

CHEMS SUPPORT PATHWAYS



Acknowledgements

The guide has been written by gay men. We are not professionals, rather gorgeously informed and passionate about sex and our health, with direct experience of chemo, problematic chemo use, addiction, withdrawal, and recovery.

We are not alone, and this guide has been edited, tweaked and proofed by peers, shags, allies and organisations supporting the work we do, and who continue to give their time generously at every turn.

Some of the information supplied here has been sourced directly from the gay men's health and wellbeing website MENRUS.CO.UK.

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Why this guide

This guide has been produced because gay men engaged in chemsex/ chems, or in recovery, have said they

- › do not fully understand how (support) services work
- › are uncertain how to access support, and/ or
- › do not receive the support they need

It has also been produced to illustrate how services and emergency systems function, and outline what you might reasonably expect using them – particularly when in crisis.

The guide also acknowledges chems affects individuals across the LGBT+ spectrum, and other men who have sex with men.

Change for the better

We know some services are trying to work better together to provide tailored and integrated support—though finding the right help can still be complicated and frustrating.

Having only a passing understanding of gay men's health and wider LGBT+ issues, mainstream drug services are recognising they've 'neglected' the LGBT+ community for decades.

Some are starting to respond positively, gaining essential knowledge and expertise to provide appropriate support.

Of course, all health services aim to be welcoming, respectful, knowledgeable, and understanding; the thing is to find a service that's right for your needs.

Navigating this booklet

Using chems can affect your mental health so you may not have sufficient head space to use this guide. However, we've broken it into bite-sized sections so you can dip into it when need. Try to go through the booklet with a friend, or a professional, though we know when things go wrong chemsex can be isolating and lonely.

Going the extra mile

We recognise the extraordinary workforce who navigate healthcare systems on our behalf. Many find ways to 'work around' these systems, while others plough through, also forging relationships with colleagues and peers across disciplines to provide the care and support we need.

30:30:30

A challenging aspect of producing resources like this is balancing pleasure, risks and harms. Coupled to this, optics around the Met's response to chemsex and effective liaison with the LGBT+ community which remains extremely poor.

Not all gay men use drugs, or do so for sex, or in problematic ways. The needs of gay men are not best served by suggesting chemsex is universal. In fact, suggesting it's universal runs the risk of giving the impression that it is both inevitable and impossible to escape. This being said, there are:

- › 30 chemsex related ambulance callouts a month
- › 30 chemsex related emergency department admissions a month
- › 30 chemsex related deaths a year**

Behind these statistics are partners, friends and lovers but we can reduce these numbers by:

- › Be informed and knowledgeable
- › Practice safer chems and hooking-up safer
- › Look out for each other
- › Engage with support at the earliest opportunity

- › If you're new to chems: take time to know the pros and cons so you can make informed decisions
If you've been using chems for a while: consider taking a break, review your use, and reset your life balance. If this seems too much or impossible: reach out (QR)
- › Using 'G' comes with many risks. They include overdose, unconsciousness, coma, and (in some cases) death. It is deeply concerning. While some regard going under as a 'norm' or 'right of passage', it's a step closer to an overdose from which you may not recover. Waking up in the Emergency Department (ED), an Intensive Care Unit (ICU), a police cell, or lost and confused on the streets—is the red flag to get support now.
- › If you've read this section and think it's 'bollocks', now maybe the time to read it through again. Or reach out to a friend who could use your support.

* Thankyou FH. ** Using the most accurate intelligence GMHC can gather for London (2024).

An overview of (local) support

With few exceptions, you can only access services (eg: drugs and alcohol, mental health, housing) in the local authority in which you live. This is problematic if you are sofa surfing or homeless and the local authority (where you are) has no record of you.



Doctor (GP)

Your 'gateway' to many NHS services.



Pharmacy (chemist)

Prescriptions are usually dispensed from a pharmacy near where you live.



Local authority

Should have details of all services it provides and listings of services located within their boundaries. Many provide housing, debt and benefit advice.



Drug and alcohol service

There is a drug and alcohol service in every London Borough. You can self refer or be referred by your GP.



Mental health service

You can self refer or be referred by your GP.



Online/ helpline support

Nationally and locally, there are many organisations, providing information, advice and support.

If your GP is in another local authority, or you have proof of residence elsewhere, then you will be expected to return to that local authority to access support there.



Voluntary services

Some services are Borough specific, others are accessible London-wide.



