



Faculty of Public Health

Of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Greater London Authority
City Hall
The Queen's Walk
London, SE1 2AA

10/10/2016

Dear Ms Brant,

UK Faculty of Public Health response to the London Assembly Health Committee's review into mental health for lesbian, gay, bisexual and transgender (LGBT) people

1. The UK Faculty of Public Health (FPH) is committed to improving and protecting people's mental and physical health and wellbeing. FPH is a joint faculty of the three Royal Colleges of Public Health Physicians of the United Kingdom (London, Edinburgh and Glasgow). Our vision is for better health for all, where people are able to achieve their fullest potential for a healthy, fulfilling life through a fair and equitable society. We work to promote understanding and to drive improvements in public health policy and practice.
2. As the leading professional body for public health specialists in the UK, our members are trained to the highest possible standards of public health competence and practice – as set by FPH. With 3,900 members based in the UK and internationally we work to develop knowledge and understanding and to promote excellence in the field of public health. For more than 40 years we have been at the forefront of developing and expanding the public health workforce and profession.

Introduction

3. FPH welcomes the opportunity to respond to the London Assembly Health committee's review into mental health for lesbian, gay, bisexual and transgender (LGBT) people.
4. The Integrated Household Survey found that 1.5% of adults aged 16+ in England (approximately 545,000 people) identified themselves as Lesbian, Gay or Bisexual (LGB), with a further 0.3% identifying as 'other'.¹ However, 4.7% of those surveyed either responded with 'don't know' or did not respond.² There are an estimated 65,000 to 300,000 transgender people in the UK.³
5. It is known that mental ill health is more prevalent among the LGBT community than in the wider population, highlighted by research showing that 21.3% of gay or bisexual men suffer of depression, 17.1% suffer of anxiety, 3% have experienced attempted suicide, and 6.5% having self-harmed within the past 12 months.^{4,5,6}
6. While there is little data on LGBT people's access to mental health services, due in part to the lack of official sexual orientation and transgender status monitoring, there is evidence to show that many LGBT people experience poor care in mental health services.^{7,8}

¹ ONS; Integrated Household Survey. <http://bit.ly/2dKfJRD>

² Ibid

³ Equality and Human Rights Commission; Research Report 27: Trans research Review, BCM Psychiatry, 2008 (8:70). <http://bit.ly/2e0t2iN>

⁴ M. King, et al; A systematic review of mental disorder, suicide and deliberate self-harm in lesbian, gay and bisexual people; 2008. <http://bit.ly/25hn0ic>

⁵ J. Grant, L. Mottet, J. Tanis; Injustice at Every Turn: A Report of the National Transgender Discrimination Survey; National Centre for Transgender Equality and National Gay and Lesbian Taskforce; 2011. <http://bit.ly/1teXC7Y>

⁶ F. Hickson, C. Davey, D. Reid, P. Weatherburn, A. Bourne; Mental health inequalities among gay and bisexual men in England, Scotland and Wales: a large community-based cross-sectional survey; Journal of Public Health, 2016, (38:2). <http://bit.ly/2e3PLat>

⁷ LGBT Foundation; The LGBT Public Health Outcomes Framework Companion Document; 2016. <http://bit.ly/2dE1bUg>

⁸ J. Grant, L. Mottet, J. Tanis; Injustice at Every Turn: A Report of the National Transgender Discrimination Survey; National Centre for Transgender Equality and National Gay and Lesbian Taskforce; 2011. <http://bit.ly/1teXC7Y>

7. FPH urges the Mayor of London's office and the London Assembly to consider in detail the universal recommendations proposed by the LGBT Foundation in the LGBT Public Health Outcomes Framework companion documents as well as the joint FPH and Mental Health Foundation report *Better Health for All* to better understand the need to implement good public mental health strategies to better support and improve the mental health and wellbeing of London's LGBT community.^{9,10}

Consultation Questions

Why is it important to focus on the mental health needs of LGBT people?

8. LGBT people are at greater risk of common mental health disorders, self-harm and suicide – even more so among young people. This is an avoidable inequality in health. Reducing health inequalities is a matter of fairness and social justice, and also essential to reduce the burden on the NHS and other public services.
9. A strong focus on preventative approaches to addressing the mental health needs of LGBT people before they reach crisis point would reduce the high long-term treatment costs and improve their health and wellbeing outcomes – reducing the likelihood of avoidable morbidity and mortality, and ensuring a more sustainable NHS. In 2010, 70% of the NHS budget was spent on long-term conditions – yet only 4% cent of the health budget spent on prevention.¹¹ This must be a priority, particularly now with the NHS under so much pressure.

What are the main mental health challenges faced by LGBT people today?

10. While being LGBT is not in itself a risk factor for mental ill health, many LGBT people experience difficulties in their lives that increase their risk of having poor mental wellbeing or developing mental illness, such as bullying, rejection from family or community members, or harassment at work. Gay employees report more than twice the level of workplace bullying than heterosexuals, and men who have sex with men (MSM) have a relatively high risk of sexual and domestic abuse – though this is greatly underreported, with only a fifth of incidents reported to authorities.
11. The National Institute for Mental Health in England (NIMHE) carried out a review into mental health issues in the LGBT community in 2007. This reported that:
 - a. LGBT people are at more risk of suicidal behaviour and self-harm than non-LGBT people
 - b. Gay and bisexual men are four times more likely to commit suicide than the rest of the population
 - c. LGBT people are 1½ times more likely to develop depression and anxiety compared to the rest of the population.¹²
12. It is important to recognise however that LGBT does not represent one homogenous group, nor does it necessarily encompass the range of sexualities individuals may identify with. MSM, for example, may not self-identify as gay or bisexual, but still experience stigma and discrimination on the basis of their sexuality.
13. Transgender individuals are only recently gaining increased visibility and there is still relatively poor understanding of their needs, yet they face unique issues that are not necessarily experienced by other members of the LGBT community. The Scottish Trans Mental Health Study found that 88% of transgender people reported a mental health problem, over 37% had experienced physical threats or intimidation, and 19% had experienced physical violence for being transgender.¹³

⁹ LGBT Foundation; The LGBT Public Health Outcomes Framework Companion Document; 2016. <http://bit.ly/2dE1bUg>

¹⁰ UK Faculty of Public Health; Better Mental Health for All: A public health approach to mental health improvement; 2016. <http://bit.ly/28LW9U9>

¹¹ UK Faculty of Public Health; UK Faculty of Public Health response to the Health Select Committee inquiry on Public health post-2013 - structures, organisation, funding and delivery; 2015. <http://bit.ly/28WqY0z>

¹² National Institute of Mental Health England; Mental disorders, suicide, and deliberate self-harm in lesbian, gay and bisexual people: a systematic review; 2007. <http://bit.ly/29TXkAU>

¹³ Scottish Transgender Alliance; Trans Mental Health Study 2012; 2012. <http://bit.ly/29VmLku>

14. A Stonewall survey in 2012 found that more than half of lesbian, gay and bisexual young people had experienced homophobic bullying in schools, and that 99% had heard homophobic remarks.¹⁴ A more recent survey of teachers found that although there has been some improvement in schools with regards to bullying and language, this remains a significant problem.¹⁵
15. Mental health and wellbeing also influence and are influenced by other aspects of health, including health behaviours. For example, Public Health England's 2014 report on promoting the health of gay, bisexual and other MSM highlights the interrelationship between mental health and wellbeing, substance use, and sexual health, which are the three areas in which inequalities for MSM are most apparent.¹⁶
16. The Crime Survey showed:
 - a. Drug use by gay and bisexual men was three times higher than for straight men
 - b. Illegal drug use by gay and bisexual women was four times higher than among heterosexual women.¹⁷
17. While many of the concerns of older LGBT people reflect those of the general population, there is also a cohort effect due to changing social attitudes towards sexuality. At least a third of older MSM report having hidden their sexual identity throughout their lives, and it has been suggested that older MSM have increased levels of depression compared to the older population – possibly due in part to being more likely to live alone.¹⁸

What can be done to promote better mental health for LGBT people and prevent mental ill health?

18. Promoting and supporting LGBT equality in general to reduce stigma and discrimination is likely to have a positive impact on mental health at a population level. Increasing awareness of LGBT issues is important. Supporting schools and workplaces to be more LGBT-inclusive (e.g. through LGBT-inclusive sex education and action to tackle bullying), can help to improve attitudes and reduce discrimination.
19. It is well recognised that public mental health interventions are most effective if they begin in childhood half of lifetime mental health problems emerge by the age of 14.¹⁹
20. Evidence for mental health improvement and mental illness prevention for LGBT people across the life course is summarised in Q7.

How do stigma and discrimination affect the mental health of LGBT people?

21. Stigma and discrimination can impact on mental health directly through distress caused by bullying or exclusion, and indirectly through limiting opportunities to participate fully in society, e.g. through unconscious discrimination or policies/practices that are not LGBT-inclusive, or failure to implement equality and diversity legislation effectively.
22. Mental health problems may also be exacerbated by a reluctance to seek support (see Q5). In addition, mental health problems are in themselves linked to stigma and discrimination, which may present additional barriers to seeking support.
23. Stigma around LGBT and stigma relating to mental illness can jointly create institutional barriers to tackling the particular challenges of mental illness in people who are LGBT e.g. may negatively

¹⁴ Stonewall; The School Report: The experience of gay young people in Scotland's schools in 2012; 2012. <http://bit.ly/2dOXedl>

¹⁵ Stonewall: The Teachers' Report 2014: Homophobic Bullying In Britain's Schools in 2014; 2014. <http://bit.ly/2dWBU5g>

¹⁶ PHE; Promoting health and wellbeing of gay, bisexual and other men who have sex with men: initial findings; 2014. <http://bit.ly/1jVmq5F>

¹⁷ Office for National Statistics; Crime Survey for England and Wales ending September 2014; 2015. <http://bit.ly/2e0mwEo>

¹⁸ PHE; Promoting health and wellbeing of gay, bisexual and other men who have sex with men: initial findings; 2014. <http://bit.ly/1jVmq5F>

¹⁹ UK Faculty of Public Health; Better Mental Health for All: A public health approach to mental health improvement; 2016. <http://bit.ly/28LW9U9>

impact on decision making and prioritisation carried out by strategists, policy makers and commissioners.

What are the main barriers for LGBT people trying to access mental health support?

24. Poor experiences of health services mean that LGBT individuals are less likely to access or engage with services. Many LGBT people do not feel well-supported by health services and report barriers to accessing appropriate treatment, including a lack of information about LGBT-specific issues and fear of discrimination.
25. A survey of patient-facing staff commissioned by Stonewall in 2015 reported a lack of confidence among health and social care staff in their ability to meet the needs of LGBT patients.²⁰ A quarter of these staff had heard colleagues make disparaging remarks in relation to sexuality.²¹

What steps could mental health service providers take to make their services more accessible for LGBT people?

26. Equality and diversity training for staff to increase awareness of LGBT-specific issues, and to better equip staff to challenge prejudice - not just for mental health services, but across the health and social care landscape.
27. As well as improving the experience of LGBT patients, it is also important to support LGBT staff working in health and social care settings. Stonewall's staff survey, cited above, found that a quarter of LGBT staff surveyed had personally experienced bullying or poor treatment from colleagues during the last 5 years as a result of their sexual identity.²²

What evidence is there of what works to improve the mental health of LGBT people?

28. PHE summarised the evidence to support interventions to improve the health and wellbeing of MSM, including mental health.²³ Regardless of sexuality, good experiences in childhood can help to build resilience to lay the foundations for mental wellbeing across the life course.
29. There are a number of universal interventions such as positive parenting programmes in early childhood, and the Rise Above programme for adolescents, which aim to develop confidence and resilience in young people. Targeted LGBT-specific programmes include staff training, learning resources for teachers, and classroom-based programmes to prevent bullying and improve social emotional learning.
30. For older LGBT people, the recommendations from the DH *Living Well for Longer* report are also relevant, as the major concerns that affect older LGBT adults (i.e. loneliness, ill-health and financial issues) are the same as in the general population.²⁴ However, it has been suggested that older LGBT people are more likely to be isolated or socially excluded than their heterosexual counterparts, so there is a need to develop the evidence base for effective action in this group.

How effectively are the needs of LGBT people incorporated into mental health service commissioning?

31. This is likely to vary across localities. While resources are available to support the needs of LGBT people in mental health commissioning, the extent of their use in specific areas is not known. It has been suggested that rather than attempting to move into increasingly specialised services, it would be more efficient, effective and appropriate to embed consideration of LGBT people across the whole health and social care landscape.

What examples of good practice are there in London and further afield?

32. Brighton & Hove City Council - Trans Needs Assessment 2015

²⁰ Stonewall; Unhealthy Attitudes: the treatment of LGBT people within health and social care services; 2015. <http://bit.ly/1RxSjIE>

²¹ Ibid

²² Ibid

²³ PHE; Promoting health and wellbeing of gay, bisexual and other men who have sex with men: initial findings; 2014. <http://bit.ly/1jVmg5F>

²⁴ Department of Health; Living Well for Longer: National Support for Local Action to Reduce Premature Avoidable Mortality; 2014. <http://bit.ly/1fT70V4>

33. Birmingham LGBT – wellbeing support service to increase resilience and reduce isolation
34. Manchester – *Pride in Practice* scheme offering GP surgeries support to become more LGBT-inclusive

What are the key issues faced by organisations working to support LGBT mental health in London?

35. A general issue is that estimates of the LGBT population itself are quite vague. The Integrated Household Survey (ONS, 2012) found that 1.5% of adults aged 16+ in England (approximately 545,000 people) identified themselves as Lesbian, Gay or Bisexual (LGB), with a further 0.3% identifying as ‘other’. However, 4.7% of those surveyed either responded with ‘don’t know’ or did not respond. There are an estimated 65,000 to 300,000 transgender people in the UK.²⁵
36. The proportion of adults identifying themselves as LGB reduced through the age groups, from 2.6% of people aged 16-24 to 0.4% of people aged over 65. These figures suggest that there may still be reluctance for people to openly identify as LGBT, particularly among the older population.
37. It is also important to consider intersectional experiences, and how these can impact on mental health. Different faith groups and ethnicities, and LGBT people living with disabilities, may face additional challenges and further marginalisation.

What can the Mayor and the London Assembly do to support better mental health for LGBT people?

38. The UK has led in reducing LGBT discrimination over recent decades, and London has a reputation for being a diverse and inclusive city. Continued support for events such as Pride and LGBT History Month can contribute to reducing stigma and discrimination towards LGBT people, as well as taking action against hate crime. However, given the ethnic and cultural diversity of the city it is important to understand and address inequalities where people may experience intersectional marginalisation.
39. It is also important that the Mayor of London’s office leads by example in terms of tackling stigma and discrimination in the work place and facilitating access for early support for LGBT staff who are struggling with mental health issues. Also zero tolerance of hate crime against LGBT staff.
40. We would urge the Mayor of London’s office and the London Assembly to consider in detail, the universal recommendations proposed by the LGBT Foundation in the LGBT Public Health Outcomes Framework companion documents as well as the joint FPH and Mental Health Foundation report *Better Health for All* to better understand the need to implement good public mental health strategies to better support and improve the mental health and wellbeing of London’s LGBT community.^{26,27}

Who else needs to be involved in addressing the mental health needs of LGBT people, and how?

41. The whole health and care system needs to adopt a whole systems approach, seeing the individual traveling through health services in the whole, as opposed to the current compartmentalisation we see today;
42. Public mental health professionals;
43. LGBT individuals themselves – this is vital to understanding the diverse experiences and needs of this population;

²⁵ Equality and Human Rights Commission; Research Report 27: Trans research Review, BCM Psychiatry, 2008 (8:70). <http://bit.ly/2e0t2iN>

²⁶ LGBT Foundation; The LGBT Public Health Outcomes Framework Companion Document; 2016. <http://bit.ly/2dE1bUg>

²⁷ UK Faculty of Public Health; Better Mental Health for All: A public health approach to mental health improvement; 2016. <http://bit.ly/28LW9U9>

44. Schools and workplaces – implementing equality and diversity legislation and LGBT-inclusive policy;
45. Commissioners and providers of health and social care services – working with staff to promote equality and diversity in patient care and within workforce;
46. PHE – building the evidence base, including evaluation of public mental health interventions and monitoring of access to services, and producing recommendations for what works;
47. Third sector organisations providing mental health and/or LGBT support;
48. UK statistics agencies so as to better record the population's sexual orientation.

If you require any further information, please contact, Femi Biyibi, FPH's Policy Officer – femibiyibi@fph.org.uk, 0203 696 1476.

London Assembly Health Committee LGBT Mental Health Investigation

Submission from London Friend

London Friend is a registered charity working to improve the health and wellbeing of LGBT people in London. Our services include support and social groups; coming out groups; trans group; counselling, including a specialist domestic abuse counselling service; Antidote, a specialist LGBT drug and alcohol service; HIV prevention; and training and consultancy on LGBT issues. We have over 40 years' experience providing support, including mental health support, to LGBT people.

www.londonfriend.org.uk

1. Why is it important to focus on the mental health needs of LGBT people?

LGBT people are disproportionately affected by poor mental health. Various studies show that LGBT people report higher incidence of poor mental health, including higher prevalence of common mental health issues such as anxiety and depression, and suicidal feelings.

2. What are the main mental health challenges faced by LGBT people today?

LGBT people are more likely to experience anxiety, depression, stress, suicidal feelings, and more likely to report self-harm. Additionally LGBT people are more likely to drink or take drugs than the population as a whole, which could become additional problematic factors. Some patterns of behaviour can be specific to LGBT communities, e.g. the rise of drug use for 'chemsex' in gay and bisexual men. It is important to understand the underlying issues which contribute to these higher rates, as having an LGBT identity alone does not lead to higher prevalence; rather poorer mental health is a result of the prejudice and discrimination LGBT people can experience in society.

3. What can be done to promote better mental health for LGBT people and prevent mental ill health?

Improving self-esteem and reducing incidences of discrimination are key to improving the mental health of LGBT people. LGBT people experience better mental health when they are able to be open about their identity and are accepted and understood by wider society. Some of this, therefore, requires steps to improve the visibility and inclusion of LGBT people in society, as well as including awareness of LGBT people, gender and sexuality issues in education at age-appropriate stages.

4. How do stigma and discrimination affect the mental health of LGBT people?

These may contribute to LGBT people deciding not to disclose their identity, or to decide to be open only in certain circumstances (e.g. with friends but not at work or to their wider families). The impact of this may be that LGBT then feel less able to participate fully in society, or may internalise the stigma and discrimination they experience, which can lead to lower self-esteem and confidence. The Trans Mental Health Study 2012 noted that many trans people do not engage in regular social activities due to high levels of harassment, for example.

5. What are the main barriers for LGBT people trying to access mental health support?

The Still Out There research in 2016 indicated that many LGBT people are unable to access LGBT specific support. Some LGBT people report feeling excluded from mainstream services, or fear that their issues will not be understood by them, or that they will experience discrimination or harassment. We know from feedback from our service users how important people feel LGBT specific service are: for example 89% of people accessing our counselling services say it is important (17%) or very important (72%) to have LGBT specific services; just 2% stated it was not important. A similar review of our LGBT drug and alcohol service, Antidote, found only 12% of service users would have been happy to discuss their issues with a mainstream service (53% would not with 35% unsure). It is hugely important that mainstream services are able to offer support to all groups effectively, but there is a very significant number of LGBT people who will simply not access them at all.

