst other things, working to gather more information on the outcomes for the LGBT public service users. This information can then be utilised as a benchmark by which to assess the relevance of public services in meeting the needs of LGBT people.

(6) **Explore legal restrictions against conversion therapy:** One prominent American conversion therapy sufferer, Matthew Shurka, readily acknowledged that laws banning conversion therapy for under-18s of the kind now been passed in several US states were unlikely to lead to any successful litigation. However, he contended they act as a “Red Flag”: highlighting to potential sufferers, and practitioners, the considerable damage this practice can cause.\(^6\) To this end, a ban on conversion therapy in Britain – at the very least, for under-18s – could, when complemented by effective training in LGBT-friendly forms of mental health treatment, play a key part in bringing an end to the practice of conversion therapy in Britain.

Again, we would like to reiterate our thanks to you for the work you have done thus far on this issue, and welcome the recent statement made against the practice. However, now that marriage equality has been achieved, the LGBT community is rightly turning its head towards the broader forces underpinning inequality in Britain. If Britain takes bold moves against the practice here, there is also hope that it will go some way towards giving solace to the LGBT population in other countries who lack the most basic human rights, and help rebuke an assumption that underpins much modern-day homophobia: that same-sex attraction can and should be changed.

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We know that you share our disgust at the heinous practice of conversion therapy. We would thus be grateful to hear the Government’s views on how we can relegate it to the history books where it belongs.

Yours Sincerely,

Diana Johnson MP

Kingston upon Hull North

Crispin Blunt MP

Reigate

Clive Betts MP

Sheffield South East

Geraint Davies MP

Swansea West

Stephen Gilbert MP

St Austell and Newquay

Hugh Bayley MP

York Central

Peter Bottomley MP

Worthing West

Mike Freer MP

Finchley and Golders Green

Nia Griffith MP

Llanelli
Andrew Gwynne MP
Denton and Reddish

Sandra Osborne MP
Ayr, Carrick and Cumnock

Iain Stewart MP
Milton Keynes South

Sharon Hodgson MP
Washington and Sunderland West

Andrew Percy MP
Brigg and Goole

Mike Weatherley MP
Hove and Portslade