Sexual health services

London-wide access
STI home testing kits



HIV services

Most HIV treatment and care is still delivered from 11 centres across London. London-wide access.



Hospital: ED (A&E) and ICU

Most hospitals have emergency departments (EDs) and intensive care units (ICU). London-wide 24/7



London Ambulance Service (LAS)

London-wide 24/7



Metropolitan Police Service (MPS)

London-wide 24/7

Why service pathways don't always work

Gay men needing chemsex or chemo support often require specialist help and advice with multiple services working together such as the NHS, drug treatment, mental health, legal, housing, and debt. The reasons why you may not receive the support and care you need, when you need it, is complicated but factors include:

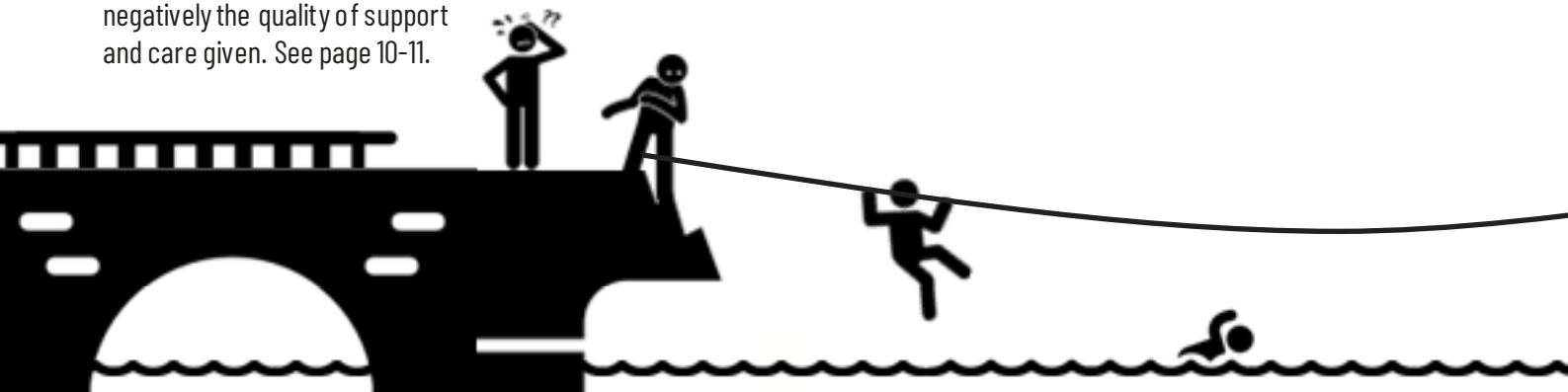
› **Heteronormative services**

Many services are conceived and delivered along the lines that clients and patients are heterosexual (straight). This is sometimes referred to as heteronormative. It means a service may have little understanding or knowledge of gay men and the wider LGBT+ community which impacts negatively the quality of support and care given. See page 10-11.

Some services are trying to be more inclusive but we hear numerous stories from gay men who say they have to explain who they are; talk about deeply personal issues to a heteronormative professional; and/ and have describe gay sex, hook-up culture, and chemsex.

› **Integrated Care Systems (ICS)**

Legally established in 2022 (England), Integrated Care Systems (ICS) aim to improve outcomes in health and healthcare, tackle inequalities, enhance productivity and value for money. This should mean improved coordination as you move seamlessly between services. However, within our (chemsex) experience, ICSs are not working as they could and should.



› **The EU, austerity, and cost of living crisis**

Leaving the EU has impacted workforce recruitment and, after years of austerity, services have been cut to the bone or disappeared altogether—with tight budgets across many statutory and NHS services the foreseeable future. A cost-of-living crisis continues to affect many, and we have yet to fully recover from the COVID pandemic. Combined, this will likely affect the support you need, when you need it.