With the sudden closure of Pace in January 2016 the capacity of the LGBT voluntary sector in London to provide direct services around mental health decreased drastically, and much of this has not been replaced. The capacity of the sector to advocate for and represent the needs of LGBT people around mental health has also been drastically reduced in London and nationally, as Pace was the leading mental health charity in our sector. This has implications for the provision of training, good practice resources, drawing on the lived experiences of service users, and the generation of original research on LGBT mental health.

Further barriers exist in London where services are commissioned on a local Borough basis and restricted to residents of those areas. Providing specialist support for LGBT people can be more efficient when done on a collaborative basis across commissioners.

6. What steps could mental health service providers take to make their services more accessible for LGBT people?

Mainstream providers should ensure that their services, staff and volunteers are aware of the mental health needs of their LGBT service users. This must also be done through understanding the cultural contexts of LGBT people's experiences, and how this can impact on the uptake of services and continued engagement with them. Training should be provided that specifically focusses on LGBT experiences, rather than just as part of wider diversity training, as the issues can be complex

and specific to this group (and the different needs of people around sexual and gender identity should be acknowledged).

Mainstream providers can also partner with LGBT voluntary sector services: this should be done in ways that ensure the LGBT VCS service is properly resourced (e.g. sub-contracting) rather than expecting them to provide time and capacity for free. Such partnerships should also involve the LGBT VCS in service planning and development, and at the tendering stage, recognising that due to the small number of LGBT VCS organisations they may be unable to enter into exclusivity contracts.

7. What evidence is there of what works to improve the mental health of LGBT people?

There is little formally evaluated interventions that deliver specifically to LGBT people, but evidence-based practice and techniques such as CBT, counselling and psychotherapy are effective for LGBT when delivered in settings and in ways that are LGBT inclusive and accepting of LGBT people's identities. Our own service evaluation, for example (which can be provided), demonstrates strong positive outcomes for service users, and a very high satisfaction rate. Coupled with a strong desire to access LGBT specific services there is good evidence that LGBT VCS organisations are ideally placed to deliver very positive outcomes for this population group.

8. How effectively are the needs of LGBT people incorporated into mental health service commissioning?

Very poorly: needs assessment frequently overlooks the needs of LGBT people. When we conducted a review of London JSNAs for LGBT inclusion for our 2014 report *Out Of Your Mind* we found poor inclusion of LGBT issues generally, and even poorer when discussing specific health issues. Gay, bisexual and other MSM were best represented when discussing sexual health, particularly HIV, but their wider health needs, and those of lesbian and bisexual women, bisexual people generally, and trans people rarely featured. Omission from the JSNA usually leads to omission in commissioning intentions and service specifications, which leads to omission in commissioning. This can be evidenced by the very small amount of LGBT specific mental health work that is currently commissioned in London, some of which is grant funded and not provided by local authorities.

As noted above commissioning on a local basis does not always offer the best services for LGBT people, both for efficiency with relatively small pots of money available locally, and because it can create a 'postcode lottery' where LGBT services are commissioned in one local area but not a neighbouring one. LGBT people may not be able to attend services which have put time and effort into creating a welcoming environment due to living in a different local authority.

9. What examples of good practice are there in London and further afield?

In London several LGBT VCS services offer support for mental health, including counselling:

- London Friend (us): www.londonfriend.org.uk

- Metro: www.metrocentreonline.org
- ELOP: www.elop.org

Other LGBT VCS offer services which help address the broader determinants of mental health, for example:

- Drugs & alcohol (Antidote at London Friend): www.londonfriend.org.uk/antidote
- Housing: www.stonewallhousing.org
- Sexual health for gay & bi men (GMFA): www.gmfa.org.uk
- Hate crime and sexual abuse (Galop): www.galop.org.uk

A small number of mental health charities offer LGBT specific work, including:

- Outcome (Islington Mind): www.islingtonmind.org.uk/outcome.asp
- Mind in City, Hackney & Waltham Forest: <http://www.lgbtjigsaw.net/wellbeing-network-lgbtq-sessions-at-city-and-hackney-mind-july-october-2016/>

10. What are the key issues faced by organisations working to support LGBT mental health in London?

For us as a small specialist VCS provider working exclusively within the LGBT communities funding and capacity are significant challenges. We operate a very efficient model, engaging volunteer counsellors to add value to our service, but there remains a cost for overheads, administration, service management and clinical supervision. Our counselling service is over-subscribed with an average 3 month waiting list, and frequent feedback from service users that they would prefer support beyond the 12 weeks we currently provide. We received a spike in referrals after the sudden closure of Pace in January 2016, which reduced capacity for specialist support across London.

11. What can the Mayor and the London Assembly do to support better mental health for LGBT people?

The Mayor and assembly can play a role to increase the visibility, acceptance and inclusion of LGBT people in the capital, including celebrating achievements in public life and showcasing the work of LGBT organisations. Considerations of LGBT issues should inform the work of the Mayor and the Assembly in all areas. They can also advocate for the interests of LGBT people, and continue to host LGBT events such as the forthcoming roundtable on LGBT mental health. They can work with local authorities to encourage them to champion and include LGBT people in the delivery of their duties and provision of services, including encouraging London-wide initiatives that reflect how LGBT people use the city and access services as a non-geographically based community.

12. Who else needs to be involved in addressing the mental health needs of LGBT people, and how?

LGBT people with mental health needs themselves; LGBT VCS organisations and grass-roots groups; local authorities, commissioners; grant and trust funders; businesses; schools; local, regional and national public health; CCGs, NHS Trusts and healthcare providers.

Mainstream services should engage with LGBT organisations in planning and service development, including training for staff, capacity building on LGBT issues, and subcontracting to ensure specialist LGBT support is available.

Commissioners, grant makes and trust funders should recognise that a significant amount of LGBT people would prefer specialist services. Investment in specialist services should acknowledge the need for core running costs to reduce the risk of these small organisations closing as has happened to Pace.

Schools need to provide content to ensure that LGBT pupils feel excluded and that all pupils are able to consider LGBT perspectives.

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Call for Evidence Response

London Assembly Health Committee

Mental Health for LGBT People

Prepared by
Mark Delacour

Published
10th October 2016





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Introduction

Responses to Key Questions

1. Why is it important to focus on the mental health needs of LGBT people?

METRO Youth Chances (2014) included a survey of over 7,000 16 to 25 year olds to compare the experiences of LGBT young people and their heterosexual / cisgender peers. It found that LGBT young people reported higher levels of depression and anxiety, suicide ideation and attempted suicide. This research shows that being a sexual minority and being transgender means you have an elevated risk of mental health issues owing to the prejudice and discrimination that LGBT people face in their lives.

2. What are the main mental health challenges faced by LGBT people today?

LGBT people are likely to have encountered prejudice and/or discrimination for being LGBT. This might often happen for a time whilst nobody knows they are LGBT, which means they may also be isolated and having to cope on their own. LGBT people may not always be supported by their family or by their wider community and this might lead them to remain feeling isolated even after coming out. These experiences of being part of a stigmatised and marginalised population makes mental health issues such as depression and anxiety, suicide ideation and attempted suicide more common. These mental health concerns may manifest as other health issues such as alcohol and drugs misuse and sexual risk-taking.

Some patterns of behaviour can be specific to LGBT communities, for example the rise of drug use for 'chemsex' in gay and bisexual men.

It is important to understand the underlying issues which contribute to these higher rates, as having an LGBT identity alone does not lead to higher prevalence; rather poorer mental health is a result of the prejudice and discrimination LGBT people can experience in society.

3. What can be done to promote better mental health for LGBT people and prevent mental ill health?

We know that legislation has advanced LGBT equality greatly over the last 10 years and social attitudes have shifted positively as well. Improving self-esteem and reducing incidences of discrimination are key to improving the mental health of LGBT people. LGBT people experience better mental health when they are able to be open about their identity and are accepted and understood by wider society.

More needs to be done to raise awareness and respect, as well as celebrate diversity when it comes to sexuality and gender identities. This needs to happen more in schools so that children and young



people grow up learning and respecting difference, so that everyone is aware of different sexualities and gender identities and how those might develop in people's lives.

4. How do stigma and discrimination affect the mental health of LGBT people?

Stigma and discrimination can make it difficult for LGBT people to think positively about themselves. They may also contribute to LGBT people deciding not to disclose their identity, or to decide to be open only in certain circumstances (for example with friends but not at work/school or to their wider families). If surrounded by messages that only heterosexual marriage is right for bringing up children or messages in medicine that to feel different to the gender you are assigned at birth is 'dysphoria', then these will have an impact on feelings of self-worth.

As a result, LGBT may feel less able to participate fully in society, or may internalise the stigma and discrimination they experience, which can also lead to lower self-esteem and confidence. The Trans Mental Health Study 2012 noted that many trans people do not engage in regular social activities due to high levels of harassment, for example.

Without positive attitudes, role models and friends, LGBT people can struggle with their mental health.

5. What are the main barriers for LGBT people trying to access mental health support?

LGBT people may feel that some mainstream services do not understand their experience and sometimes even do not welcome and respect their experience. For instance, a trans person may be introduced with pronouns that they do not feel represents them and that can make them feel unwelcome and marginalised. If an LGBT person is facing prejudice elsewhere in their lives, they need to feel absolutely sure that they are safe in the mental health service they are trying to access.

Still Out There (2016) indicated that many LGBT people are unable to access LGBT specific support. Some LGBT people report feeling excluded from mainstream services, or fear that their issues will not be understood by them, or that they will experience discrimination or harassment.

We know from feedback from our service users how important people feel LGBT specific services are: Our 2015 Needs Assessment First Findings, found 96% of respondents identifying as LGBT, felt it was either 'Important' or 'Very Important' to be able to access an LGBT-specific mental health support service. It is hugely important that mainstream services are able to offer support to all groups effectively, but there is a very significant number of LGBT people who will simply not access them at all.

With the sudden closure of PACE in January 2016 the capacity of the LGBT voluntary sector in London to provide direct services around mental health has decreased. We have seen demand for our LGBT counselling and advocacy services double over the last quarter. The capacity of the sector to advocate for and represent the needs of LGBT people around mental health has also reduced in London and nationally, as our partner PACE was the mental health specific charity in the LGBT sector. METRO has worked to rapidly expand our front line capacity, with projects funded by City Bridge Trust and Henry Smith starting since PACE's closure. We have also been building on our



policy influencing role and inputting our expertise through the National LGB&T Partnership as a natural progression of our Nation Youth Chances work.

6. What steps could mental health service providers take to make their services more accessible for LGBT people?

There are simple, practical steps that mental health services can take such as displaying a rainbow sticker or poster that signifies that LGBT people are acknowledged in that space. It is important that staff are trained to avoid making assumptions about people in relation to their sexuality or gender identity, for example asking somebody if they have a partner, rather than assuming a boyfriend or girlfriend or asking somebody what pronouns they prefer.

Mainstream providers can also partner with LGBT voluntary sector services: this should be done in ways that ensure the LGBT VCS service is properly resourced (e.g. sub-contracting) rather than expecting them to provide time and capacity for free. Such partnerships should also involve the LGBT VCS in service planning and development, and at the tendering stage, recognising that due to the small number of LGBT VCS organisations they may be unable to enter into exclusivity contracts.

7. What evidence is there of what works to improve the mental health of LGBT people?

Our CORE ASSESSMENTS carried out before and after each therapeutic engagement, show that our counselling services lead to positive outcomes for LGBT people. This and positive experiences of other METRO services, such as our LGBT youth groups, suggest a direct correlation between the support we offer and improvement in their wellbeing, access to education and employment, better relationships (with family and friends) and reduction in risky behaviour.

8. How effectively are the needs of LGBT people incorporated into mental health service commissioning?

At present the Mental Health Services, Youth Services and other statutory services are established to support all young people. However many young people still feel intimidated or unable to access mainstream services, and prefer to opt for LGBT specific services. This can be due to previously experienced homophobia, biphobia and/or transphobia or the very real belief there needs cannot or will not be met. Services are still limited by existing in an environment of heteronormativity and cisnormativity. Though many services are taking steps to develop inclusive service offers.

9. What examples of good practice are there in London and further afield?

Our own counselling, advocacy and crisis services are massively oversubscribed with many more sessions needed than we can provide. Ethically bound by the BACP codes of practice, all our counsellors are trained to the highest standards and the members of staff leading the counselling services are constantly in dialogue about best practice and in constant discussion about ethics and



procedures. We have a clear commitment to understanding and supporting the LGBT communities across our mental health domain.

Other examples of good practice in London include London Friend, Naz Project London, Positive East, Mermaids, Gendered Intelligence and cliniQ.

10. What are the key issues faced by organisations working to support LGBT mental health in London?

The client group can often require fairly intense multi-faceted support which takes resource to deliver effectively. There are also issues in increasing capacity to respond to growing demand. Alongside delivery issues, is the need to shift approaches in securing funds addressing transition in the commissioning landscape towards integrated single providers – something we have been effectively addressing. Maintaining viable and sustainable specialist organisations from which to provide front line services is becoming increasingly difficult for many smaller organisations, with recent closures including PACE (mental health) and Broken Rainbow UK (domestic violence). Though we are pleased to report that METRO Charity continues to deliver and develop on a firm financial footing with strong and effective governance.

11. What can the Mayor and the London Assembly do to support better mental health for LGBT people?

We have a great service offering, but the need is far greater than we can support. Any added support for us would mean that we could reach more people.

Alongside frontline support for members of the LGBT communities additional funding for programme addressing the following would be key: developing awareness and support in schools alongside training for teachers and support staff; LGBT specific youth groups; and training and support for mental health professionals.

12. Who else needs to be involved in addressing the mental health needs of LGBT people, and how?

Ideally everyone needs to be involved, with a further shift in inclusivity and embracing of difference across society. Social change campaigns are one way to try to achieve this shift. Other key stakeholders alongside health professionals are schools, with a whole school approach including governors, SLT, non-teaching staff, pupils, teachers and parents to create a safe supportive non-discriminatory environment for LGBT people.

More generally, work to make other statutory services more inclusive, knowledgeable and supportive helps to provide confidence in those service and understanding of how to better address other issues that LGBT people might be facing, from housing through to hate crimes, that impact on their mental health.



Useful Resources

METRO National Youth Chances research

<https://www.metrocentreonline.org/research-and-training/big-research/>

Still Out There research

<http://www.lgbtconsortium.org.uk/news/still-out-there-exploration-lgbt-londoners%E2%80%99-unmet-needs>

National LGB&T Partnership Young People and Mental Health Resources

<https://nationallgbtpartnership.org/publications/lgbt-young-peoples-mental-health/>



Mental Health
Foundation

Response to the London Assembly Health Committee investigation

Mental Health inequalities and LGBT

The Mental Health Foundation

Changing minds, changing lives

Our vision is for a world with good mental health for all.

Our mission is to help people understand, protect and sustain their mental health.

Prevention is at the heart of what we do, because the best way to deal with a crisis is to prevent it from happening in the first place. We inform and influence the development of evidence-based mental health policy at the national and local government level. In tandem, we help people to access information about the steps they can take to reduce their mental health risks and increase their resilience. We want to empower people to take action when problems are at an early stage. This work is informed by our long history of working directly with people living with or at risk of developing mental health problems.

The Mental Health Foundation is a UK charity that relies on public donations and grant funding to deliver and campaign for good mental health for all.

Website www.mentalhealth.org.uk

Twitter [@MHF_tweets](https://twitter.com/MHF_tweets)

Facebook www.facebook.com/mentalhealthfoundation

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The Mental Health Foundation is pleased to have the opportunity to respond to this investigation on mental health inequalities and Lesbian, Gay, Bisexual and/or Transgender (LGBT) people. Our contribution is based on our experience, over 60 years, of advocating for improved mental health for all, applied research on effective interventions on mental health and learning disabilities and influencing reform in policy and practice. The Foundation is the leading UK public mental health organisation, with a core prevention agenda. Our work focuses on:

- preventing mental health problems from developing in the first instance,
- preventing mental health problems from getting any worse by providing early interventions to individuals and families experiencing distress, and
- preventing mental health problems from having long-term or life-long impacts by supporting recovery.

To achieve this, we believe there is a real need for radical change to the ways current structures tackle mental health issues across the UK, especially in relation to marginalised groups such as LGBT. Last years Mental Health Taskforce was an important first step toward prioritising mental health, but it did not go far enough to address the mental health inequity being experienced by vulnerable and excluded groups, including LGBT people, who are often poorly served by services and rely heavily on the community and voluntary sector. What is required is an inclusive public mental health approach, targeting people across all stages of the life course, which considers the social, economic, cultural and environmental determinants of mental health and emphasises social inclusion and involvement, rights, equalities and citizenship.

As a research charity we know that the evidence exists to achieve the transformation of the mental health of LGBT people through prioritisation of investment in prevention. A greater understanding of, and clear plans to address inequality is required to ensure a mentally healthier society for everyone. It is also essential for working out how to allocate public mental health interventions in an evidenced based, meaningful way to ensure proportionate investment. The relationship between inequalities related to socio-economic status and protected characteristics and poor mental health is two-way: experiencing disadvantage and adversity increases the risk of mental health problems and experiencing mental health problems increases the risk of experiencing disadvantage. Mental health problems can create a spiral of adversity where related factors such as employment, income and relationships are impacted, and these things in turn are known to compound and entrench mental health problems.

Why is it important to focus on the mental health needs of LGBT people?

Although mental health problems can affect anyone at any time, they are not equally distributed and prevalence varies across social groups. Certain groups in society have an elevated risk of developing mental health problems. This vulnerability is brought about by societal factors and the environments in which they live. Vulnerable groups in society will differ across countries, but in general they share common challenges related to their social and economic status, social supports, and living conditions, including stigma and discrimination; violence and abuse; restrictions in exercising civil and political rights; exclusion from participating fully in society; reduced access to health and social services; lack of education opportunities; exclusion from income generation and employment opportunities; increased disability and premature death. Both LGBT people and people living with mental health problems are therefore identified as vulnerable groups.

Evidence suggests that people who identify as LGBT are at higher risk of experiencing poor mental health.¹ These include a higher risk of a range of mental health problems,² including depression,³ suicidal thoughts and self-harm,^[6] and alcohol and substance misuse.⁴ This higher prevalence can be related to a wide range of factors including discrimination, isolation and homophobia.⁵ A national English Survey using 2009/2010 data found that 27,497 respondents registered with the National Health Service who described themselves as gay, lesbian, or bisexual, were 2 to 3 times more likely to report having a psychological or emotional problem compared to their heterosexual counterparts.⁶ Mental health inequalities such as these have been found across the UK, in England, Scotland and Wales.⁷

In a 2011 British survey with 6,861 respondents, found that 1 in 10 gay and bisexual men aged 16 to 19 attempted to take their own life in the year previous to the survey. Further, 1 in 16 gay and bisexual men aged 16 to 24 had attempted to take their own life in the previous year. The survey also found that 1 in 7 gay and bisexual men were currently experiencing moderate to severe levels of mixed depression and anxiety.⁸

¹ Chakraborty, A., McManus, S., Brugha, T.S., Bebbington, P., & King, M. (2011). Mental health of the non-heterosexual population of England. *Journal of Psychiatry*, 198, 143-148.

² King, K., Semlyen, J., Tai, S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental health disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 8, 70.

³ Zietsch, B.P., Verweij, K.J.H., Heath, A.C., Madden, P.A.F., Martin, N.G., Nelson, E.C., & Lynskey, M.T. (2012). Do shared etiological factors contribute to the relationship between sexual orientation and depression? *Psychol Med.*, 42 (3), 521-532.

^[6] Liu, R., & Mustanski, B. (2012). Suicidal Ideation and Self-Harm in Lesbian, Gay, Bisexual, and Transgender Youth. *Am J Prev Med*, 42 (3), 221-228.

⁴ Marshal, M.P., Friedman, M.S., Stall, R., & Thompson, A.L. (2009). Individual trajectories of substance use in lesbian, gay and bisexual youth and heterosexual youth. *Addiction*, 104, 974-981.

⁵ LGBT foundation (2015). *Mental Health*. Retrieved from: <https://lgbt.foundation/information-advice/mental-health/> [Accessed on: 20/11/15].

⁶ Elliott, M. N., Kanouse, D. E., Burkhart, Q., Abel, G. a., Lyratzopoulos, G., Beckett, M. K., & Roland, M. (2015). Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey. *Journal of General Internal Medicine*, 30 (1), 9–16.

⁷ Hickson, F., Davey, C., Reid, D., Weatherburn, P., & Bourne, A. (2016). Mental health inequalities among gay and bisexual men in England, Scotland and Wales: a large community-based cross-sectional survey. *Journal of Public Health*, 1–8.

⁸ Guasp, A. (2012). *Gay and Bisexual Men's Health Survey*. Stonewall. Retrieved from https://www.stonewall.org.uk/sites/default/files/Gay_and_Bisexual_Men_s_Health_Survey_2013_.pdf

There are comparable findings from research in other parts of the UK and the US also has interest research findings.

- In Northern Ireland, of 571 LGBT individuals surveyed by The Rainbow Project 35.3% reported experiences of self-harm, 25.7% had attempted suicide, 46.9% experiences of suicidal ideation, and 70.9% experience of depression.⁹ LGBT people are substantially more likely than the Northern Ireland population to use drugs and are nearly three times as likely to have taken an illegal drug in their lifetime (62% vs. 22%), and 57% of LGBT respondents to the survey reported drinking to a hazardous level compared to 24% of adults in England.¹⁰
- In Scotland, 2 in 5 LGBT young people consider themselves to have a mental health condition, with higher levels of poor mental health reported by transgender individuals (66.7%) and bisexual women (63%).¹¹
- A 2016 American study looking into the mental health of LGBQ youth in primary care settings using an online screening tool during routine visits found:¹²
 - Bisexual and questioning females have higher scores of depression, anxiety, and traumatic distress than heterosexual females.
 - Lesbians, bisexual females, and questioning females all exhibited significantly higher lifetime suicide scores than heterosexual females.
 - Bisexual females exhibited the highest current suicide scores.
 - Gay and bisexual males had higher scores on the depression and traumatic distress subscales than did heterosexual males.
 - Gay males also exhibited higher scores on the anxiety subscale than heterosexual males, with bisexual males exhibiting higher scores as well though this was nonsignificant.

The Chief Medical Officer for England, in her 2013 report themed on public mental health, identified a number of groups of young people as being at risk of developing mental health problems, including young LGBT people. Among adults, she also identified higher risk among LGBT adults.

It is important not to treat lesbian, gay, bisexual and/or transgender people as one homogenous group. A UK study found that bisexual women have poorer mental health than lesbian women, with higher rates of marijuana use, eating problems, self-harming, anxiety and depression¹³.

⁹ O'Hara, M. (2013). *Through Our Minds: Exploring the Emotional Health and Wellbeing of Lesbian, Gay, Bisexual and Transgender People in Northern Ireland*. The Rainbow Project. Retrieved from <http://www.rainbow-project.org/assets/publications/through%20our%20minds.pdf>

¹⁰ Rooney, E. (2012). *All Partied Out? Substance Use in Northern Ireland's Lesbian, Gay, Bisexual and Transgender Community*. The Rainbow Project. Retrieved from <http://www.rainbow-project.org/assets/publications/All%20Partied%20Out.pdf>

¹¹ Lee, B., Dennell, L., & Logan, C. (2013). *Life in Scotland for LGBT Young People: Health Report*. LGBT Youth Scotland. Available at: https://www.lgbtyouth.org.uk/files/documents/Life_in_Scotland_for_LGBT_Young_People_Health_Report.pdf

¹² Shearer, A., Herres, J., Kodish, T., Squitieri, H., James, K., Russon, J., Atte, T., & Diamond, G.S. (2016). Differences in Mental Health Symptoms Across Lesbian, Gay, Bisexual, and Questioning Youth in Primary Care Settings. *Journal of Adolescent Health*, 1-6.

¹³ Colledge, L., Hickson, F., Reid, D., & Weatherburn, P. (2015). Poorer mental health in UK bisexual women than lesbians: evidence from the UK 2007 Stonewall Women's Health Survey. *Journal of Public Health*, 1–11. doi:10.1093/pubmed/fdu105

How do stigma and discrimination affect the mental health of LGBT people?

It's vital that action is taken to counter the stigma, discrimination and social exclusion related to mental health and to other inequality issues, as these are significant barriers to quality of life and mental health. Mental health related stigma and discrimination can be compounded by discrimination related to the other inequality issues, such as race, gender, sexual orientation and disability. More than half (55 per cent) of younger LGB people experience homophobic bullying in Britain's schools. The majority of pupils who experience homophobic bullying have symptoms consistent with depression¹⁴.

What steps could mental health service providers take to make their services more accessible for LGBT people?

For people who are engaged with a range of public services, particularly people with complex needs, the role of a 'service navigator' is a valuable one. This is distinct from the public service 'key worker' or 'care co-ordinator' roles. During the Mental Health Foundation's UK public inquiry into the future of mental health services, a case was made for the navigator to have peer experience and be skilled in negotiating the access barriers experienced by particular groups, such as members of BAME and LGBT communities¹⁵.

What can the Mayor and the London Assembly do to support better mental health for LGBT people?

Although there has been some key insights uncovered about the epidemiology of mental health, there is still vital information missing on the causation and development of mental health problems, as well as the pattern of risks and prevalence across different individuals and groups, include LGBT people. Mental health research is underfunded and under-prioritised by government, resulting in missed opportunities to achieve breakthroughs seen in other areas of health that could transform people's lives. There are three approaches the Mayor and the London Assembly can do to remove these obstacles:

- Champion mental health research funding, and challenge the current situation, to redress the current imbalance in publically funded health research, influence other funders and lead the way in tackling the stigma that hinders mental health research funding.

¹⁴ Guasp, A. (2012). The School Report: The experiences of gay young people in Britain's schools in 2012. Stonewall and University of Cambridge.

¹⁵ Mental Health Foundation (September 2013) Starting Today: the Future of Mental Health Services. Final Inquiry Report. London: Mental Health Foundation

- Seek to remove the current roadblocks to mental health research- poor quality data and information, lack of data sharing between government departments and a lack of mental health knowledge among the wider public service workforce.
- Prioritise the research that will make the biggest difference to people's lives- children's mental health, prevention and promotion of mental health, and the links between mental and physical health.

With a solid knowledge base on the patterns of mental health problems and their causes, addressing these root causes of poor mental health will require service innovation and piloting new approaches at increasing scales so investment can then be focused where solutions will have most impact.

All mental health policy develops should adopt a human rights-based approach in recognition of the extensive human rights violations and discrimination experienced by people with mental health problems, especially those from excluded communities. 7 Human rights-based approaches in mental health are described in the British Institute of Human Rights' publication *Mental Health Advocacy and Human Rights: Your Guide*, which was developed by its Human Rights in Healthcare project in England and its ongoing mental health and human rights programme, including the *Care and Support: a Human Rights Approach to Advocacy* programme¹⁶.

Who else needs to be involved in addressing the mental health needs of LGBT people, and how?

Given that vulnerable groups, including LGBT people, are exposed to preventable risk to mental health, greater attention needs to be paid to mental health problems related to marginalisation. Mental health is a cross-cutting and mediating factor in public policy. A comprehensive and multi-sectoral approach to mental health promotion, prevention, treatment, rehabilitation, care and recovery is needed¹⁷. It is important that decision makers recognise the intersectional dynamics between mental health and inequality that impact the experience of mental health. The responsibility for mental health needs to move from sitting solely with health and social care to other relevant policy areas (including housing, community, work, income and education).

¹⁶ <https://www.bih.org.uk/a-human-rights-approach-to-advocacy>

¹⁷ The WHO's Mental Health Action Plan (2013–2020) has set out four major objectives for mental health: more effective leadership and governance for mental health; the provision of comprehensive, integrated mental health and social care services in community-based settings; the implementation of strategies for promotion and prevention; and strengthened information systems, evidence and research. This would be progressed by the realisation of six cross-cutting principles and approaches: universal health coverage, human rights, evidence-based practice, the life course approach, the multi-sectoral approach and the empowerment of people with mental disorders and psychosocial disabilities.

It is important that local authorities and decision makers, which provide a significant number of these and are therefore primed to support a change of model from crisis response to prevention, receive adequate funding and training to increase mental health literacy and capacity, especially to frontline staff workers who help individuals and families to secure and sustain appropriately care, accommodation, manage debt and maximize their incomes etc.

The Foundation also strongly advocates for people with lived experience from the LGBT community to be actively involved, from the beginning, in the development of any relevant policy or strategy being developed by the Mayor or Assembly, so they can guide and inform the process with their lived expertise.

If you require further information or would like to discuss our submission, please do not hesitate to contact Marguerite Regan, mregan@mentalhealth.org.uk.



Mind's submission to:

London Assembly Health Committee review into mental health for lesbian, gay, bisexual and transgender (LGBT) people

Prepared by Alessandro Storer, Equality Improvement Manager, a.storer@mind.org.uk

1. Why is it important to focus on the mental health needs of LGBT people?

There is vast amount of research consistently showing that more than **40% of LGBTQ people will experience a significant mental health problem**, compared to around 25% of the whole population.¹

A recent survey conducted by Youth Chances confirmed this trend: 42% of LGB&TQ respondents reported seeking medical help for depression or anxiety, compared to 29% of heterosexual non-trans respondents. Over half of LGB&TQ respondents (**52%**) reported **self-harming** compared to 12% reported in a NHS survey for the same age-group.²

Shocking results of a recently released study have also shown that 48% of trans people under 26 said they had attempted suicide, and 30% said they had done so in the past year, while 59% said they had at least considered doing so, compared to an average of less than 6% in the wider population.³

Another study looking at experiences of trans people across different ages revealed that nearly 90% of transgender people have suffered from depression, **84% of transgender people have considered suicide** and half of transgender people have attempted suicide.⁴

2. What are the main mental health challenges faced by LGBT people today?

Based on the research mentioned above and on feedback from our local services, it appears that the main challenges faced by LGBT people are **depression and anxiety** caused by experiences of bullying, home/bi/trans phobia, discrimination, or rejection; which often leads to **self-harm and suicidal ideation**.

We also know that many LGBT people suffer from eating problems caused by body dysmorphia and low self-esteem.

¹ LGF Evidence Exchange Archive: http://www.lgf.org.uk/evidence-exchange?page=2&search_input=search%20term&topic_filter=a0H20000006SplpEAC&sub_topic_filter=0&min_year_filter=0&max_year_filter=0&filter=Search

² METRO Youth Chances, 2014. Youth Chances Summary of First Findings: the experiences of LGB&TQ young people in England]

³ PACE, RaRe Study, 2014

⁴ McNeil, J, et al. Trans Mental Health Study 2012, Edinburgh, Scottish Transgender Alliance, 2012. http://www.scottishtrans.org/Uploads/Resources/trans_mh_study.pdf

3. What can be done to promote better mental health for LGBT people and prevent mental ill health?

From our engagement with LGBTQ+ people over the past 4 years there are three themes that have consistently been identified as necessary starting points to prevent mental ill health:

1. **Promoting positive engagement** between LGBTQ+ people and all health & social care services. This has to start from proactive measures put in place by health & social care services to visibly show support and understanding, as well as to reassure LGBTQ+ people that the services offered are genuinely accessible, non-judgemental and inclusive. Initial steps towards achieving this include:
 - ensuring all staff (from reception to the CEO) are trained in LGBT affirmative practices,
 - producing publications and materials that visibly reflect diversity, including different LGBTQ+ identities and intersectionality,
 - having policies and procedures in place to prevent and tackle homo/bi/trans phobic behaviours of staff or other service users.
2. **Supporting community-wide initiatives** to raise awareness about the challenges faced by LGBTQ+ people in wider society and promote the development of cohesive and supportive communities where LGBTQ+ issues are not labelled and dismissed as a “minority issue” but are genuinely understood and supported as human rights and inclusion issues that define the type of society that we are and want to be.
3. **Ensuring availability of LGBTQ+ mental health services and support** that can be accessed by LGBTQ+ people when and where they need it. This offer should not be in competition with mainstreamed health & social care services but should work in coordination with these so that LGBTQ+ people can be signposted to them whenever appropriate. This is also about giving people real **choice** of the type of treatment they want. For example, when being referred to IAPT, an LGBTQ+ person should always be given the option of accessing an LGBTQ+ specific service or therapist if they so wish. Another service that Mind is currently piloting in the South West of England is a Trans*Helpline to offer mental health support and advice to trans* people, especially when in crisis. We know there is a real need for this type of tailored support and hope this pilot will encourage further roll-out across England and Wales.

4. How do stigma and discrimination affect the mental health of LGBT people?

Stigma and discrimination have a huge impact on LGBTQ+ people, especially when facing a mental health problem. Not only are they discriminated against by wider society because of their sexual orientation or gender identity, but they become doubly discriminated by health and social care services who often cannot offer effective and appropriate LGBTQ+ inclusive mental health support.

It is important to highlight the fact that often LGBTQ+ people also suffer from a lot of self-stigma which may be fuelled by difficult family environments, cultural or religious beliefs or more generally by negative life experiences for which people blame themselves. This becomes even more prevalent when LGBTQ+ people experience a mental health problem. Unfortunately, it is still not unusual for professionals to link the mental health problem with the person’s sexual orientation or gender identity as some sort of causation that is very unhelpful and highly stigmatising.

It is therefore important that actions are taken to support people to be able to accept their sexual orientation and gender identity and avoid any connection being made between this part of their identity and the fact that they may experience a mental health problem. It is not the sexual orientation or gender identity that make LGBTQ+ people more likely to experience a mental health problem. It is the stigma and discrimination that they face in wider society. This also needs to be tackled. Homo/Bi/Trans* phobias need to be publicly challenged and a message of support needs to be sent to the hundreds of thousands of LGBTQ+ people living in London⁵.

5. What are the main barriers for LGBT people trying to access mental health support?

In our experience, there are three main barriers that LGBTQ+ people constantly face:

1. **Negative experiences of accessing NHS services:** Many of the LGBTQ+ service users that access Mind services do so after having been referred to NHS services and having had a negative experience of these latter. The reasons offered by people for this tend to be a combination of lack of awareness and training amongst NHS staff resulting in lack of confidence and skills (sometimes amounting to outright discrimination), as well as of lack of provision to support LGBTQ+ in a more tailored way.
2. **Lack of availability of tailored LGBT support:** Linked to point 1, many people will decide not to access mental health support because specific LGBTQ+ options are not offered to them by their GP, even when they find the strength to come out to them hoping that tailored services and support will be available.
3. **Stigma surrounding mental health:** this continues to have a significant impact on LGBTQ+ people. As mentioned above, it is not unusual to find that for LGBTQ+ people the stigma that anyone with a mental health problem still faces in society is combined with self-stigma generated by the negative life experiences faced by LGBTQ+ people because of their sexual orientation and gender identity.

6. What steps could mental health service providers take to make their services more accessible for LGBT people?

The first step towards creating an inclusive and accessible service is to implement actions that can enable and facilitate affirmative practice within a service.

Affirmative Practice is a term used to describe a process of learning, reflection, analysis and planning to ensure that a service demonstrates its understanding of homophobia, biphobia, transphobia and heterosexism.

By adopting Affirmative Practice, services can create a safe place where staff, volunteers, service users, customers and visitors can be out and open about their sexuality and gender.

⁵ Conservative estimates from the ONS showed that in 2013 at least 3.2% of London's population was identifying as lesbian, gay or bisexual (<http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/rel/integrated-household-survey/integrated-household-survey/january-to-december-2013/sty-facts-about-lgb-community-in-the-uk.html>). Projecting this to 2016 population and considering data available for Trans*, Queer and non-binary people, we can confidently estimate that **at least 500.000 LGBTQ+ people currently live in London.**

In order to deliver affirmative services, providers must look at the following aspects of their provision:

1) Welcoming environment

- Service providers should display a clear non-discrimination policy (as one would do with the Health & Safety policy in order to make clients feel safe).
- Service providers should include LGBTQ+ imagery in posters/magazines/leaflets to show that they recognise the importance to reach this particular client group.
- Service providers should have leaflets and details of local LGBTQ+ services available in their area, so that clients feel encouraged to access them if they wish
 - A good place to start looking for this is the Directory available on the LGBT Consortium webpage lgbtconsortium.org.uk/directory
 - Another good tool is the interactive map offered by Stonewall stonewall.org.uk/help-advice/whats-my-area

2) Inclusive language

- Service providers should make sure the language used in standard forms, as well as the behaviours displayed by members of staff do not assume people are heterosexual or cisgender.
- Service providers should always ask for preferred gender pronoun to a client when they first access a service. By encouraging this practice with every new client service providers will also send a very positive inclusive message to other members of the public.
- Service providers should use gender neutral language, for example refer to partners.
- Service providers should ensure all staff and service users know that there is zero-tolerance of discriminatory language.
- Service providers should recognise diversity and intersectionality in LGBTQ+ communities avoiding assumptions that what worked for one individual who identified as LGBTQ+ will work for another.

3) Staff training and supervision

- Service providers should ensure their induction training includes policy on discrimination and awareness of LGBTQ+ issues.
- Service providers should ensure there is training and support for staff to challenge discrimination and they have access to LGBTQ+ affirmative practice training.
- Service providers should include reflection on LGBTQ+ issues in supervisions.

4) Monitoring and service improvements

- Service providers should undertake relevant equality monitoring, including of sexual orientation and gender identity. This is an essential tool to enable them to be compliant with the Equality Act 2010 that protects both sexual orientation and gender reassignment.
- Service providers should analyse the data collected through equality monitoring to ensure that services are designed to effectively meet the needs of service users avoiding any direct or indirect discrimination.

- Implementing effective equality monitoring systems will also send a positive message to service users. The vast majority actually do want to be asked monitoring questions as they know that if they are not “counted” they “won’t count”.

5) Engagement with the LGBTQ+ community

- Where possible, service providers should consult with their LGBTQ+ service users, staff and volunteers in order to coproduce effective engagement strategies.
- Service providers should build relationships with local LGBTQ+ organisations.
- Service providers should attend LGBTQ+ events such as Pride.
- Service providers should consult with local LGBTQ+ groups and organisations on strategic developments and involve them in the design of their services.