› **Chemsex is not new**

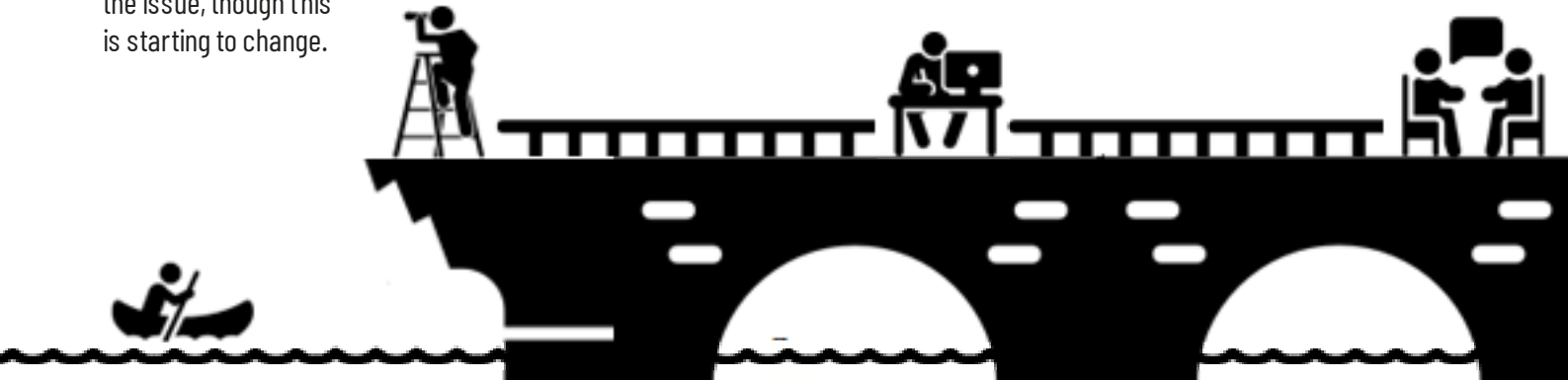
Before it was named as such, chemsex has existed since the 1990s. However, government departments, public health, and statutory services have been slow to acknowledge and address the issue, though this is starting to change.

Even if you know where to look

Finding and accessing support is challenging and time-consuming. It is especially draining if you are on your own and/ or experiencing GHB withdrawal, or crystal meth psychosis, for example.

On our radar

Mental health services may not treat you if you are still using drugs and drug services may say they cannot provide appropriate support until your mental health is stable or has been stabilised. This is a challenging 'stand-off' and an real world example how pathways struggle to function as they could.



Understanding NHS patient care

The NHS healthcare system is made up of primary, secondary, and tertiary care. Knowing what each does can help you better understand where you are when navigating the system.

Primary care

Primary care is the first point of contact within the healthcare system - providing general healthcare services and addressing a wide range of basic health needs.

Primary care includes your doctor or general practitioner (GP), pharmacists (chemists), dentists, optometrists, and community nurses and health visitors. They diagnose and treat common illnesses, provide preventive care (eg: vaccinations, health screenings), health advice, routine check-ups, and refer to specialist services (secondary or tertiary care) if/ when needed.

Secondary care

Secondary care includes specialised medical care including consultants in hospitals, mental health services and outpatient clinics. They handle more complex health issues that primary care cannot address, including diagnostic tests and surgeries, and provide inpatient or outpatient care.

Examples include HIV care, cardiologists for a suspected heart condition, outpatient clinics for scan or x-ray and some surgical procedures.

Tertiary care

Tertiary care is the highest level of specialised medical care, focusing on complex, advanced treatments and procedures.

This includes specialised consultants and medical teams, regional or national centres of excellence (eg: cancer/ transplants), cutting-edge/ experimental treatments, advanced surgical procedures/ therapies and/ or rare/ complex medical conditions. Typically, tertiary care requires a referral from secondary care.

Examples include cancer treatment, neurosurgery for brain or spinal cord conditions, advanced cardiac surgery, organ transplants, and specialised intensive care units (ICUs).

Understanding mental health and drug services

Local authorities provide mental health and drug services complimenting NHS-provided care, with some addressing broader health issues such as housing, employment.

Mental health services

Typically provide support for people with

- › mental health issues
- › crisis intervention and suicide prevention initiatives
- › community mental health teams (collaborating with NHS)
- › social care support for those with severe and enduring mental health problems

Drug and alcohol services

Typically provide

- › prevention/ harm reduction programmes (eg: needle exchange)
- › community-based drug and alcohol treatment recovery
- › counselling, group therapy; and peer support
- › outreach for vulnerable populations.

Finding support in your area

Your local authority website should have details about mental health and substance misuse services in your borough.

GP referrals and referring yourself

General Practitioners (GPs) can refer you to local authority services or integrated care pathways. Some services, such as drug and alcohol treatment centres, allow you to self-refer without a GP or social worker's involvement.