An easy way to find out about local and national LGBTQ+ organisations Service providers could link up with is to consult the Directory put together by the LGBT Consortium available online lgbtconsortium.org.uk/directory

7. What evidence is there of what works to improve the mental health of LGBT people?

We regularly ask clients if the services meet their needs. The vast majority of LGBTQ+ people that accessed our Mind services have told us that being offered a **safe, non-judgemental environment where they could be themselves was key to their improved health outcomes**.

Here are few quotes from some service users who have accessed Mind’s pan-London LGBTQ+ service called ‘Outcome’:

“It’s a safe place where I won’t be judged and criticized ...I feel relaxed and safe when I’m here. It is a very pleasant part of my week...people give each other care and attention. It is co-operative rather than competitive and the staff are very skilful”

“It was a big step for me to come here and now I come here every week and I look forward to coming... I’m now comfortable with being gay. The staff are helpful and my key worker here is very supportive. It is a fantastic project and I hope it continues”

“I have been coming here for four years. I keep coming because what is offered is a unique service. It helps to promote recovery and self-esteem. The group is a community in its own right. Being among people who have a shared experience of the mental health system validates my experience and is different to what is offered by trained professionals.”

Looking at a broader systemic level, unfortunately evidence of what works to improve the mental health of LGBT people is not as readily available as one would hope, due to the vast inconsistencies in data collection and performance monitoring across the NHS and other mental health service providers.

One fairly large scale pilot that can be looked at to confirm the anecdotal evidence we have available is the LGBT Mental Health Demonstration Project that was funded by the Scottish Government between 2010 and 2014 to build an evidence-base of what worked to reduce the health inequalities of LGBT people across Scotland. Their Impact Report⁶ confirms that

⁶ <http://www.lgbthealth.org.uk/wp-content/uploads/2014/08/MHDP-Impact-Report-2010-14.pdf>

LGBT people accessing mainstream mental health services had a much poorer experience compared to those who accessed a tailored LGBT provision.

8. How effectively are the needs of LGBT people incorporated into mental health service commissioning?

From the intelligence we have available through our Mind Network, we must say that the needs of LGBTQ+ people do not seem to be incorporated in the commissioning process.

Lack of engagement from the start of the process and lack of awareness of the specific challenges faced by LGBTQ+ people often translates into **poor needs assessments** (including poor JSNA). This in turn results in failure to commission services that can effectively address these challenges and meet the currently unmet needs of thousands of LGBTQ+ Londoners.

9. What examples of good practice are there in London and further afield?

- **Outcome, pan London, self-referral LGBTQ+ service offered by Islington Mind:** This is a client-led LGBTQ service that offers a range of services including psychotherapy, counselling, one-to-one support, group art therapy, cooking, alternative therapies, creative activities, advocacy and crisis support. Outcome has specific groups for lesbian and bisexual women, BME LGBT people, LGBT refugees, etc. enabling them to cater for the diversity and intersectionality that needs to be recognised in the unique experience of every and each individual who identifies as LGBTQ+.
- **LGBTQ+ support offered by Mind in the City, Hackney and Waltham Forest:** This service offers specific groups and 1-2-1 support for residents of these three London boroughs. It was developed and launched to respond to the closure of PACE, which used to be one of a handful of specialist LGBT mental health services available in London.
- **Pilot Trans*Helpline delivered by Bristol Mind and Taunton and West Somerset Mind:** Trans* people are consistently found to be the most marginalised and at higher-risk of mental health problems amongst LGBTQ+ people. However specialist mental health support for trans* people is practically non-existent. Given the higher incidence of suicidal ideation and self-harm amongst trans* people, it is of vital importance that specialist helplines and other support are available for trans* people.
- **MindOut:** mental health service run by and for lesbians, gay men, bisexual, trans, and queer people. It provides advice & information, advocacy, a peer support group programme, wellbeing activities and events, a peer mentoring service, an out of hours online chat service. MindOut are based in Brighton but also work nationally to deliver LGBTQ Affirmative Practice training for Mental Health professionals.

10. What are the key issues faced by organisations working to support LGBT mental health in London?

The main issue faced by the few LGBTQ+ specialist services left in London is **funding**. Local Commissioners have consistently cut funding for so called “specialist” provisions in

favour of mainstreamed services, assuming that these should be accessible to anyone who needs them.

The reality is that LGBTQ+ people have a considerably worse experience of accessing generalist services and are regularly asking to be referred to LGBTQ+ organisations instead, but these are unfortunately few and far between.

PACE offered specialist mental health support for LGBTQ+ people in London for 31 years until they were forced to close in January 2016 due to lack of funding. Their services were in high demand, with growing waiting lists.

Mind (and other organisations such as Galop, the LGBT+ anti-violence charity) are trying to feel this enormous gap and continue to offer mental health support to LGBTQ+ Londoners but resources are too limited to meet current demand.

11. What can the Mayor and the London Assembly do to support better mental health for LGBT people?

The Mayor and the London Assembly need to continue **raising the profile of the debate** around LGBTQ+ mental health and the specific challenges faced by LGBTQ+ people because of isolation, low self-esteem, stigma and multiple discrimination. A good starting point toward achieving this could be launching highly visible public campaigns and targeted advertisements on public transports and public places that could help engage all Londoners.

The Mayor and the London Assembly also need to encourage the NHS and other mental health service providers to understand the importance of **offering genuinely inclusive and LGBTQ+ affirmative support**. When engaging with NHS Directors and other senior staff in the health and social care sector, the Mayor should ask what specific measures these providers are putting in place to offer LGBTQ+ inclusive services and support and how their performance is monitored with specific regard to the experience of LGBTQ+ clients.

Finally, we encourage the Mayor and the London Assembly, London Councils and CCGs to **acknowledge the urgency of this problem** and to deal with it with appropriate measures, including **increased financial support** for vital LGBTQ+ specific mental health services like Islington Mind's Outcome service.

12. Who else needs to be involved in addressing the mental health needs of LGBT people, and how?

LGBTQ+ people that have used mental health services need to be put at the core of a service re-design and co-production process that will enable the Mayor and the London Assembly to identify what really works to keep LGBTQ+ Londoners well and to build cohesive and resilient communities.

Organisations like Mind can help facilitate and coordinate this engagement to make sure it is meaningful, impactful and translated into sustainable changes.

For more information about this briefing or any other equality improvement initiative promoted by Mind, please contact Alessandro Storer, Equality Improvement Manager: 0208 2152 225 – a.storer@mind.org.uk or visit our website www.mind.org.uk/equality

Stonewall Housing's Submission to:

London Assembly Health Committee: review into mental health for lesbian, gay, bisexual and transgender (LGBT) people.



About Stonewall Housing

Stonewall Housing provides advocacy, advice and housing support, and influences housing policy and practice, in order to improve the lives of lesbians, gay men, bisexual and trans people as well as those who identify as another sexual or gender identity minority (LGBT+).

We also host a number of collaboration projects working specifically with younger people, older people, rough sleepers and those experiencing domestic abuse. We are members of the National LGB&T Partnership and we are one of the Department of Health's Strategic Partners.

1. Why is it important to focus on the mental health needs of LGBT people?

There is a body of evidence which shows mental health is a significant issue for LGBT+ people. This has become an increasing issue, in our opinion, due to cuts in other services and the challenges faced by the LGBT+ sector as a whole.

Mental health is a key element in the lives of many LGBT+ Londoners however mental health is often the effect of another issue. There are many interconnecting issues which LGBT+ people face and therefore an approach which looks at mental health simply through a medical model will not be effective.

2. What are the main mental health challenges faced by LGBT people today?

There is an established association between LGBT people and negative health habits such as smoking, alcohol, substance misuse. In our experience the use of these often used as coping mechanism during times of stress.

Stress amongst many disadvantaged communities has increased in recent years and key issues we have noticed, for the LGBT+ communities, correlate with benefit sanctions, debt, and food / fuel poverty.

The primary indicators for poor mental health seen for LGBT+ people are increased risk taking behaviour which can include it in 'chem-sex'; isolation and loneliness can also be key contributor to these issues.

22% of our service users in 2015/16 described themselves as having a mental health disability (as a primary disability). Many more describe themselves as depressed, anxious and isolated or lonely. Suicidal thoughts and attempts are common as is self harm through cutting, over/under-eating or other self-destructive behaviours amongst our user group.

A lack of access to services is primary cause of worsening mental health. This is especially significant in LGBT+ communities due to often strained family dynamics meaning there is a lack of a support structure for people to fall back on. LGBT+ geography (or migration) is a term used to describe the mobilisation of LGBT+ people into urban areas to escape prejudice and attempt to find safer spaces. As London has become increasingly expensive there are fewer LGBT+ specific communities (in geographical clusters), leading to further isolation.

3. What can be done to promote better mental health for LGBT people and prevent mental ill health?

Investment in preventative services, as well as recognising the importance of those services, is crucial in prevention. Isolation and loneliness are key factors which contribute to mental health deterioration of LGBT+ people. Funding 'softer' early intervention services such as LGBT+ youth groups and LGBT+ community events and art festivals etc are crucial in supporting people to feel connected to their communities, create a sense of belonging and improve their mental health.

Better education in schools around sexuality and gender identity will make them safer spaces for young people to open about their identity without fear. LGBT+ people should feel safe to disclose their identity in NHS services and their identity should not have to be explained.

4. How do stigma and discrimination affect the mental health of LGBT people?

Due to discrimination, harassment, bullying and other forms of abuse Post Traumatic Stress Disorder is common amongst LGBT+ communities. For some LGBT+ people, before or even after coming out, their identity may have felt like a shameful secret and there may be internalised deep rooted shame and guilt about their identities due to the trauma and stigma they have experienced.

Accessing mainstream services could be a significant issue. In order to gain effective mental health support the user cannot compartmentalise their issues. Therefore it is of paramount importance that LGBT+ people feel able to be open and honest about what is going on in their lives. In order for this to happen they need to know the practitioner has a grasp on the concepts of sexuality and gender identity and they will not feel stigmatised or pathologized; the latter is particularly important with trans people. They may not be out so will need to be sure of confidentiality.

5. What are the main barriers for LGBT people trying to access mental health support?

Many of the people that approach our services have underlying, often untreated or not yet diagnosed, mental health problems and/or learning difficulties and will require relevant support and advocacy to address these. LGBT+ people increasingly struggle to access the mental health services.

The closure of services has been a significant issue. Many LGBT+ services have face difficult times over the last few years PACE (the LGBT mental health charity) was forced to close due a reduction in funding (see also point 7).

Demand on the existing services is another barrier. Often free and low cost services can have a waiting list of several months for an assessment by which point the service users mental health condition has worsened.

Services are not joined up enough which not only presents economic disadvantages (see point 6) but also prevents LGBT+ people being able to access wrap around mental health support.

Mental health provision should not be a postcode lottery and more services are needed for people on low or no income such as LGBT+ asylum seekers and people living in poverty. Many talking based therapies charge an access fee and whilst this may seem nominal when combined with the travel costs of getting to the venue this could present a significant barrier. See the example below:

Example for an LGBT+ Asylum Seeker

single adult weekly support rate (income)	£36.62
Travel (zone 1-3, oyster/contact-less return off peak)	£5.60
Cost of therapy (nominal / sliding scale)	£5.00
Cost of accessing services	£10.60
Percentage of weekly allowance spent	29%

6. What steps could mental health service providers take to make their services more accessible to LGBT people?

Training and development – mental health staff should be aware of the specific needs of LGBT+ communities. They should be familiar with the basic concepts and be committed to providing an accessible service. Understanding what the terms L, G, B, and T mean is simply not enough. Training should involve engaging with LGBT+ people understand other services and building links with key LGBT+ organisations to create referral pathways.

Visibility – use promotional material to show that you are LGBT+ affirmative. Promote services to LGBT+ organisations so that they inform the service user the service is safe and appropriate.

Consultancy – if they are unclear about how to approach an issue speak to someone with knowledge. Many LGBT+ organisations will happily provide some brief advice for free.

Remember who the experts are – LGBT+ people are experts of their own lives. Ask the service user about their identity, preferences, pronouns etc and trust them. Do not pathologise peoples sexual or gender identities.

Join up services – the third sector is providing increasing mental health services and effective services should have clear information sharing protocol with statutory agencies to prevent doubling up on work and reducing risks.

Evaluate – engage with LGBT+ people to see how you are performing. Listen to their suggestions and make commitments to improve where necessary.

7. What evidence is there of what works to improve the mental health of LGBT people?

There is little specific evidence but we do know that many, although not all, LGBT+ people would prefer to access LGBT+ specific services.

8. How effectively are the needs of LGBT people incorporated into mental health service commissioning?

Austerity measures have seen a decrease in funding for services. Many organisations have had to reduce their services or become more selective based on whether the service is locally commissioned. Locally commissioned services mean that LGBT+ Londoners could be excluded from services which could provide valuable to improving their mental health.

There is very little consultation on the needs of LGBT+ people and when services are up and running the data monitoring is often poor which makes the communities invisible in any analysis. If the monitoring is effective the service user needs to be confident on how the data will be used in order for them to feel comfortable to disclose.

9. What examples of good practice are there in London and further a field?

This isn't a comprehensive list but rather a cross section of different approaches:

Stonewall Housing – Our LGBT+ mental health youth advocate funded through London Councils (London Youth Gateway) provides integrated mental health support. There are specific benefits to having a worker based in an organisation which is not mental health based. Primarily it allows for brief and immediate interventions, the worker can be a source of support to other staff that may have

concerns regarding a service user. Secondly it is discrete which reduces the stigma of accessing a mental health service.

CliniQ – is a trans specific service which runs weekly from 56 Dean Street. This is an excellent model of a holistic well-being service. They offer a range of service from talking therapy, acupuncture, yoga, hate crime and housing advice, hormone treatment and full sexual health services.

London Friend – is an LGBT specific service which has 2 core strands mental health (including social support and counselling) and substance misuse support.

NAZ – the NAZ project is a BAME specific organisation. It aims to improve the sexual health of BAME people and reduce the risk of HIV transmission. Within their work programme they have embedded mental health services for LGBT+ people.

10. What are the key issues faced by organisations working to support LGBT mental health in London?

Funding – a lack of funding provides a significant challenge to LGBT+ specific services. According to a recent report by the LGBT Consortium 20% of LGBT organisations are likely to face closure in if they cannot improve their financial outlook within the next year.

Complex needs – due, in our opinion, to central government cuts the threshold of accessing statutory mental health services has been raised. This has seen a direct impact across our services with increases in the number of LGBT+ people with high and complex needs such a psychosis and severe personality disorders.

Lack of specialist provisions – the loss of PACE and other services means there are fewer specialist provisions dealing with LGBT+ mental health.

Waiting lists – the few provisions remaining are at capacity and therefore operate long waiting lists for services. This can mean the service user spirals into further crisis to the point that their needs may be too high once a place becomes available.

11. What can the Mayor and the London Assembly do to support better mental health for LGBT people?

Schools and youth settings – The Mayor and Assembly should do all that they can to make schools and youth settings safer for young people to express their identities without fear. The repression of sexual and gender identities are linked to poor mental health in later life. All of London's young people should be free to express themselves without fear. Schools and youth settings could also do more to encourage positive mental health teaching young people effective coping mechanism.

LGBT+ specific spaces – The Mayor and Assembly could encourage and fund LGBT+ art and community events to allow Londoners to build connections. They could also continue to safeguard LGBT+ community venues and organisations as to some these spaces are the only place LGBT+ people can connect to a familiar narrative and gain a sense of community. We are of course moving into a virtual world however we have seen the negative effects of internet apps and need to find safer spaces.

Join up services – The Mayor and Assembly should fund a mapping exercise so that the public and third sector can work together to improve the mental health of LGBT+ people.

A statement of commitment and a plan – The Mayor and Assembly should issue a statement of commitment to tackle the mental health inequalities faced by LGBT+ people. They should also develop a plan to reverse the inequalities in these communities.

12. Who else needs to be involved in addressing the mental health needs of LGBT people, and how?

Service users should be at the heart of addressing need.

In addition work should be carried out with:

- Existing mental health services
- LGBT+ organisation (of all sizes from grass roots to larger organisation with a cross section including specific trans, LGBT BME, bisexual orgs, faith, disability etc)
- Schools and youth services

- GPs
- Police
- A&E Departments
- Domestic violence services
- drug and alcohol services
- Older peoples services
- Sexual health services (including HIV organisations)
- Funders
- Commissioners
- CCG's

People should be consulted to examine gaps in provisions, to establish the need for specialist provisions and to improve mainstream provision to improve the lives of LGBT+ Londoners.

We would welcome any questions or comments you have regarding our response:

Michael Nastari – Advice Team Manager

Email: Michael@stonewallhousing.org

YOUNG MINDS

The voice for young people's **mental health and wellbeing**

Dr Onkar Sahota,
Chair of London Assembly Health Committee,
City Hall,
The Queen's Walk,
London, SE1 2AA

Thursday 8th September 2016

Dear Dr Sahota,

I am writing to respond to the London Assembly Health Committee's investigation into the mental health needs of LGBT people in my capacity as Policy and Government Affairs Officer for YoungMinds, the only mental health charity that specifically represents the voice of young people and parents.

We are delighted that the London Assembly is investigating what the Mayor of London can do to support better mental health for all Londoners. We are also pleased that the London Assembly's Health Committee has chosen to look specifically at the mental health needs of LGBT people.

The majority of enduring mental health problems manifest in teenage years and young adulthood: it is estimated that half of all mental health problems manifest before the age of 14 years, with 3 in 4 mental health conditions being present by the age of 24 years. So, any investigation into the mental health needs of LGBT people, must have a focus on the specific mental health needs of LGBT youth.

In July, YoungMinds published a report entitled *Beyond Adversity*, which describes how experiencing adversity or trauma in childhood can have a significant impact on the mental health and wellbeing of children and young adults¹. Adverse childhood experiences are created by a wide variety of social factors and can include experiences of enduring discrimination, harassment or prejudice. Experiencing adversity, such as prejudice, can lead to an escalation of emotional distress and mental ill health in children, adolescents and young adults, and increase the risk of premature morbidity and suicide in later life.

LGBT youth still face harassment, prejudice and bullying. It has been estimated that 7 in 10 trans young people would experience transphobia in the form of harassment, and 1 in 10 experience threatening behaviour in public. Two in five

youngminds.org.uk

Suite 11, Baden Place, Crosby Row, London SE1 1YW T 020 7089 5050 F 020 7407 8887 E yemenquiries@youngminds.org.uk
Parents Helpline 0808 802 5544

Registered Charity Number: 1016968 | Company Ltd by guarantee Number: 02780643 | OSCR Number: SC39700



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The voice for young people's **mental health and wellbeing**

LGB youth have either deliberately harmed themselves or thought about taking their life directly because of homophobic bullying. It is also very concerning that 1 in 4 of the youth homeless population are LGBT, with many becoming homeless as a result of prejudice (within the family or community).

As aforementioned experiencing homophobic discrimination, harassment or prejudice can lead to an escalation of emotional distress and mental ill health for in children and young people. Therefore, it is a deeply worrying that there has been a significant increase in the number of homophobic crimes in London over the past few years. Indeed, the Metropolitan Police Service reported a 50.5% increase in the number of homophobic offences recorded in the two years to July 2016ⁱⁱ.