Heteronormative services

Heteronormative services

Heteronormative services refer to systems, organisations, or institutions designed, delivered, or structured in a way that assumes heterosexuality as the norm.

These services can exclude and/ or marginalise LGBT+ people by not recognising or accommodating their specific needs or experiences. Examples:

- › Delivering services with heteronormative expertise only
- › Assuming clients or patients are heterosexual unless explicitly stated otherwise
- › A lack of professional curiosity to identify specific health or social issues
- › Failing to consider boyfriends, same-sex partners or diverse family structures
- › Services using forms with 'male' or 'female' only options
- › Cultural or religious beliefs that implicitly or explicitly reject LGBT+ identities

Why it matters

- › LGBT+ individuals can feel alienated or invalidated, discouraging them from accessing vital services
- › A lack of tailored support can lead to unmet health needs including worsening disparities in mental health, sexual health or drugs and alcohol services, for example
- › Assumptions and biases can lead to microaggressions or, in some cases, discriminatory practices

Mainstream and LGBT+ services

While some gay men are comfortable accessing mainstream services, we believe LGBT+ specific or gay-friendly services (with relevant knowledge and expertise) have a better understanding of the culture, context and issues affecting our lives. This can be critical when accessing a chemsex support service that 'knows you' and meets your needs.

Change and inclusivity

Of course, all health services aim to be welcoming, respectful, knowledgeable, and understanding; the thing is to find a service that's right for your needs.

Services are trying to be more inclusive but we still hear numerous anecdotal stories from gay men who say they have to explain who they are, talk about deeply personal issues to a seemingly heterosexual professional, describe gay sex, hook-up culture, and chemsex.

Check things out

If you're looking to register or join a service

- › Check to see if 'chems', 'LGBT' 'gay' or 'gay and bisexual men and who have sex with men' (GBMSM) included anywhere on their website
- › Call anonymously to find out if the 'vibe' feels right, find out if they are 'gay-friendly' and gauge their response
 - "What can you tell me about how your service supports gay men or wider LGBT+ community?"
 - "Have your staff had training on chems, gay men's health, and LGBT+ issues?"
 - "How do existing clients respond to LGBT+ people?"
 - "Would you say your service is LGBT+ accessible?"

This may seem a little direct but it's kind-of the point. Listen to what they have to say. You will most likely get the "all staff are professional" response but go with your gut feeling and don't be afraid to ask questions. You will most likely speak to a receptionist, but if you would like someone more senior, you can ask to speak to a manager.

Even in the 21st century, responses from services will vary. You may wish to consider telling them about your sexuality once you feel you can trust them, though, in the meantime, this may affect the treatment you receive.

LGBT+ helplines, HIV and LGBT+ organisations

If you don't know where to start, phone Switchboard or contacting a local HIV or LGBT+ organisation can be a good place to start. While they may not be able to help you directly, they usually know what's going on in the area and can signpost accordingly.

Your doctor (GP)

For many, a doctor (GP) is the first point of contact to the National Health Service (NHS) healthcare system. They are vital to maintaining your health and the 'gateway' to many NHS services. You never know when you might need one so register today! Young or older, finding one urgently can be hard if you're not already registered. GP services are free to residents of the UK under the NHS.

Disclosure

Disclosing your sexuality and/ or drug use to your GP may mean that it is recorded on your medical notes. Medical records can be accessed by a range of organisations, including life insurers.



What GPs typically do

A GP is a primary care doctor who diagnoses and manages general medical conditions, mental health issues, chronic illnesses, and preventative care.

> **Diagnosis and treatment**

Identify and manage acute and chronic health conditions.
Prescribe medications or recommend therapies.

> **Referrals to specialists**

Arrange further investigations, scans, or specialist consultations when needed.

> **Preventive care**

Offer health checks, vaccinations, and screenings for diseases like diabetes, high blood pressure, and cancer.

> **Mental health support**

Provide initial support and refer patients to mental health services, eg: talking therapies or psychiatrists.

> **Family and community health**

Address the needs of the elderly, and vulnerable groups.

Chemsex

Should you share details of your drug use, it's understandable why you might feel your GP won't have the knowledge and expertise they need, but they should be able to be supportive and/ or signpost you to someone who can.

Calling 111 (NHS non-emergency helpline)

111 is the NHS non-emergency helpline designed for medical concerns that are urgent but not life-threatening, offering advice, support, and referrals to appropriate services.