Research suggests that LGB children and young people are at higher risk of experiencing poor mental health and wellbeing, harming themselves and considering suicide as a consequence of the prejudice they face. The risk is even higher for those who are both LGBT and from a Black or Minority Ethnic (BME) community and/or have a learning disability. Studies by the charities Stonewall and Metro both found that over half of LGBT youth reported deliberately harming themselves, and 44% had considered suicide. Trans young people are also at higher risk of depression, self-harm, substance misuse and suicide.

There has also been research into the double stigma that LGBT young people who experience mental ill health can experience – the stigma associated with having a mental health condition, as well as the prejudice they face regarding their sexuality or gender identificationⁱⁱⁱ. Stigma has been shown to have a profound effect on a person's sense of self, and diminish their self-esteem and confidence, leading to mental health issues worsening. So, it is important that all partner agencies of the London Assembly take actions to tackle any stigma associated with being LGBT or having mental illness.

It is vital that we identify adversities that children and young people face across the board as early as possible to ensure we prevent against further, unnecessary escalation of emotional distress. The services that come into contact with children who have experienced adversity and prejudice, at whatever point, need to recognise the impact of this adversity, and provide effective, prompt interventions and support, regardless of whether the child or young person meets clinical thresholds based on diagnosis.

youngminds.org.uk

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The voice for young people's **mental health and wellbeing**

Throughout your investigation I would suggest that a key line of inquiry should focus on how agencies can better identify when LGBT young people have experienced adversity or trauma; and how they can provide effective early support to help those young people to build emotional resilience, in order to avoid any unnecessary escalation of need.

May I take this opportunity to thank you and your committee once again for focusing on the mental health needs of the LGBT population. If you would like for me to give further evidence to the committee, please do not hesitate to get in touch.

Yours sincerely,



Matt Blow,
Policy and Government Affairs Officer
YoungMinds

ⁱ <http://www.youngminds.org.uk/assets/0003/0188/Report - Beyond Adversity.pdf>

ⁱⁱ <http://www.met.police.uk/crimefigures/index.php>

ⁱⁱⁱ <https://cronfa.swan.ac.uk/Record/cronfa8911>



Established in 1948, Tavistock Relationships is recognised in its field as a centre of advanced practice and study, both nationally and internationally. Our ethos is to develop practice, research and policy activities which complement and inform the development of services to couples.

1. Why is it important to focus on the mental health needs of LGBT people?

We believe that it is important to consider the mental health needs of LGBT people because of serious concerns about the impact of heteronormativity and internalised negativity of LGBT identity, lifestyle and relationships. Research consistently shows that LGBT people are at greater risk of mental health difficulties in the face of micro-aggressions and phobic responses from the external world that affects both the individuals and negatively impacts their intimate relationships.

2. What are the main mental health challenges faced by LGBT people today?

Research suggests that internalized homophobia – which can stem from the heterosexism, homonegativity and heteronormativity prevalent within modern culture – leads to relationship problems primarily by increasing depressive symptoms (Frost, 2009). Our experience, as a provider of couple therapy services, suggests that many LGBT people who are experiencing depression which is affecting their relationship choose to access relationship support services rather than mental health ones. In fact, 7% of our clients identify as LGBT, which is appreciably higher than the 1.6% figure derived from ONS statistics (<http://visual.ons.gov.uk/sexual-identity-in-the-uk-2014/>).

Data collected from people accessing Tavistock Relationships' couple therapy services, which operates from two central London locations, indicates that 75% of LGBT people coming for relationship therapy have mild, moderate or severe depression. This figure compares to 70% for heterosexual clients. The overlap between relationship distress and depression is, this data suggests, very considerable.

And given the paucity of couple therapy for depression available on the NHS – just 1 in every 300 sessions delivered by IAPT nationally is for this therapy (that is, only 12,000 of sessions

of couple therapy for depression were delivered out of a total of three and a half million sessions for the service in total) – we believe that a comprehensive offer to LGBT people regarding their mental health must include adequate provision of couple therapy services.

For while it is of course important that access to couple therapy for depression through IAPT is increased – since the current paucity of provision of this intervention deprives LGBT people of an important and effective mental health treatment if relationship issues are thought to be a maintaining or precipitating factor in the presenting depression – commissioners should recognise the nature of services which LGBT people are currently choosing to access where relationship difficulties and depression overlap.

3. What can be done to promote better mental health for LGBT people and prevent mental ill health?

From our point of view, we feel passionately that relationship therapy for LGBT people is at the heart of service provision. Having successfully achieved the eQuality Chartermark through Pace for our services to the LGBT community, we recognise the importance of training therapists to meet the specific needs of LGBT people wishing to address issues within their relationships.

4. How do stigma and discrimination affect the mental health of LGBT people?

While policy developments – such as the introduction of same-sex marriage, and the support given by Government to schools to address homophobic and transphobic bullying – have had a positive impact on reducing overt discrimination experienced by LGBT people, micro-aggression – that is, intentional or unintentional verbal, nonverbal, behavioural, or environmental indignities that communicate hostile, derogatory, or negative connotations about a particular culture, sexual identity or gender – remains widespread and its impact poorly acknowledged.

This is an important factor which affects the relationship quality, and therefore the mental health, of people in LGBT relationships. For example, the stigmatisation and denigration of LGBT sexuality and relationships which micro-aggressions represent are implicated in domestic violence within LGBT relationships; that is, negative attitudes towards LGBT sexuality and relationships create an environment which facilitates abuse within LGBT relationships via the threat by one partner to ‘out’ the other (particularly where there is a

disparity between the 'out-ness' of partners in an LGBT relationship) to family, friends employers or child care agencies (Donovan, 2006).

5. What are the main barriers for LGBT people trying to access mental health support?

In regard to our own organisation's experience of working with LGBT relationships, we believe that the paucity of relationship support generally acts as a barrier to identifying and responding to the mental health needs of the individuals within these relationships.

6. What steps could mental health service providers take to make their services more accessible for LGBT people?

Shelton, (2011) suggests that mental health practitioners are not themselves immune from micro-aggression when working with LGBT patients This highlights the urgent need for training in understanding the specific needs of those working with individuals and their relationships. Although this forms part of our general training in relationship therapy we also offer specific training and development to help practitioners work with the range and complexity of LGBT relationships. For instance we are running a CPD day on understanding and responding to open and poly relationships.

7. What evidence is there of what works to improve the mental health of LGBT people?
8. How effectively are the needs of LGBT people incorporated into mental health service commissioning?
9. What examples of good practice are there in London and further afield?

In 2013 Tavistock Relationships was awarded an eQuality chartermark by PACE for demonstrating its commitment to inclusive practice in its work with Lesbian, Gay, Bisexual and Transgender (LGBT) couples; further to this award, we saw an increase in LGBT referrals, leading us to believe that our service is regarded by LGBT people as one which they can trust, and which have the requisite expertise, to help them address the specific challenges that they may be facing.

Tavistock Relationships is also currently running a Parents as Partners groupwork intervention (a relationally-focused groupwork intervention) specifically for LGBT partners.

10. What are the key issues faced by organisations working to support LGBT mental health in London?

Key issues include offering services that are both appropriate and responsive to the specific needs of LGBT people. Too often the services provided are premised on straight models of relating and where the theory underpinning practice is rooted in heteronormative thinking.

Finding more effective ways of reaching LGBT individuals, couples and families at risk of developing more serious mental health difficulties.

11. What can the Mayor and the London Assembly do to support better mental health for LGBT people?

In our opinion, the Mayor and the London Assembly would make a significant contribution to improving the mental health of LGBT people if they ensure that they incorporate relationship support in any measures they put in place to support LGBT mental health.

Key to this would be working with clinical commissioning groups to promote the expansion of couple therapy for depression IAPT services, given the data presenting here regarding the overlap between relationship distress in LGBT couples and depression, and also the funding of voluntary sector relationship support, given the fact that three quarters of LGBT people accessing couple therapy have depression.

More generally we would like to see further development in the training and provision of relationship support for LGBT people.

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**The British
Psychological Society**
Promoting excellence in psychology

Mental Health and LGBT People: Call for Evidence

British Psychological Society response to the London Assembly Health Committee

About the Society

The British Psychological Society, incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. We are a registered charity with a total membership of just over 50,000.

Under its Royal Charter, the objective of the British Psychological Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge". We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research.

The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

Publication and Queries

We are content for our response, as well as our name and address, to be made public. We are also content for the Committee to contact us in the future in relation to this inquiry.

Please direct all queries to:-

Joe Liardet, Policy Advice Administrator (Consultations)
The British Psychological Society, 48 Princess Road East, Leicester, LE1 7DR
Email: consult@bps.org.uk Tel: 0116 252 9936

About this Response

The response was led on behalf of the Society by:

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We hope you find our comments useful.

Dr Ian J Gargan CPsychol AFBPsS
Chair, Professional Practice Board

Mental Health and LGBT People: Call for Evidence

British Psychological Society response to the London Assembly Health Committee

	Why is it important to focus on the mental health needs of LGBT people?
1.	<p>LGBT people remain a specific population that faces significant threat and discrimination. They manifest greater prevalence of poor mental health, health risk behaviours and psychological distress. Despite some social change, LGBT people still have to navigate subtle and explicit negativity from family, the media, and policy makers on an almost daily basis. Structural inequality also means that psychological threat and minority stress is a common experience for LGBT people.</p> <p>There is a compelling evidence base, and an emerging one from the UK, for mental health disparities in the LGBT population. Research findings indicate that LGB people demonstrate more suicidal behaviour, poorer mental disorder, and increased substance misuse and substance dependence than heterosexual people. We know that UK LGB are at higher risk of suicide attempts (esp. gay and bisexual men) and ideation than heterosexuals (King, Semlyen <i>et al</i>, 2008), of increased mental disorder (King, Semlyen <i>et al</i>, 2008; Semlyen <i>et al</i>, 2016), increased substance dependence (especially in lesbian and gay women) (King, Semlyen <i>et al</i>, 2008). They are also at risk of increased smoking and hazardous alcohol use (Hagger-Johnson, Taibjee, Semlyen <i>et al</i>, 2013) both related to poorer mental health. There are different disparities within this group for example the bisexual population demonstrate higher self-harm risk than lesbians or gay men. There is very little available data on trans mental health and no population data exists. One UK survey study found that 88% of 889 respondents had experienced depression, 84% of respondents had experienced suicidal ideation, 75% had experienced anxiety, 53% had self-harmed and 35% had attempted suicide (Ellis, Bailey & McNeil, 2015).</p> <p>Adolescence is a particularly important developmental period as it is often a time when identity and self-concept formation occurs (Ward, Sylva, & Gresham, 2010). Moreover the negative effects of anxiety and depression may persist into adulthood (Marshall <i>et al.</i>, 2013; Needham, 2012).</p> <p>Sexual minority youth may also have to contend with new and difficult obstacles such as disclosing their sexual preferences to peers, friends and family in a potential climate of stigma and/or little support. Research shows that LGBTQ young people experience higher levels of verbal, physical and sexual abuse, and fear of such abuse (Rivers 2004). Harassment in school can interfere with an LGBT youth's academic achievement Russell <i>et al</i> 2011. Family support and acceptance can enhance outcomes for LGBTI children and adolescents across a range of indicators (Smith <i>et al.</i>, 2014) as can supportiveness of the local community Hatzenbuehler (2011).</p> <p>Sexual identity development or the "coming out process" can be defined as the process by which sexual attraction and sexual preferences are explored and incorporated into an individual's sense of self (Mohr & Fassinger, 2000). Concealing one's sexual identity, likely influenced by both internalised stigma and victimization leads to isolation and living a double life can be detrimental to mental health</p>

	<p>Hatzenbuehler 2009. More accepting reactions from others upon disclosure has been found to buffer the effects of negative reactions from others.</p> <p>The older population are also an important group to consider. Many older LGBT people have a lived history of direct discrimination and the impact of criminal justice system. Indeed <i>The Diagnostic and Statistical Manual of Mental Disorders (DSM)</i> included homosexuality in its diagnostic classifications until 1973. These experiences can create on-going barriers to accessing mental healthcare (Brown et al., 2015). One specific older group will be LGBT people affected by dementia (Semlyen et al., 2016, <i>in press</i>). This group experience a triple marginalisation – their age, sexual and/or gender identity and their declining mental health.</p>
	<p>What are the main mental health challenges faced by LGBT people today?</p>
<p>2.</p>	<p>There are a number of very real risk factors for mental health that LGBT people in particular experience. Actual and perceived stigma and discrimination impact on LGBT self-concept and self-esteem particularly in the light of a context of other and multiple stigmas and problems (such as poverty, racism, HIV/AIDS). Societal pressure and the heteronormative environment means that there is a strong reliance upon the pub/club scene as a unique safe space for social contact and identity affirmation placing LGBT people in the environment where smoking, drugs and alcohol are ever present and, to some extent therefore, normal practice as part of socialising and connecting. They are growing up, coming out and continuing to come out surrounded by family, religious and social intolerance of LGBT identity and with the very real threat and/or experience of homo-trans-bi-phobia. Bisexual people may additionally experience a ‘double minority stress’ as they also have to navigate invisibility within the mainstream lesbian and gay community (Barker et al, 2012).</p> <p>This threat may mean many LGBT people especially those who are older are socially isolated because they avoid risk of negative reactions. Van Orden (2010) identified that, ‘social isolation is one of the strongest and most reliable predictors of suicidal ideation, attempts, and lethal suicidal behaviour across the lifespan’ (p.582). Moreover social isolation prevents LGBT individuals from opportunities to strengthen social relationships and interaction with other LGBT adults. This can happen in a work environment but LGBT people may also experience prejudice from their employers meaning they avoid work or experience discrimination and victimisation in their daily working life.</p> <p>There is wide evidence that LGBT are experiencing– heterosexist homophobic and heteronormative attitudes from mental health professionals. Research has shown one-third of gay men, a quarter of bisexual men and over 40% of lesbians reported negative or mixed reactions from mental health professionals when they disclosed their sexual orientation. (King and McKeown, 2003) A key issue is providing appropriate support to LGBT people in ways that are sensitive to their gender and sexuality, without presupposing that it is the reason for their mental health conditions. Recent research showed that One in five lesbians and gay men and a third of bisexual men stated that a mental health professional made a causal link between their sexual orientation and their mental health problem. King and McKeown 2003. As such many LGBT people state they do not feel confident about accessing mental health services.</p>

	<p>(King, Semlyen et al 2007). Therefore it is safe to conclude that LGBT people are less likely than others to seek health care because of discomfort in disclosing sexual or gender identity to providers.</p> <p>In addition to negative experiences, from research carried in the last decade, we know that lesbians, gay men and bisexual people use mental health services more frequently than non-heterosexuals, seek counselling/therapy more and have more episodes of therapy and a greater number of sessions than non-LGB (King, Semlyen <i>et al</i>, 2007). Recent research showed LGBT access 'informal' sources of help - internet, family/friends rather than NHS or school-based mental health services. Felt safer with these sources of help in terms of their sexual orientation, gender identity and mental health. Queer Futures 2016. Therefore there are a group of people who need support more than the general population and yet are seeking it less often.</p>
	<p>What can be done to promote better mental health for LGBT people and prevent mental ill health?</p>
<p>3.</p>	<p>Any and all forms of inequality and negativity need to be taken seriously and effort made to challenge it when it happens, and change it by way of education and legislation so as to limit the chances of it manifesting itself. From a public health perspective LGBT mental health can be supported by better recognition of the risk and protective factors that operate, action to continue to reduce discrimination against LGBT people in wider society, action to reduce bullying and abuse and action to address the perceptions of, and any current occurrences, of discrimination by help in providing services and workforce.</p> <p>Education needs to be provided in relation to the fact that human sexuality is more fluid than society constructs it and thus we should not be surprised to see a full range of forms of expression in any group, whatever age. This needs to be provided to children and adults, through formal education programmes and through the media and policy. Addressing homophobic and transphobic bullying in schools and workplaces is key, implementing full monitoring of sexual orientation will enable organisations to assess bias and barriers to access.</p> <p>Local organisations run by and for LGBT people play an important role in promoting and preventing mental ill health. MindOut, in Brighton & Hove, is an exemplar. They run support groups focused on particular themes (e.g. HIV, suicidal distress, work) and groups target at particular groups (e.g. gay men, lesbians, BME, trans). They also offer an advocacy service and peer-support. Community-based services offer a more accessible service and they are often trusted more than mainstream statutory services where LGBT people have had poor experiences. We have seen the closing of LGBT specific services in the charity sector in recent years and the Assembly might want to see how they can support the work of such organisations.</p> <p>Within mainstream services, there needs to be better connections between sexual health, substance misuse and mental health services to support LGBT clients and service users. There are specific gaps in commissioning of drug and alcohol services for LGBT people despite the clear evidence of need from the research.</p>

	<p>How do stigma and discrimination affect the mental health of LGBT people?</p>
<p>4.</p>	<p>Received discrimination and stigma related to sexual orientation and/or gender identity is an important determinant of poor mental health. People who identify as LGBT are at increased risk of exposure to institutionalised and interpersonal discrimination and marginalisation, which in turn increases vulnerability to mental illness and psychological distress (King & Nazareth, 2006) Such adverse experiences may lead to internalized stigma (shame) and negative health consequences (to cope). UK population data shows that LGB are twice as likely to have a history of cigarette smoking as those reporting a heterosexual identity at age 18/19 years. And LG nearly twice as likely to report drinking alcohol more than twice per week, and more likely to report binge drinking more often than weekly. (Hagger-Johnson et al, 2013). The Trans Mental Health Study (Ellis et al, 2012) found 24% (of 577 respondents) had used drugs in the past year and 47% with high and potentially problematic levels of alcohol use.</p> <p>Actual experiences of discrimination and abuse, as well as fears of negative treatment for mental health conditions are major barriers for seeking healthcare quickly. Delayed help can lead to exacerbation of symptoms. Experienced or anticipated prejudice, discrimination and victimisation, the internalisation of negative societal attitudes and the denial and/or concealment of sexual preferences all act as stressors which can lead to poor mental health outcomes (Meyer, 2003; Hatzenbuehler 2009).</p> <p>There are two main theories that hypothesise why sexual minority status is associated with negative mental health outcomes. Both theories are based upon the predication that sexual minorities face specific and unique stressors compared to heterosexuals. In line with psychoneuroimmunology principles (Ader & Cohen, 1993) it is the consistent effect of these stressors that have a deleterious effect of mental and physical health.</p> <p>Minority stress theory (Meyer, 2003) suggests that the social norms and context in which the sexual minority youth live are more important than being a minority group itself. Experienced or anticipated prejudice, discrimination and victimisation, the internalisation of negative societal attitudes and the denial and/or concealment of sexual preferences also act as stressors which can lead to poor mental health outcomes (Almeida, Johnson, Corliss et al 2009 (Williamson, 2000). Poorer mental health does not only result from difficult and traumatic events but also from incongruent and <i>repeated</i> interactions with heteronormative and homophobic societal structures (Whitman 2015) and Newcomb & Mustanski (2010) show these effects become more pronounced with age.</p> <p>Hatzenbuehler, Nolen-Hoeksema and Dovidio (2009) posit that sexual minority stigma specific stressors can lead to psychopathology. In particular structural stigma can impact significantly. In the USA, states with anti LGBT legislation have higher rates of psychological distress (Rostosky <i>et al</i>, 2009) and LGBT people living in these states have a 12-year shorter life expectancy and higher rates of cardiovascular disease (Hatzenbuehler <i>et al</i>, 2014).</p>

	<p>Victimisation and discrimination in the context of adolescent mental health is especially relevant given the intense and often hostile school social environment (Crosnoe, 2011). A recent meta-analysis found that sexual minority youth have an increased risk of harassment and victimisation compared to heterosexual youth (Toomey & Russell, 2016). These occur particularly in the form of increased teasing, threats, and actual inter-personal violence, (Espelage, Aragon, Birkett & Koenig, 2008; Kosciw, Greytak, Diaz & Bartkiewicz, 2010). Physical harassment and violence may also be common place in school settings, Kosciw et al., (2011) found that 38.3% of students reported that they were physically harassed (e.g. pushed or shoved) because of their sexual orientation, with a further 18.3% physically assaulted (e.g. punched, kicked or injured with an object) in the past year. As a result 63.5% of sexual minority students reported feeling unsafe in school because of their sexual orientation. Experiencing harassment, bullying and victimisation has been linked with diverse negative outcomes. Compared to heterosexual youth, sexual minority youth display increased school absenteeism, poorer academic performance, lower educational aspirations, decreased life satisfaction, increased depression and suicide feelings, increased post-traumatic stress risk, increased alcohol and marijuana use and increased STD risk (Bontempo & D'Augelli, 2002, Espelage, Aragon, Birkett & Koenig, 2008, Espelage & Robinson, 2011; Fedewa & Ahn, 2011; Kosciw et al., 2011; Martin-Storey et al., 2013; Rivers, 2004; Russell, Ryan, Toomey, Diaz & Sanchez, 2011). They are also at risk of increased smoking and hazardous alcohol use (Hagger-Johnson, Taibjee, Semlyen <i>et al</i>, 2013).</p> <p>We know that there are gender differences regarding the prevalence, and therefore subsequent consequences of discrimination (Almeida, Johnson, Corliss, Molnar and Azrael, 2009) found that male sexual minority youth were twice as likely to have experienced discrimination compared to female sexual minority youth (50% vs. 25%). Thus young gay and bisexual males form a specific minority that require targeted intervention.</p>
	<p>What are the main barriers for LGBT people trying to access mental health support?</p>
<p>5.</p>	<p>After a lifetime of recognising that people may not expect or understand your LGBT experience one hurdle is that trust in public sector services may be low. In addition, the history of mental health services poor responses to LGBT people is well known and creates another reason for LGBT people to be nervous of approaching support agencies. Where they do access support agencies there are additional issues.</p> <p>They may well encounter the impact of inadequate culturally sensitive training of mental health professionals on the specific needs of LGBT populations (coming out issues, for example; being in the closet as a barrier to seeking care of providing truthful information to MH clinicians, etc.). Some providers remain unaware of specific LGBT stressors and about LGBT sensitive approaches to mental health interventions. Thus many LGBT people seek support from the charitable or private sector, and of course in these cases personal or service funding becomes an issue.</p>

	<p>What steps could mental health service providers take to make their services more accessible for LGBT people?</p>
<p>6.</p>	<p>It might be useful to audit staff to determine existing LGBT knowledge and sensitivity. This would indicate levels of awareness and offer evidence for targeting training. Where levels are low, gender and sexuality training should be sought made available and should be rolled out. An example of e-learning LGBT awareness training has been developed by Oxleas NHS Trust (Semlyen and Collings, 2015). Moreover, the British Psychological Society has published guidelines on working with sexual minority clients and these are extremely useful for practitioners (BPS, 2012).</p> <p>It would be useful to audit LGBT population access to mental health services and if necessary carry out outreach work to ensure they are being reached. Without knowing who is accessing services it is not possible to know they have been reached. Monitoring of sexual orientation and gender identity data should be mandated within NHS services and particularly mental health and primary care services to allow this data to be collected and the population to be audited.</p> <p>The training and education of health professionals (primary and secondary) and other agencies to promote understanding of the prevalence of mental health issues would be useful, as well as the importance of making sensitive enquiry, avoiding assumptions, and using inclusive language, even if it requires using outside consultants to train them. Those providing in depth psychological therapy or regular support should be offered LGBT affirmative supervision. This can serve to ensure appropriate support is being provided and thus serve to monitor the manifestations of living in a heterosexist culture.</p> <p>Counselling and psychotherapy treatments should not use ‘reparative’ therapies. Conversion or reparative therapies, based on psychoanalytic and behavioural principles, are a particular form of therapeutic intervention that purports to change sexual orientation and to help an individual ‘get rid’ of feelings of same sex attraction. They are usually (although not always) associated with and driven by particular religious ideologies that view non-heterosexual behaviour and identity as psychological and moral pathology (Bartlett, King & Phillips, 2001; Bartlett, Smith & King, 2009; Garnets et al., 1991; Milton, 1998; Milton, Coyle & Legg, 2005). The Memorandum of Understanding (MoU) of Conversion Therapy in the UK released in 2015 reflects a position that efforts to try to change or alter sexual orientation through psychological therapies are unethical and potentially harmful. The memorandum was signed by all of the major regulatory and therapy accrediting bodies including the Royal College of Psychiatrists, British Psychological Society, British Association for Counselling and Psychotherapy and NHS England. Of note is the clear stipulation that as a signatory ‘NHS England does not endorse or support conversion therapy and will make this clear to Clinical Commissioning Groups’. (MoU, 2015; point 23).</p> <p>Links could usefully be made with agencies and professionals who have particular expertise with LGBT clients. Links could also be made with other organisations to think preventatively and so address bullying and homophobia e.g. schools and colleges before it becomes manifest as poor mental health.</p>

	<p>While services have undoubtedly improved, LGBT people can still be cautious about approaching psychiatry and psychology and mental health services. This is sensible, as when a client approaches such a services they can be in great distress and very vulnerable so they need to be sure that the service understands and can work with their concerns appropriately. Organisations can assist by being upfront about their stance towards LGBT distress and mental health problems. Efforts to demonstrate services being known as LGBT sensitive, employing staff who are out as LGBT, and signposting their commitment to a community by supporting fundraising activities, taking part in Pride events etc. could all be useful. Also, they could consider advertising directly to LGBT media outlets the availability of services. At another level, services might consider their websites and public profiles so as to have statements as to their openness to a diverse population.</p>
	<p>What evidence is there of what works to improve the mental health of LGBT people?</p>
7.	<p>There is minimal evidence showing whether LGBT-specific services or interventions have any greater impact for LGBT people. What we do know is that provider’s sensitivity and attunement to the LGBT person is an important factor in promoting and facilitating access to services. We know that LGBT people do take up psychological support and that it is reported as very helpful when the therapist is able to understand the specific experiences of LGBT people and tailor the approach sensitively (King, Semlyen, et al 2007). Thus, we know that psychological treatment is helpful as long as it is tailored to the context of the client and allows them to utilise it to their own needs.</p> <p>Funding tends to be focused on documenting that LGBT people have mental health issues – it would be welcome to see more funding directed as the role of evaluating the effectiveness of particular interventions (e.g. community-based, online, peer-to-peer support) for the LGBT community.</p>
	<p>How effectively are the needs of LGBT people incorporated into mental health service commissioning?</p>
8.	<p>This varies by local area but generally this is not done well. It is often driven by key individuals based in that local area. There is no routine data collection so commissioners are unable to judge whether services are reaching these communities or indeed if services have embraced multi-cultural and LGBT sensitive practice comprehensively. Along with mandating collection of sexual orientation and gender identity data to inform this question, in order to address the current variability, and to harness the pockets of expertise that there are, perhaps a citywide strategy would be more effective.</p>
	<p>What examples of good practice are there in London and further afield?</p>
9.	<p>Many of the London Sexual Health Centres are appreciated by LGBT clients and utilised for more than just sexual health. These centres also carry a caseload of LGBT</p>

	<p>clients in relation to their wider psychological wellbeing. There are some LGBT specific agencies such as Metro who were commissioned to provide IAPT talking therapy to LGBT clients and Broken Rainbow (recently closed) invaluable for offering helpline support for addressing domestic violence in this population. There is also Pink Therapy, which both runs sexual and gender diversity training and manages a list of approved practitioners for LGBT clients. Note, many agencies and services are small and staffed with volunteers.</p> <p>In mainstream services, an example of an LGBT-friendly mainstream service is Southwark IAPT (“Talking Therapies Southwark”) which makes it clear on their website that they welcome everyone regardless of their sexual orientation or gender identity (Slam). Northamptonshire mental health trust had an LGBT liaison nurse role for several years to improve their services. This is no longer current but offers an example of best practice.</p> <p>Generally, best practice is promoted through systematic assessment of local needs e.g. through a JSNA or proactive engagement of local communities with conscious/proactive inclusion of LGBT people. Regarding guidance for best practice, the British Psychological Society has published guidelines on working with sexual minority clients and these are extremely useful for practitioners, (BPS, 2012).</p>
	<p>What are the key issues faced by organisations working to support LGBT mental health in London?</p>
<p>10.</p>	<p>London has the highest proportion of LGBT people in the UK, many who have moved to live there to be part of a group for shared identity and social support. London therefore needs to consider the mental health needs of its LGBT population as a significant issue. The health service and services in the charitable sector are stretched due to insufficient funding and thus can struggle to be available to all that might use them. There have been notable closures of organisations such as PACE closed after 31 years due to financial cuts leaving a big gap in provision (pink news). Where services rely on volunteers and honorary trainees, there is an issue of how competent practitioners are in LGBT sensitive practice. Thus training and supervision is an important issue that needs attention and organisations need resources to audit their treatment outcomes to evaluate their service provision.</p> <p>There is a lack of coherent commissioning across London - rarely enough critical mass in an individual borough to justify specialist commissioning pathways so boroughs tend to commission inclusive universalism which in reality lacks the appropriate capacity or knowledge to invest in engaging local LGBT communities.</p>
	<p>What can the Mayor and the London Assembly do to support better mental health for LGBT people?</p>
<p>11.</p>	<p>At the outset, set an agenda of appreciation of diversity, including within it that of gender and sexual diversity and Recommend to commissioners that mental health of LGBT individuals is specifically addressed. It is vital to address the systemic problem of anti-LGBT attitudes in society as well as the specific issues that a particular service</p>

	<p>or group of clients might need. Heterosexism and homonegativity need tackling generally alongside our efforts to help those of us who have experienced such negativity. Thus it is also necessary to comprehensively challenge those boroughs and services that fall short of specific LGBT affirmative an attuned practice.</p> <p>Draw on psychological expertise in the field and convene a cross London commission or task force on LGBT mental health that specifically include psychologists that specialise in psychological services for LGBT people, to actively work with providers, commissioners and communities to address the health inequalities and improve service access.</p> <p>Carefully review existing funding strategies to prevent funding low-level evidence from research using convenience samples to answer questions that have been answered (such as mental health disparities). Instead it would be far more important to see funding directed to research to explore the causal pathways to increased mental health in this population.</p> <p>Recommend that more research is taken to help us understand and treat poor mental health in LGBT people, including the needs of specific subgroups including women, transgender individuals, bisexual individuals, those from particular ethnic / religious / other cultural backgrounds, older / younger, disabled etc.</p> <p>Act to ensure that the mayor’s family of organisations systematically apply the actions recommended to all provision that is commissioned and all campaigns that are planned and delivered. In particular for all policies that are being considered that may impact on mental health. This may include wider policies on transport, safety and policing, affordable housing etc.</p> <p>Where possible, support services that reach out to the LGBT population. These services can overcome barriers that prevent LGBT people seeking help and support prevention work in schools, workplaces etc.</p> <p>Depending on statutory reach, the London Assembly might support health education and training to normalise difference, offering gender and sexuality (and wider diversity) sensitive training for mental health providers at all levels in all sectors.</p>
	<p>Who else needs to be involved in addressing the mental health needs of LGBT people, and how?</p>
<p>12.</p>	<p>Expert skill and knowledge needs to be harnessed to address the mental health needs of LGBT people. In consultation with LGBT people and their families as well as the wider population. The Society has clear expertise in this area along with other LGBT psychological and psychotherapy organisations such as Pink Therapy, and third sector LGBT mental health agencies such as Metro Centre.</p> <p>Moreover all service providers, service managers, commissioners and policy makers need to be included such as NHS mental health service providers and primary care psychological therapies services i.e. IAPT services in addition to secondary care mental health services.</p>

	<p>GP's need to be targeted, as they are usually the gatekeepers for accessing mental health services.</p> <p>Specifically trained professionals employed within statutory services could deliver psychological interventions to LGB clients and/or “sign-post” and direct their care pathways to agencies with LGB expertise Academic psychologists and psychiatric researchers are needed to undertake further research to address causal path in increased risk of mental health problems in this population and to implement and assess appropriate interventions are needed. Funding is required for this research to be effective and useful.</p>
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End.

LGBT MENTAL HEALTH IN LONDON

Call for evidence

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1. Why is it important to focus on the mental health needs of LGBT people?

- London is home to a greater proportion of LGBT+ individuals than nationally, (ONS, 2012) although survey based estimates of the “true” proportion of those who do not identify as heterosexual vary and are likely to be influenced by question wording. For example, data from the 2007 Adult Psychiatric Morbidity Survey estimated that 5.1-5.6% of men and 5.2%-6.0% of women in England did not identify as ‘entirely’ or ‘completely’ heterosexual, with the proportion of non-heterosexuals being greater if questions included the response categories ‘gay or lesbian’ rather than ‘homosexual’ (Chakraborty et al., 2011).
- Living in areas with a higher concentration of sexual minority individuals may be protective against common mental disorders (Hatzenbuehler et al., 2011). However, there are likely to be variations in the prevalence of non-heterosexuality within and between London boroughs, for example, due to variation in social density and/or acceptance of sexual minorities.
- A lack of data monitoring sexual orientation precludes examination of within-city comparisons.
- Using data from the South London Community Health (SELCoH) study – a survey of randomly selected in households in Southwark and Lambeth, we estimated that 6.6% of this population identify as non-heterosexual (Woodhead, Gazard et al., 2015)

- After accounting for differences in socio-demographic characteristics, compared to those who identified as heterosexual, being non-heterosexual was associated with 3 to 4-fold excess odds of reporting symptoms of common mental disorder, past year drug use, lifetime suicidal ideation and harmful alcohol use. This is a greater elevated risk than that reported in a systematic review of the national and international literature (King et al., 2008).
- Although higher rates of mental ill health and drug use in South East London overall has been previously reported using SELCoH data (Hatch et al., 2012), we found evidence to suggest that the disparity in mental ill health (specifically symptoms of common mental disorders, lifetime suicidal ideation) and substance use (past year drug use) was *even more pronounced* among non-heterosexual individuals.
- It is possible that local variations in cultural acceptance of non-heterosexuality may lead to a double or triple-jeopardy for non-heterosexuals (e.g., exposure to and internalisation of discrimination due to race/ethnicity, sexual orientation and mental ill health).

2. What are the main mental health challenges faced by LGBT people today?

- Sexual orientation is a protected characteristic in the UK, but can still be stigmatised even though attitudes have improved over time.
- Non-heterosexuals in our South East London sample were more likely to report experiencing everyday discrimination and to anticipate discrimination than heterosexuals. Everyday discrimination includes a range of 'low-level' events which may be less 'severe' than major experiences of discrimination (such as being unfairly fired from a job), but which are likely to be experienced more often. Such chronic exposure to everyday low-level discrimination is linked with a variety of adverse health and mental health outcomes. Anticipated discrimination occurs when the fear or expectation of being treated unfairly influences ones' behaviour. For example, not entering a certain neighbourhood; not applying for a certain job or educational place; or not contacting health services.
- Such discrimination is potentially only one contributing factor to increased mental ill health. Even after accounting for everyday and anticipated discrimination, being non-heterosexual in our South East London sample remained associated with approximately 2.5-3.5-fold greater odds of past year drug use, lifetime suicidal ideation and symptoms of common mental disorder.
- The impact of discrimination on adult mental health may accumulate over a lifecourse. Other research indicates that these experiences can start at an early age; for instance, a 2012 study found that over half of lesbian, gay and bisexual school pupils had been bullied because of their orientation, of which 40% had thought about or tried to take their own life and 40% had self harmed as a result of such bullying (Guasp, 2012).
- Our research has found that young people who first thought that they were LGB before the

age of 10 were twice as likely to report having attempted suicide compared to those who identified as LGB at an older age (Rimes, Shivakumar, Rahman, West & Youth Chances team, in prep). Similarly, those who come out below the age of 16 years were about twice as likely to have attempted suicide compared to those who came out at age 16 or older. It is vital that support is provided for school-age LGB individuals.

- This is particularly relevant given that the onset of a large proportion of mental ill health begins prior to adulthood (Kessler et al., 2007).

Other factors contributing to poorer mental health can include (e.g., Meyer, 2003):

- Experiences of rejection from family and friends
- Re-occurring worries about whether or not to tell people about their sexuality
- Going to lengths to hide their sexuality or to avoid situations in which they might be treated differently
- Internalising negative attitudes and beliefs about non-heterosexuality which people start to believe about themselves as true (such as being gay is ‘bad’ or ‘wrong’)
- Opportunities to meet and socialise with other members of the LGBT+ community have traditionally been focused around activities in which drug and alcohol use is more likely such as pubs/bars and clubs. Although such opportunities are becoming more heterogeneous, social networks and social norms with greater expectancies around substance use may have evolved (Green & Feinsetin, 2012). Further, our research suggests that non-heterosexuals may be more likely use drugs and alcohol as coping strategies to deal with unfair treatment (Woodhead, Gazard et al., 2015).

3. What can be done to promote better mental health for LGBT people and prevent mental ill health?

- In addition to universal efforts to reduce the likelihood of experiencing any of the above risk factors, legislative and public health policies aimed at secondary prevention is key, since this group is at markedly greater risk of mental ill health.
- Family and parenting interventions are an essential element of any initiatives to reduce disparities in mental ill health. Our research found that young LGB adults who reported negative reactions to coming out from their parents or a sibling were about twice as likely to report having attempted suicide compared to those who reported a more positive reaction (Rimes et al., in prep)
- School, further / higher education and workplace interventions are also very important for reducing stigma and supporting LGBT+ adults. Research we conducted found that young LGB people who had attempted suicide were twice as likely to report that teachers and school staff had not spoken out against homophobia / biphobia, compared to those who had not attempted suicide (Rimes et al., in prep). Young LGB people who had attempted suicide were 2.4 times more likely to report that their school lessons referred negatively to LGBTQ issues,

relative to people had not attempted suicide.

- On an individual level, further research should assess the potential for tailored interventions utilising psychoeducation and health behavioural change approaches, as well as those aimed at bolstering environmental supports, to support LGBT+ individuals in the community.
- For example, rumination is a coping strategy previously found to be common among non-heterosexuals. Our research identified rumination as an underlying mechanism behind excess depression and anxiety in this group (e.g. Timmins, Rimes & Rahman, a&b; submitted).