When you should call 111

- › You're unwell but unsure whether you need to see a doctor or go to a hospital. Symptoms like fever, persistent pain, or worsening health.
- › If you're struggling with your mental health but it's not an immediate crisis.
- › Finding out where to go for urgent care, like walk-in centres or out-of-hours GP services.
- › Help with emergency medication if you've run out.



When NOT to Call 111

- › Life-threatening emergencies: Dial 999 for emergencies like psychosis, severe bleeding, or if someone is unconscious, eg: overdose
- › Routine appointments: Contact your GP directly for non-urgent medical care.
- › You can also visit NHS 111 online for guidance.

What happens when you call

- › You'll speak with a trained adviser who asks questions about your symptoms.
- › The adviser might consult a nurse, doctor, or other healthcare professional.
- › You might be told to: care for yourself at home. Visit a pharmacy. See your GP or attend an urgent care centre. Go to an Emergency Department (A&E) if necessary.
- › They can arrange a call-back from a clinician if further advice is needed.

Cost of calling 111

The 111 service is free to use from any phone, including mobiles and landlines.

Calling 999 for the emergency services

Calling 999 in the UK connects you to the emergency services and the process generally follows these steps:

Connection to an operator and routing the call

You are connected to an operator who will ask "Which service do you require?" The main options are Police, Ambulance and Fire Brigade. The operator connects you to the appropriate emergency service based on your choice. If you're unsure which service to request, the operator will ask questions to determine the most suitable service. There is also the Coastguard and, in some cases, Mountain Rescue – but it's unlikely you will need these in London!

Speaking to emergency services and action taken

Once connected, you'll speak to a trained dispatcher. They'll ask questions to gather critical information, including:

- › The nature of the emergency, eg: "What has happened?"
- › The location, eg: Where are you? If you're unsure, they may use tools like GPS or ask for landmarks.
- › Details of people involved, eg: injuries, descriptions, etc

The emergency services will dispatch the necessary service to your location. For medical emergencies, they may offer advice while an ambulance is on the way. For crime-related issues, they may advise on safety measures until the police arrive.

If you cannot speak (silent solution)

If you cannot speak, eg: due to danger, you can use the Silent Solution by pressing 555 after calling 999 to indicate an emergency. If you accidentally call 999, stay on the line and inform the operator that there is no emergency. Hanging up without explanation might prompt a callback or investigation.

Non-urgent situations

For non-urgent situations, you should use alternative numbers:

- › 101: Non-emergency police matters
- › 111: Non-emergency medical advice
- › Calling 999 should only be made in emergencies where there is a risk to life, property, or serious crime is occurring. Misuse of the service can lead to penalties.

Scan the QR code for further
information about the subjects
addressed in this booklet.

CALL 999 FOR AN AMBULANCE



Calling 999 for an ambulance

When you dial 999, you are connected to an operator who asks "Which service do you require?" You respond with "Ambulance," and the operator transfers your call to the local ambulance service. A trained Emergency Call Handler (ECH) answers the call and begins gathering key information:

- › A full postcode for the address you are in. This is the best way to establish your location.
- › If you are in the street: give road junctions or look for a door number of a nearby property. Give the first part of the postcode to fix where you are which is often on road name street signs.
- › Use what3words an app available on iOS and Android.



- › Landmarks can help but remember the ECH is located in a control room that covers all of London - so saying "outside the Tesco's on the High Street" is not going to work. Give a road name and the first part of the postcode, or use what3words

Triage and prioritisation

An assessment or triage system is used to determine the severity of the situation. Calls are prioritised as follows:

- **Category 1:** Life-threatening emergencies, eg: cardiac arrest, severe trauma
- **Category 2:** Serious conditions requiring urgent attention, eg: heart attack, stroke
- **Category 3:** Less urgent conditions, eg: abdominal pain, minor injuries
- **Category 4:** Non-urgent, often directed to alternative non-critical care pathways

Depending on the category, the dispatcher assigns resources, such as a paramedic team or an emergency response vehicle.

Immediate instructions in critical situations

If a patient is not breathing, for example, the dispatcher provides real-time instructions designed to stabilise the patient until the ambulance arrives. This may include performing CPR (chest compressions), managing choking or severe bleeding, and using a defibrillator (if one is available).