4. How do stigma and discrimination affect the mental health of LGBT people?

See point 2 above.

5. What are the main barriers for LGBT people trying to access mental health support?

- Non-heterosexuals access mental health services more often than heterosexuals, as would be expected given their higher rates of mental health problems, but are also more likely to report negative experiences in the health care system. This is often due to a lack of understanding and appropriate communication (Winter, 2012).
- Many studies have also outlined the discrimination that LGBT individuals experience in mental health services. Much still needs to be done to tackle such experiences in mental health services, particularly for the Trans community (Ellis et al., 2015) and older LGBT individuals (Wintrip, 2009).
- Concerns about disclosing to health care professionals linked to confidentiality and an impact on quality of care (Stonewall, 2007) can be another barrier to access.
- Public health initiatives aimed at mental health are increasingly looking to community assets to support individuals in the community. However, a lack of funding for third sector organisations has reduced the available support available to LGBT individuals.
- For example, PACE was a charity funded by a mixture of central and local authority, and Big Lottery support but has recently closed. It specialised in mental health services for LGBT+ people and carried out important research in the area.

6. What steps could mental health service providers take to make their services more accessible for LGBT people?

- Mental health services should explicitly state that they welcome all individuals, whatever their sexual orientation or gender identity. Talking Therapies Southwark is one NHS primary care

psychological therapies service that makes this statement on their website.

- Initiatives such as the Stonewall Healthcare Equality Index 2015 go towards a better understanding of the importance of promoting equality and improvement to services.
- Health professions not assuming heterosexuality in their service-users; being educated about the needs and concerns of all non-heterosexual individuals; encouraging inclusion in promotional material such as leaflets and posters, are all examples of good practice.
- Inclusion of the needs of non-heterosexuals when allocating health service resources and identifying priorities is hampered by a lack of locally available data.
- Routine monitoring and communication between NHS mental health providers, voluntary organisations, local authorities and the research community is vital to address these inequalities in mental health.

7. What evidence is there of what works to improve the mental health of LGBT people?

- Evidence from the United States suggests that change to public policies that discriminate against LGBT individuals can have real impact on rates of mental disorders in LGB people (Hatzenbuehler, 2010).
- There is preliminary evidence from a New York study that LGB-affirmative cognitive behaviour therapy for gay and bisexual men may reduce depressive symptoms (Pachankis et al., 2015). Research is needed to investigate whether LGB-affirmative cognitive behaviour therapy is effective for gay and bisexual men in the UK. That therapy was developed specifically for men and addressed co-occurring physical health risks such as sexual compulsivity and condomless sex. A form of LGB-affirmative therapy for sexual minority women needs to be developed and researched in high quality clinical trials.
- Openness about being LGBT in the workplace varies across health services. Despite having a generally good record across the NHS, many staff members still struggle to be open about their sexuality at work. Allowing staff to be comfortable in themselves and feel safe at work will benefit patients.
- Family connectedness, perceived caring from other adults and school safety have been shown to be protective factors for LGBT young people's mental health (Eisenberg and Resnick, 2006)
- In adults, connectedness to the LGBT community and positive sexual identity have been shown to be associated with increased mental wellbeing (Kertzner et al., 2009).
- Advocacy for policy change related to protecting LGBT people from violence, hate crimes, school bullying, harassment and discrimination are important components for LGBT mental

health, as are promoting family and LGBT connectedness and positive sexual and gender identity

8. How effectively are the needs of LGBT people incorporated into mental health service commissioning?

- In our experience the specific needs of LGBT people are rarely if ever incorporated into mental health service commissioning. This needs to be addressed as a matter of urgency, given the robust evidence about elevated rates of mental health problems in LGBT individuals and the specific needs of this group.

9. What examples of good practice are there in London and further afield?

- Nottinghamshire Healthcare Trust works in collaboration with Stonewall on initiatives to define best practice for LGBT inclusiveness after consistently being ranked as a best employer for LGBT staff (Stonewall, 2016). This trust offers a model for staff inclusiveness which is likely to also impact on service provision.
- Auditing LGB individuals' access and outcomes is important. Talking Therapies Southwark, an NHS primary care psychological therapies (IAPT) service, has conducted audits into whether LGB individuals are accessing the service at levels commensurate with the proportion of LGB individuals within Southwark, and whether these individuals receive similar benefits from therapy as heterosexuals.
- Sexual Health services in London are examples of good practice in working to LGBT needs in healthcare and could be used as a model for mental health provision. For example, the collaboration between NHS services at 56 Dean St and CLiniQ, which provides a specialised Trans sexual health service (CliniQ, 2016).

10. What are the key issues faced by organisations working to support LGBT mental health in London?

- NHS mental health services are rarely commissioned to specifically address the mental health needs of LGBT individuals. Without such funding there are insufficient resources to develop and evaluate the impact of LGBT-affirmative interventions.
- Funding issues have also affected LGBT specialised services, such as the closure of PACE services.
- More support is needed for services that specifically address the needs of LGB individuals. These services should conduct audits and evaluations of their access and treatment outcomes to ensure they are able to secure ongoing funding. They may require extra

funding or methods for linking with others, e.g. university researchers, who have the skills required for auditing and service evaluations.

11. What can the Mayor and the London Assembly do to support better mental health for LGBT people?

- Advocate for measures of sexual orientation and gender identity to be incorporated into key national and local surveys related to mental health so that inequalities affecting LGBT can be more fully identified.
- Recommend that the needs of LGBT individuals with mental health problems are specifically featured in mental health commissioning.
- Recommend that research is undertaken into the best ways of treating mental health problems in LGBT individuals. London is unusual in that there are a 'critical mass' of scholars and applied researchers in sexual orientation, LGBT health as well as world-class expertise in health services research focusing on under-represented populations here (e.g., at KCL and UCL) that the Assembly can tap into to support its aims. Research questions could include:
 - 1) Do LGBT individuals show better outcomes in LGBT-specific services or in standard services where staff have received LGBT training?
 - 2) What are the mental health care needs of different LGBT-subgroups, i.e. how does the intersectionality of sexual orientation with gender, gender identity, ethnicity, religion, disability and other characteristics impact on mental health and mental health treatment?
 - 3) What do LGBT individuals value in their mental health treatment provision and which aspects can be unhelpful?
 - 4) Are evidence-based treatments such as cognitive behaviour therapy equally effective for LGBT individuals or do they require modification e.g. LGB-affirmative cognitive behaviour therapy?
 - 5) How can we reduce prejudice and discrimination against LGBT mental health service-users by health service staff?
 - 6) How can we build resilience in LGBT individuals to help prevent mental health problems?
- Advocate for anti-bullying and safe schools' legislation with specific inclusion of sexual orientation and gender identity.
- Advocate for more dialogue between different community organisations to ensure more understanding of the problems facing London's diverse LGBT community with the aim of promoting connectedness not only within the LGBT community but also with other important communities.

12. Who else needs to be involved in addressing the mental health needs of LGBT people, and how?

- GP practice teams, primary care psychological therapies services (e.g. IAPT services), community mental health teams
- LGBT community organisations
- Other key community organisations that could integrate the needs of LGBT people more effectively or collaborate/signpost to LGBT communities
- Schools and colleges
- Health and Wellbeing Boards
- Researchers investigating LGBT mental health

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**London Assembly Health Committee review into mental health for lesbian, gay,
bisexual and transgender (LGBT) people**

Call for Evidence

Response by Professor Martin Milton, CPsychol, AFBPsS, UKCP Reg, Regents
University London, British Psychological Society Associate Fellow, Chartered
Counselling Psychologist, Registered Psychotherapist.

1. Why is it important to focus on the mental health needs of LGBT people?

In order to attend to the mental health issues of all people, policy makers, service managers and mental health workers need to attend to the specifics of the individual's circumstance. It has become clear that this includes the degree of stigma, negativity and threat posed by society to individuals in marginalized groups.

LGBT people remain a specific population that faces significant threat and discrimination. It is impossible to understand group or individual distress for LGBT people without considering the heterosexist messages that infuse the culture in which they grow up, work and live as well as the specific experience of homophobic comment or behavior.

Once these are understood we start to understand why the prevalence of psychological distress is larger in LGBT populations than in many other groups. Despite social change LGBT people still have to navigate subtle and explicit negativity from family, the media, and policy makers on an almost daily basis. Structural inequality also means that psychological threat and minority stress is a common experience for LGBT people across the country.

Without specific and tailored support the LGBT mental (and physical) health needs go unrecognized and provision is lacking.

2. What are the main mental health challenges faced by LGBT people today?

LGBT people have to navigate negativity and opprobrium at different levels on a frequent basis.

Some of this is the fabric of society, wherein a heterosexual lens means that LGBT needs are ignored or misunderstood, e.g. education providers speak more easily about heterosexual marriage and parenting than they do about other forms. This means that the gender fluid child or teen is not attended to, that the lesbian, gay or bisexual child or teen is left without answers to their own questions or the worry that if they do ask, they face ridicule and discrimination from peers. Another example might be where families voice concern or disapproval about a teenager's burgeoning same-sex/bisexual sexuality, whereas they may have voiced delight when a sibling came home having secured a date with someone of the other sex. The asexual teen may be very aware of the pressure that exists everywhere to partake in compulsory sexuality. These (and many other examples) can be seen as having no intent to stress the LGBT person, but the frequency with which this is experienced means that a constant vigilance is required to navigate this, it is stressful and can lead to poor self-esteem and a range of mental health struggles.

Some of the negativity is more explicit and extreme. Despite there being anti-hate laws and the presence of the Equalities Act LGBT people still receive a great deal of explicit negative comment, teasing and bullying, ridicule, abuse, physical and psychological threat as well as actual abuse. This can lead to anxiety, depression, social withdrawal, and for some people such self-medicating behaviours where alcohol and drugs are used in an effort to manage the feelings.

3. What can be done to promote better mental health for LGBT people and prevent mental ill health?

Any and all forms of inequality and negativity need to be taken seriously and effort made to challenge it when it happens, and change it by way of education and legislation so as to limit the chances of it manifesting itself.

Education needs to be provided in relation to the fact that human sexuality is more fluid than society constructs it and thus we should not be surprised to see a full range of forms of expression in any group, whatever age. This needs to be provided to children and adults, through formal education programmes and through the media, Art, television and movies, and through policy.

Thus, depending on your statutory reach, the London Assembly might support health education, the normalization of difference, gender and sexuality (and wider Diversity) sensitive training for mental health providers at all levels in all sectors. You may also bring these considerations into cultural and media events that you have influence with. We have seen the closing of LGBT specific services in the charity sector in recent years which is very worrying and the Assembly might want to see how they can support the work of such organisations.

4. How do stigma and discrimination affect the mental health of LGBT people?

Stigma and discrimination lead to what we understand as 'minority stress'. This is a concept that was originally applied to the stress those of a minority identity experience when their values/ experience/ very being conflicts with the dominant culture's values and it does not only result from difficult and traumatic events but also from incongruent

and *repeated* interactions with societal structures¹. This can be the subtle toxic anti-LGBT feeling or can be much more explicit experiences. LGBT+ people are affected by this negativity and may develop unhelpful behaviours in the face of such strong societal anti-LGBT+ stigma. These processes can result in personal, psychological and social distress and difficulty, both at the immediate point of experiencing homophobic, biphobic and transphobic responses, but there can also be ongoing problems to contend with as well. Some difficulties are hard to quantify as the impact of a silent world, a world which simply does not recognize your reality, is hard to measure and many LGBT+ people suffer without sharing. However, we know that commonly reported difficulties include discrimination and stigma, mental health disorders and problems with accessing health care and social services². Similarly when summing up his review of the research on the range of problems that stem from overt homophobic bullying or abuse, Prof. Ian Rivers notes ‘problems have included violent behavior, alcoholism and substance abuse, eating disorders, and, again, suicidal ideation’³. He goes on to say that ‘it is suggested that posttraumatic stress may be a feature of the adult lives of men and women who experienced frequent and prolonged bullying at school as a result of their actual or perceived sexual orientation’⁴. These are certainly all too common themes that LGBT+ clients bring to therapy. Bisexual people may additionally experience a ‘double minority

¹ See Whitman, J. (2015). *LGBT mental health disparities and minority stress*, Presentation at the British Psychological Society Annual

² See Whitman, J. (2015). Mental health disparities and minority stress, a paper given in the symposium entitled *An international declaration for global LGBT psychology and psychotherapy standards*. British Psychological Society Annual Conference, Liverpool: May 2015.

³ See Rivers, I. (2004). Recollections of bullying at school and their long-term implications for lesbians, gay men, and bisexuals, *Crisis*, 25(4)

⁴ See Rivers, I. (2004). Recollections of bullying at school and their long-term implications for lesbians, gay men, and bisexuals, *Crisis*, 25(4)

stress' as they also have to navigate invisibility within the mainstream lesbian and gay community⁵.

5. What are the main barriers for LGBT people trying to access mental health support?

After a lifetime of recognizing that people may not expect or understand your LGBT experience one hurdle is that trust in public sector services may be low. In addition, the history of mental health services poor responses to LGBT people is well known and creates another reason for LGBT people to be nervous of approaching support agencies. Where they do access support agencies there are additional issues, some providers remain unaware of specific LGBT stressors, about LGBT sensitive approaches to psychological therapy, the number of sensitively run psychotherapy groups can be limited, etc. Thus many LGBT people seek support from the charitable or private sector, and of course in these cases personal or service funding becomes an issue as this may incur significant cost and as mentioned above some services have had to close recently.

6. What steps could mental health service providers take to make their services more accessible for LGBT people?

Firstly, they might audit their staff, any staff who have contact, no matter how limited with clients, as to their LGBT knowledge and sensitivity. Where this is lacking, gender and sexuality training should be sought made available and should be rolled out.

Those providing in depth psychological therapy or regular support should be offered LGBT affirmative supervision so as to monitor the manifestations of living in a heterosexist culture. People still slip up regularly, e.g. health care providers still ask young

⁵ See Barker, M-J, Richards, C., Jones, R., Bowes-Catton, H., Plowman, T., Yockney, J. & Morgan, M. (2012). *The bisexuality report: Bisexual inclusion in LGBT equality and diversity*. Milton Keynes: The Open University Centre for Citizenship, Identities and Governance. ISBN: 978-1-78007-414-6.

men whether they have a girlfriend or young women as to whether they have a boyfriend, rather than asking, where relevant, ‘do you have a partner? What’s their name?’ etc. The former can be off-putting, indicating as it does a taken-for-grantedness of heterosexuality, rather than an openness to whoever approaches the professional. At another level, services might consider their websites and public profiles so as to have statements as to their openness to a diverse population.

7. What evidence is there of what works to improve the mental health of LGBT people?

What is being suggested above is not that specific, separate ‘techniques’ or models need to be adopted – there is no evidence of such kind. What is being highlighted is the need for a provider’s sensitivity and attunement to the LGBT person to be transparent and accountable. We know that LGBT people do take up psychological support and that it is reported as very helpful when the therapist is able to understand the specific experiences of LGBT people and tailor the approach sensitively. Thus, we know that psychotherapy of many forms is helpful as long as the therapist tailors it to the context of the client and allows the client to utilize it to their own needs.

8. How effectively are the needs of LGBT people incorporated into mental health service commissioning?

This can be a bit piecemeal. While we can be more confident that since the Department of Health signed the Memorandum of Understanding that there is no NHS commissioning of conversion therapies and other such dangerous anti-LGBT interventions, it is harder to know which services have embraced multi-cultural and LGBT sensitive practice comprehensively. Some services have adopted an approach that relies on a ‘universal methodology’ - meaning that practitioners learn the

methods/develop the personal abilities correctly and roll these out in a universal fashion.

While this may aim to offer all clients the same experience, the problem with this is that it can fail to attend to issues of power and difference and is of no assistance in the therapist's attempts to attune to the experience of minorities experiences⁶.

9. What examples of good practice are there in London and further afield?

Many of the London Sexual Health Centres are appreciated by LGBT clients and utilized for more than just sexual health. These centres also carry a caseload of LGBT clients in relation to their wider psychological wellbeing.

Pink Therapy: Runs a training arm and manages a list of approved practitioners

<http://www.pinktherapy.com>

There are other services and private practitioners that are doing good work, albeit more quietly.

The British Psychological Society have published guidelines on working with sexual minority clients and these are extremely useful for practitioners. See

http://www.bps.org.uk/sites/default/files/images/rep_92.pdf

10. What are the key issues faced by organisations working to support LGBT mental health in London?

The health service and services in the charitable sector are stretched due to insufficient funding and thus can struggle to be available to all that might use them.

Where services rely on volunteers and honorary trainees, there is an issue of how competent practitioners are in LGBT sensitive practice. Thus training and supervision is

⁶ See Milton, M., Craven, M., and Coyle, A. (2010). Understanding human distress: Moving beyond the concept of psychopathology, in M. Milton. (Ed) *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues*, Chichester: Wiley-Blackwell.

an important issue that needs attention.

Publicity and transparency – while services have undoubtedly improved since the bad old days of conversion therapies, LGBT people can still be cautious about approaching psychiatry and psychology and mental health services. This is sensible, as when a client approaches such a services they can be in great distress and very vulnerable so they need to be sure that the service understands and can work with their concerns appropriately. Organisations can assist by being upfront about their stance towards LGBT distress and mental health problems.

11. What can the Mayor and the London Assembly do to support better mental health for LGBT people?

Set an agenda of appreciation of diversity, including within it that of gender and sexual diversity.

Reviewing funding and where possible supporting services that reach out to the LGBT population.

Challenging those whose services fall short of specific attuned practice and rely on the ‘universal’ approach.

12. Who else needs to be involved in addressing the mental health needs of LGBT people, and how?

As many people as possible – LGBT service users and families, providers, service managers and policy makers. We need to tackle the systemic problem of anti-LGBT rhetoric in society as an issue as well as the specific issues that a particular service or group of clients might need. Heterosexism and homonegativity need tackling generally alongside our efforts to help those of us who have experienced such negativity.

London Borough of Hackney Public Health Team response to London Assembly Health Committee review into LGBT+ mental health

Terminology

Throughout this response, the term LGBT+ will be used to refer to people of all minority sexuality and gender identities. As well as lesbian, gay, bisexual and transgender people, this also includes (but is not limited to) people who are:

- asexual – people who do not experience sexual attraction to other people
- aromantic – people who do not experience romantic attraction to other people
- non-binary – people who are not (just) male or not (just) female
- gender fluid – people whose gender identity is not fixed.

1. Why is it important to focus on mental health needs of LGBT+ people?

There is clear evidence of need

As noted in the covering text for this consultation, LGBT+ people are at increased risk of mental ill health – including suicide, depression, anxiety and self-harm. LGBT+ people are also more likely to smoke, drink to excess, engage in risky sexual behaviour and be socially isolated than straight, cisgender¹ people – all of these behaviours have a complex, bi-directional relationship to poorer mental health.

The act of prioritising LGBT+ mental health will, in itself, be good for LGBT+ mental health

One factor contributing to poorer LGBT+ mental health is rejection at both a personal and societal level. [1] In centring the needs of LGBT+ residents and showing that they are valued, the GLA will itself be working to counter this issue.