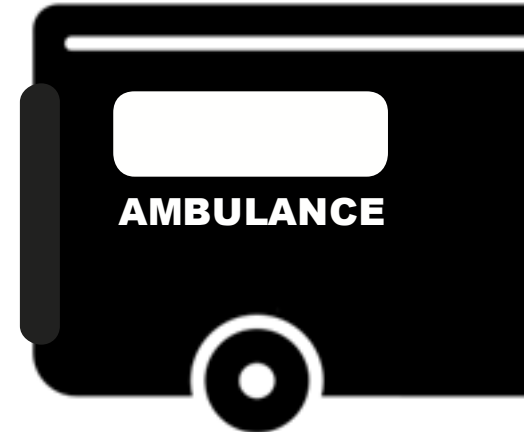
Ambulance response and on-site care

An ambulance or other emergency medical resource is dispatched: A rapid response vehicle (may arrive before the ambulance). Paramedics equipped to provide advanced life support. Specialist teams if needed for incidents like major trauma.

The time to arrival depends on the urgency though Category 1 targets aim for a response within 7 minutes. Upon arrival, paramedics assess and treat the patient. Treatment could include administering oxygen or medication, performing advanced life support, managing wounds or fractures. If necessary, the patient is transported to the nearest appropriate hospital for further treatment.

When the police arrive as well or arrive first

Calling an ambulance can save lives. Ensuring friends get the right medical help if they need it is the top priority. However, there are times when an ambulance is not called because guys are fearful the police will turn up as well which could lead to arrest and investigation. Should an police officer see baggies, bottles and paraphernalia at a chems party responding to a 999 call, it's their job to uphold the law, not ignore potential evidence they think they may see.



Emergency departments and intensive care

Approaches may differ between hospitals but as a guide:

Should you be admitted unconscious to a hospital Emergency Departments (ED), medical staff follow a systematic approach to assess and stabilise you. Here is what typically happens:

Initial assessment (triage)

When you arrive unconscious, you are prioritised based on the severity of your condition. The ED team will quickly assess your airway, breathing, and circulation (known as the ABCs of emergency care) to ensure you are stable.

Airway management

Ensuring that a person's airway is clear is a priority. If necessary, the ED team may perform procedures like intubation (inserting a tube to help with breathing).

Breathing and circulation

Your breathing and heart rate are monitored. Oxygen may be administered to ensure proper oxygen levels. If your blood pressure or heart rate is abnormal, interventions may be given, eg: fluids, medication.

Vital signs and monitoring

A range of tests will be performed to gather information on vital signs, including temperature, heart rate, respiratory rate, and blood oxygen levels. Blood samples may be taken for laboratory tests to check for issues like low blood sugar, electrolyte imbalances, or signs of infection or overdose.



Causes of unconsciousness (diagnosis)

A primary concern will be determining the cause of unconsciousness. The ED team will quickly review the circumstances, eg: accident, overdose, medical condition and may perform tests such as scans; blood tests; an electrocardiogram or ECG (to assess heart function) and urine tests to check for drugs or metabolic issues. If there's any suspicion of trauma, X-rays or scans may be conducted to rule out internal injuries.

Treatment and stabilisation

Based on the diagnosis, treatment will be initiated immediately. For example: If an overdose is suspected, antidotes may be administered. If there is a severe drop in blood sugar (hypoglycaemia), glucose may be given. For head injuries, specific treatments may be used, such as medications to reduce brain swelling or surgery if needed.

Intensive care or observation

If you are stabilised but still unconscious, you may be transferred to an intensive care unit (ICU) for closer monitoring. If you regain consciousness, the ED team will continue to monitor and assess your condition to ensure recovery and may discharge you the following morning or within a matter of hours.

Family, chosen family, notification and consent

Where possible, family members and/ or next of kin will be contacted to inform them of the situation, including consent for treatments in the case of unconscious patients. However, as a rule of thumb, gay men don't necessarily have family (with whom they would want the ED department to contact) or a next of kin. Close friends, chosen and extended family members can often be excluded—even though this is sometimes the patient's only family.

Drug and alcohol services (mainstream)

Mental health services, drug services and GP surgeries/ practices are delivered locally by London Boroughs. This means you can only access services in the Borough in which you live. This is problematic if you are homeless and the Borough (in which you find yourself) has no record of you.

If your GP is in another Borough, or you have proof of residence elsewhere, then you will be expected to return to that Borough to access health care there.

You will not be treated by a mental health service if you are still using drugs and drug services will say they cannot provide appropriate support until your mental health is stable or has been stabilised.

Initial contact and appointment

You can contact the service directly or be referred by a GP, social worker, probation officer, or other professional. You'll be scheduled for an initial consultation to discuss your needs.

Initial assessment

A key worker (ideally a trained worker) will conduct a comprehensive assessment, which may include:

- › Details of your drug use: what substances you use, how often, and in what quantities.
- › Your personal circumstances: housing, employment, relationships, and mental health.
- › Your health: physical and mental health concerns related to drug use.
- › Your goals: whether you want to reduce, quit, or better manage your drug use. This assessment helps tailor the support to your unique situation.

Developing a support plan

Based on the assessment, you and your key worker will create a personalised support plan, which may include:

- › Harm reduction advice: safer ways to use drugs or manage withdrawal symptoms.
- › Medical support: access to detox, medication-assisted treatment, eg: GHB dependency
- › Counselling and therapy: one-on-one or group therapy to address underlying issues and build coping strategies.
- › Support with lifestyle changes: help finding employment, housing, or improving relationships.

Regular meetings and ongoing support

You'll have regular check-ins with your key worker to review your progress and adjust your plan. Services offered might include:

- › One-on-one support: focused sessions with a key worker or therapist.
- › Group sessions: peer support groups or workshops for shared learning and mutual encouragement.

- › Health support: testing and treatment for infections like Hepatitis C or HIV. Needle exchange.
- › Access to recovery services: detox programmes or residential rehabilitation services for more intensive support.

Medical interventions (if required)

If your drug use requires medical intervention, you may be referred for:

- › Detoxification: inpatient or community-based detox services to manage withdrawal safely.
- › Mental health treatment: support for co-occurring mental health issues.

Aftercare and long-term recovery

Once your drug use is stabilised or resolved, services often provide ongoing aftercare, such as ongoing therapy or counselling, access to recovery communities, eg: Narcotics Anonymous (NA).

Understanding mental health services

Your GP

Your GP is often the first point of contact for mental health concerns. They will assess your needs and discuss treatment options. GPs can provide initial support such as prescribing medication, advice, or referring you to a mental health specialist or service.

Primary care

Short-term support, eg: counselling, Cognitive Behavioural Therapy (CBT) or group therapy. Access to Access to Psychological Therapies (IAPT) services, which offer therapies for common mental health conditions, eg: 6-10 sessions.

Secondary care

If your condition is more complex or doesn't improve with primary care. Referral to a Community Mental Health Team (CMHT), which includes psychiatrists, psychologists, social workers, and mental health nurses. Comprehensive assessments and tailored care plans. Example: ongoing management of conditions like bipolar disorder or severe depression.

Specialist or tertiary care

For severe, long-term, or rare mental health conditions. Access to specialist services, such as inpatient care, eating disorder clinics, or forensic mental health services. Intensive support, potentially including Example: admission to a specialist centre for treatment-resistant psychosis. hospitalisation.

Hospitals

Hospitals with Emergency Departments (ED) have Mental Health Departments. If you have been admitted by ambulance, the ED team should/ can refer you.

If you are a walk-in Emergency Departments (ED) patient, you will need to be triaged first before Mental Health will see you, and that's not a given. This may include many hours wait and some cannot do this if they are in GHB withdrawal - so leave to find a dose to stabilise themselves.

Assessments, diagnoses and treatment options

You may be asked about your symptoms, medical history, lifestyle, and personal circumstances. Assessments might include questionnaires, interviews, or physical health checks. A diagnosis may be provided, although not all services focus on labelling conditions. Treatment plans are often developed based on needs rather than formal diagnoses.

Common options include CBT, interpersonal therapy, or trauma-focused therapy. You may be prescribed antidepressants, anti-anxiety medication, or mood stabilisers, depending on your condition. Services may also connect you with peer support groups.

Challenges

- › Waiting times for therapy or specialist services can vary significantly, ranging from weeks to months.
- › Some areas may have limited availability of services, particularly for less common conditions.
- › Navigating the system can be complex, especially if your needs span multiple services.

Your rights as a patient

Mental health services under the NHS are free at the point of delivery. You have the right to be involved in decisions about your treatment and to seek a second opinion if needed. Your information will be kept private unless there's a risk of harm to yourself or others.

Alternatives to NHS services

You can seek private counselling or therapy if you prefer not to wait for NHS services but there will be a cost. Organisations like Mind, Rethink Mental Illness, or YoungMinds offer support, helplines, and community programmes. Digital platforms like BetterHelp or apps like Calm and Headspace can provide remote therapy and resources.

**Further information
and signposting**



Finding a counsellor or therapist

Many people – including LGBT+ people – are trying to access counselling and mental health services at a time when there is less funding and more cuts than ever before.

There's also a lot of noise about the importance of mental health support but words need to be turned into actions so people like you (reading this) can access the support you need with ease and in a reasonable time.

Increased visibility and, in part, on the back of the COVID pandemic, counselling and mental health support advertisements are popping up everywhere (some glorified databases with a flashy front page) so be mindful and be thorough when seeking support.

Finding a counsellor or therapist

Here are several ways to find counselling or a counsellor:

- › Primary care (GP) and NHS therapists which is free
- › Charity/ voluntary sector therapists for which you may pay
- › Therapists through your place of work/ education
- › Private therapists for which you pay

Your doctor/ GP

For many, the first-place people call is their doctor/ GP. They should be familiar with your medical history and can direct you to the appropriate treatment or service.

Depending on your needs, these services may be provided by your GP surgery, a large local health centre, a specialist mental health clinic or a hospital. The treatment may be provided on a one-to-one basis or in a group with others with similar difficulties.

Therapy can also sometimes involve partners and families. You have the legal right to choose which provider and clinical team you're referred to by your GP for your first outpatient appointment. In most cases, you have a right to choose which mental health service provider you go to in England.



Things to consider

Some of us prefer gay or gay-friendly services which, as a rule, are much better understanding the issues affecting our lives, and the context. Others are happy to access mainstream services. Most health services aim to be welcoming, respectful, knowledgeable, and understanding. The thing is to find a service that's right for you and that "gets the job done" so to speak.



- › Therapy provided through the NHS should be free of charge
- › You'll want to make sure that the therapist you see is qualified and works to professional standards; eg: BACP and/ or UKBP
- › It may be helpful to check your counsellor has experience working with LGBTQ+ people and/ or has had appropriate training
- › Treatment can be shorter (weeks/ months) to longer (months/ years) depending on your needs.
- › If at any point you feel uncomfortable, you have every right to stop your sessions and find a more suitable counsellor
- › Some local authorities operate services you can contact directly to refer yourself
- › Some HIV organisations provide counselling directly or may be able to signpost you

Finding a solicitor

Drugs prosecutions in the UK

Thousands of people are prosecuted for simple drug possession every year in the UK – with no legal aid available.

Furthermore, it's our experience that gay men's understanding of drugs law, arrest, cautions and the criminal justice system is pretty poor. There's a wealth of anecdotal evidence to say that when things go wrong we don't know who to call or what to do.

The police and your rights

You never know in life when things may go sideways whether on the street, in your home, or at a chems party. If the police attend, would you know your rights when questioned, search, cautioned and/or arrested.

Drugs and the law is a complicated subject but having the basics to hand can make all the difference. And if you find yourself in trouble you should get legal advice at the earliest opportunity.

Solicitors

Solicitors are qualified legal professionals representing and defending a client's legal interest. There are many practice areas, such as employment law, consumer law, immigration and asylum law, and criminal law.

A lawyer and a solicitor are broadly the same terms, used interchangeably in the UK, providing legal advice and/ or representing clients in court.

Depending on the advice you need, it could be available for free. Some sources of free advice can give you initial advice before helping you decide what to do, while others may be able to help with more complex cases. Some trade unions provide legal support.



Release

Release provides a free confidential and non-judgemental national information and advice service in relation to drugs. It is the UK's centre of expertise on drugs and drug laws. It provides legal support, representation and drugs advice to people with a history of drug use or who are impacted by drug laws.



Solicitor listings, charities and networks

› **The Law Society**

Professional association that represents solicitors for the jurisdiction of England and Wales.

› **Law Works** (England and Wales)

Charity working to connect volunteer lawyers with people in need of legal advice, who are not eligible for legal aid and cannot afford to pay and with the not-for-profit organisations that support them.

› **Legal Aid Agency**

Provides civil and criminal legal aid and advice in England and Wales to help people deal with their legal problems.

› **Green and Black Cross**

Independent grassroots project Set up in the spirit of mutual aid and solidarity to support autonomous social struggles within the UK. Can only help people with issues related to protest and political action.



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Screenshot from "Light (Mental Health Matters) Be Safer" a Three Flying Piglets film
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