The GLA also has the opportunity to shape the wider dialogue about LGBT+ people. For instance, recognising that the LGBT+ umbrella covers people with highly marginalised sexualities or gender identities can help to make such identities better known and understood, which will not only increase acceptance and reduce stigma, but also help people who may not have met these concepts before recognise where they apply to themselves.

2. What are the main mental health challenges faced by LGBT people today?

This response will take a life course approach, followed by some specific issues faced by groups within the larger LGBT+ umbrella.

Children and young people

¹ Cisgender people are those whose gender identity matches the gender they were assigned at birth – this is the preferred term for people who are not transgender.

The 2014/15 WAY survey [2] of over a hundred thousand 15-year-olds found strong inequalities in LGB+² young people. When asked “How satisfied are you with your life?” 31% of gay and lesbian young people, 40% of bisexual young people and 35% of other minority sexuality young people reported they were not satisfied, compared to 12% of straight young people.

Issues faced by young people include:

- Bullying - LGB+ young people are one and a half times as likely to have been bullied in the past couple of months as straight young people (78% compared to 53%). [2] Bullying is well known to cause long term negative mental health problems, with a recent UK study linking childhood bullying to a two thirds increase in the likelihood of having a mental health problem as an adult. [3]
- Unstable housing / Homelessness - LGBT+ young people are at increased risk of homelessness [4]

Working age adults

Half of all adults with mental ill health experienced their first symptoms by the age of fourteen, and three-quarters by the age of twenty-four. [5]

However, there are further challenges that may come into play for LGBT+ adults, including:

- Difficulties around transition for those trans people who choose to transition – having to prove themselves to medical gatekeepers, having their place in single-gender spaces questioned, administrative hostility to name changes.
- For adults who lived through the 80s AIDS epidemic, both individual and collective trauma have a strong impact on emotional health. [6]

Older adults

Social isolation is a key mental health issue for older adults. [7] Research from Stonewall [8] has found that LGB older adults are:

- More likely to live alone
- Less likely to have children
- Less likely to see their biological family once or more a week

Other issues faced by LGBT+ older adults include

- Isolation from mainstream LGBT+ community
- The continuing impact of past discrimination – criminalisation, job loss, loss of custody of children, lack of legal protection for relationships – both in material consequences and in lasting psychological damage
- Higher risk of prejudice from peers
- Increased dependence on others who may hold prejudices
- Increased uncertainty around legal issues

Highly marginalised identities

Under the LGBT+ umbrella, there is a hierarchy of recognised, valued and socially accepted identities. Bisexual and transgender people see additional stigma,

² Those who reported their sexuality as gay, lesbian, bisexual or other. The survey did not ask about gender identity.

marginalisation and invalidation from both society at large and within the LGBT+ community – this contributes to poor mental health outcomes. Those falling under the “+” of LGBT+ have the additional problem that they may not realise there is a name for their identity and experiences, or that other people may feel the same as them.

Intersectionality

Aspects of people’s identities do not exist in isolation – that someone is gay does not mean they do not have an ethnicity, and it certainly does not mean that their ethnicity is necessarily white. We draw attention to London Borough of Hackney’s programme to improve outcomes for young black men, which has identified opportunities and challenges in the local community. [9] The same pressures that face young black straight, cisgender men – stigma around accessing mental health services, strong gender stereotypes, trust between the community and the statutory sector – also affect young black LGBT+ people, with additional challenges that are unique to being both black and LGBT+.

3. What can be done to promote better mental health for LGBT+ people and prevent mental ill health?

There is a wealth of existing information on best practice for improving services for LGBT+ people. Links collected for an earlier project are attached as an appendix.

We urge a holistic approach that takes into account the complex links between mental health, physical health and both personal and environmental wider determinants of health.

For example, LGBT+ people have higher rates of smoking. This may be both a cause and result of poor mental health – those with mental ill health are more likely to smoke, and smoking has been found to contribute to depression. [10] Smoking cessation is linked to reduction in depression and anxiety symptoms equal to or larger than that of antidepressant treatment. [11]

4. How do stigma and discrimination affect the mental health of LGBT+ people?

Material stigma/discrimination

Discrimination and stigma impact directly on mental health, and also impact on opportunities to build protective factors that promote good mental health and build resilience, such as employment, social networks, and communities of faith.

Microaggressions

Microaggressions are comments or actions that may not be overtly (or intentionally) discriminatory, but communicate hostile messages or reinforce power/oppression dynamics. [12]

Examples for LGBT+ people could include surprise on learning someone is gay (communicating the message that being gay is not the norm); assuming someone is

gay because they are romantically linked to someone of the same gender (communicating the message that bisexuality is not broadly recognised or assumed); or addressing a group of people as “ladies and gentlemen” (communicating the message that non-binary identities are not recognised as valid).

Microaggressions have a cumulative negative effect on mental wellbeing. [13] [14] They are particularly insidious because each individual instance is minor, excusable, or open to multiple interpretations, making them difficult to challenge.

5. What are the main barriers for LGBT people trying to access mental health support?

Local research

Local research by City and Hackney Mind into barriers to accessing health and social care for LGBT+ people found: [15]

- a lack of targeted services for LGBT+ people
- discrimination, homophobia and insensitive behaviour from frontline staff
- frontline staff did not appear to be equipped to address how mental health difficulties may or may not interact with gender identity and sexual orientation
- individuals were not always clear on confidentiality of services
- inappropriate and offensive language use and assumptions about gender identity and sexual orientation.

6. What steps could mental health service providers take to make their services more accessible to LGBT+ people?

In order to improve LGBT+ mental health, it is not just mental health services that need to adapt to be more accessible, inclusive and accepting.

Local research

Local research by City and Hackney Mind into barriers to accessing health and social care for LGBT+ people recommended: [15]

- providing staff with specific training – including around the health needs of transgender service users, and training staff in all healthcare settings in the mental health needs of LGBT+ service users
- creating a safe environment for LGBT+ patients – including inclusive material that visibly encompasses a range of genders, sexualities and gender expressions
- promoting a clear policy on confidentiality – this is particularly important for children and young people
- adopting sensitive and inclusive language and practice – avoid making assumptions

7. What evidence is there of what works to improve the mental health of LGBT+ people?

See appendix.

8. How effectively are the needs of LGBT+ people incorporated into mental health service commissioning?

Barriers to effective commissioning include:

- Weak evidence on the number of LGBT+ people in local areas – existing estimates at a sub-national level are poorly evidenced for LGB people and non-existent for trans people and those with highly marginalised identities.
- Language and assumptions in wider commissioning environment (including policy documents, campaigns and resources) that does not encourage commissioners to consider LGBT+ residents. For instance, campaigns that use mixed-sex couples in illustrations but not same-sex couples, or documents that use language implying all people who give birth are female.

9. What examples of good practice are there in London and further afield?

See appendix.

10. What are the key issues faced by organisations working to support LGBT+ mental health in London.

Left blank.

11. What can the Mayor and the London Assembly do to support better mental health for LGBT+ people?

We advocate a preventative, life course approach. The Mayor and the London Assembly are in a strong position to influence how LGBT+ mental health is understood and discussed – they can frame the conversation to emphasise:

- The holistic nature of mental health and wellbeing – mental ill health does not exist in isolation, but is in a complex, multi-directional relationship with physical health, personal circumstance, and societal and cultural influences.
- The need for work to begin in childhood – for schools, youth services and all other environments that work with children and young people to promote inclusive, accepting environments in which children and young people receive positive messages about LGBT+ lives and experiences.
- The full range of LGBT+ experiences and identities – do not further marginalise bisexual, trans, and other sexual and gender identities in this discussion.
- Positive LGBT+ lives and experiences – there is a danger that work focusing on LGBT+ mental health risks can further stigmatise LGBT+ people and frame LGBT+ experiences as broadly negative.

Appendix: Resources compiled for an internal talk in May 2016

The following are some resources for understanding and improving the mental health of LGBT+ residents and staff.

Children and Young People

An Introduction to Supporting LGBT Young People: A guide for schools – Stonewall
Guide to issues and recommendations for best practice.

https://www.stonewall.org.uk/sites/default/files/an_introduction_to_supporting_lgbt_young_people_-_a_guide_for_schools_2015.pdf

Preventing suicide: lesbian, gay, bisexual and trans young people – Public Health England

Aimed at nurses, but good guide for anyone who works with young people. Please know there are two separate resources on this page: one for LGB youth, one for trans youth.

<https://www.gov.uk/government/publications/preventing-suicide-lesbian-gay-and-bisexual-young-people>

No Outsiders: Challenging homophobia in primary schools – Birmingham City Council

Books and lesson plans to build emotional literacy and challenge homophobia – aimed at primary school teachers, but useful to anyone needing book recommendations for younger children.

http://moodle.flintshire.gov.uk/la/pluginfile.php/3898/mod_resource/content/0/Challenging%20Homophobia%20in%20Primary%20Schools%202012.pdf

Out On My Own: Understanding the Experiences and Needs of Homeless Lesbian, Gay, Bisexual and Transgender Youth – University of Brighton

Exec summary gives clear overview of needs.

http://about.brighton.ac.uk/cupp/images/stories/projects/c-k-e/LGBTU/Out_on_my_own.pdf

Adults / General

Short reads:

Bisexuality & Mental Health – BiPhoria

Short, informative, includes ways to improve services.

http://www.biphoria.org.uk/bi_mh.pdf

Mental Health in LGBT+ Communities – Mind Out

Short leaflet on issues and ways to improve mental health from within the community – aimed at LGBT+ people.

<http://www.mindout.org.uk/wp-content/uploads/2012/11/black-LGBTQ-leaflet.pdf>

Findings from the “I Exist” survey of lesbian, gay and bisexual people in Greater Manchester – The Lesbian and Gay Foundation

Clear and accessible look at some of the issues facing LGB people today.

<https://lgbt.foundation/downloads/127>

Mental health issues with LGB communities – NHS

Short but quite formal briefing aimed at service providers/commissioners.

http://www.pinktherapy.com/portals/0/downloadables/Health/NHS_LGB_Mental_Health.pdf

Longer reads:

Complicated? Bisexual people’s experiences of and ideas for improving services – Equality Network

Longer – includes data, qualitative info and recommendations.

<http://www.equality-network.org/wp-content/uploads/2015/04/Complicated-Bisexual-Report.pdf>

Providing services for transgender customers: a guide – Gendered Intelligence and Government Equalities Office

Clear and helpful guide to terms and good practice.

<https://www.gov.uk/government/publications/providing-services-for-transgender-customers-a-guide>

Improving Policy and Practice for LGBT People: Guidance for local authorities – Scottish Executive

Aimed more at management than frontline staff – very good overview of how to build LGBT+ inclusivity into everything we do.

<http://www.gov.scot/Resource/Doc/90351/0021753.pdf>

Equality and Diversity: Transgender Policy Guide for Employers – GIRES

Aimed entirely at management, but may also be helpful if you need to understand your rights or support a colleague.

<http://www.gires.org.uk/assets/Workplace/Transition-in-workplace-policy-Nov-2015.pdf>

Older adults

Collection of resources from Age Concern

This is a great selection of clear and accessible resources for staff and residents highlighting issues that may affect older LGBT+ people and offering potential solutions. Includes a fact sheet aimed at professionals entirely on trans issues in later life.

<http://www.ageuk.org.uk/health-wellbeing/relationships-and-family/lgbt-information-and-advice/lesbian-gay-bisexual-or-transgender-in-later-life/>

Collection of resources from Opening Doors

Another great selection of resources aimed at different audiences (staff and residents) – “Adult Social Care LGBT Checklist” is a particularly good resource for those working in Adult Social Care, whether in a frontline or management position.

<http://www.ageuk.org.uk/health-wellbeing/relationships-and-family/lgbt-information-and-advice/lesbian-gay-bisexual-or-transgender-in-later-life/>

Improving the lives of transgender older adults – SAGE

American resource, so not everything will be applicable, but helpful overview of personality experiences and concrete recommendations.

<http://www.ageuk.org.uk/health-wellbeing/relationships-and-family/lgbt-information-and-advice/lesbian-gay-bisexual-or-transgender-in-later-life/>

Working with older lesbian, gay and bisexual people – Stonewall

Guide to good practice, includes tips for frontline staff.

https://www.stonewall.org.uk/sites/default/files/older_people_final_lo_res.pdf

A Welcome on the Mat? – Age Concern Preston and South Ribble

Very engaging collection of case studies.

<https://lemosandcrane.co.uk/resources/Age%20Concern%20-%20A%20welcome%20on%20the%20mat.pdf>

Building a sense of community: Including older LGBT in the way we develop and deliver housing with care – Stonewall Housing

Lays out issues around housing for LGBT+ adults. The appendix, “12 steps to providing a better service,” is particularly worth reading.

http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Viewpoints/HLIN_Viewpoint39_LGBT.pdf

(NB: Stonewall Housing is an entirely separate organisation from Stonewall – Stonewall Housing has an excellent reputation providing housing-related services to LGBT+ people.)

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A Local Response to the London Assembly Committee

Investigation into the Mental Health Needs of Lesbian, Gay,
Bisexual and Transgender (LGBT) people

Introduction

The **London Assembly Health Committee** is conducting an investigation into the mental health needs of Lesbian, Gay, Bisexual and Transgender (LGBT) people, as part of a wider investigation examining what the London Mayor can do to support better mental health for all Londoners.

Research indicates that members of the LGBT community have higher instances of mental health problems than the rest of the population. According to Public Health England, one in two LGBT young people in the UK reported self-harming at some point in their life and 44 per cent reported having thought about suicide. There is a commitment to find out more about the mental health of LGBT people in London and what can be done to improve support.

Local Response

Lewisham Local Authority has worked with organisations, such as the Metro Centre and South London and Maudsley NHS Foundation Trust, Xenzone (providers of Kooth.com) and individuals in the community to compile a response to a set of questions.

If you have any further questions please contact:

Caroline Hirst, Joint Commissioner, London Borough of
Lewisham: caroline.hirst@lewisham.gov.uk

Cllr Jonathan Slater, Lead Member for Mental Health, London Borough of
Lewisham: jonathan.slater@lewisham.gov.uk

1) Why is it important to focus on the mental health needs of LGBT people?

LGBT people can be at a higher risk of experiencing a mental health problem than the wider population, often experiencing symptoms of: depression; anxiety; and suicidal feelings.

The reasons for this are complex and not yet fully understood. However, mental health problems experienced by LGBT people have been linked to:

- discrimination
- bullying
- homophobia, biphobia or transphobia

LGBT people can experience rejection, negative reactions or hostility from family members, friends, strangers, employers or members of certain community groups.

METRO Youth Chances (2014)¹ included a survey of over 7,000 16 to 25 year olds to compare the experiences of LGBT young people and their heterosexual / cisgender² peers. It found that LGBT young people reported higher levels of depressions and anxiety, suicide ideation and attempted suicide. This research shows that being a sexual minority and being transgender means you have an elevated risk of mental health issues owing to the prejudice and discrimination that LGBT people face in their lives.

2) What are the main mental health challenges faced by LGBT people today?

Some LGBT people are likely to have encountered prejudice and / or discrimination for being LGBT. This might often happen for a time whilst nobody knows they are LGBT, which means they may also be isolated and having to cope on their own. LGBT people may not always be supported by their family or by their wider community and this might lead them to remain feeling isolated even after coming out. These experiences make mental health issues such as depression and anxiety, suicide ideation and attempted suicide more common. These mental health concerns may manifest as other health issues such as alcohol and drugs misuse and sexual risk-taking.

In addition some LGBT people may experience homophobic bullying - behaviour or language which can make someone feel unwelcome or marginalised because of their actual or perceived sexual orientation. Like all forms of bullying, homophobic bullying can occur in different ways such as emotional, verbal, physical or sexual.

3) What can be done to promote better mental health for LGBT people and prevent mental ill health?

We know that legislation has advanced LGBT equality greatly over the last 10 years and social attitudes have shifted forwards as well. However, much more needs to be done to raise awareness and respect, as well as celebrate diversity when it comes to sexual and gender identities. This should happen more in schools, in the workplace and other settings, so that children, young people and adults learn to respect differences, so that everyone is aware of different sexualities and gender identities and how those might develop in people's lives.

Schools are required by the Education and Libraries (NI) Order 2003 to have measures in place to tackle *all* forms of bullying amongst pupils, including homophobic bullying in the school community may include:

¹ https://urldefense.proofpoint.com/v2/url?u=http-3A_www.youthchances.org_wp-2Dcontent_uploads_2014_01_YC-5FREPORT-5FFirstFindings-5F2014.pdf&d=DQIFAg&c=OMjwGp47Ad5otWlO_lpOg&r=e1KZkdq-h905JV83ouLruNa70C4obTf6M2HAq4y8XjU&m=FdQlwCozLAWZ4IE58_f5jwJ_8CTtVFJ9fctHKVBy69E&s=jvxeRzHJTWDUkAliawcRTRLQytKIKC L7FG1fMt9ByQ0&e=

² Cisgender (often abbreviated to simply cis) is a term for people who have a gender identity that matches the sex that they were assigned at birth. Cisgender may also be defined as those who have "a gender identity or perform a gender role society considers appropriate for one's sex."

- School policies for both staff and pupils (equal opportunities, bullying policies etc.) including sexual orientation and gender identity issues
- Daily reinforcement of the use of positive language and the challenging of inappropriate comments made by staff and pupils through policy and overall school ethos etc.
- Awareness raising opportunities for staff and students, including positive imagery / posters and workshops / training delivered through specialist agencies
- Accessible and diverse support strategies in place to tackle homophobic bullying, including signposting leaflets for helplines

Lewisham Council has a strong commitment to reducing homophobic bullying which is evidenced through our anti-bullying strategy. In addition, our schools and commissioned Youth providers are responsible for producing their own anti-bullying policies, with the former responsible for reporting on bullying incidents termly.

Lewisham Safeguarding Children's Board (LSCB) produced a multi-agency anti-bullying resource in August 2014, which was launched in schools. This was intended to provide a strategy for effective management of bullying within organisations working with children and young people as well as to supplement and support the work of both the LSCB and the objectives of the Children and Young People's Plan. This resource is to be reviewed in January 2017, after which there will be a further profile-raising campaign.

4) How do stigma and discrimination affect the mental health of LGBT people?

Stigma and discrimination can make it difficult for LGBT people to think positively about themselves. Without positive attitudes, role models and friends, LGBT people can struggle with their mental health.

5) What are the main barriers for LGBT people trying to access mental health support?

It has been reported that LGBT people sometimes feel that some mainstream services do not understand their experience. If an LGBT person is facing prejudice elsewhere in their lives, they need to feel absolutely sure that they are safe in the mental health service they are trying to access.

6) What steps could mental health service providers take to make their services more accessible for LGBT people?

There are simple, practical steps that mental health services can take such as displaying a rainbow sticker or poster that signifies that LGBT people are acknowledged in that space/setting. It is important that staff are trained to avoid making assumptions about people in relation to their sexuality or gender identity.

7) What evidence is there of what works to improve the mental health of LGBT people?

The LiVE LGBT youth group supports young LGBT people aged 16-25 (19-25 with Special Educational Needs / Learning Difficulties and Disabilities) from Lewisham. It is facilitated on a weekly basis (48 weeks per annum) on a Friday evening, by the Metro Youth Service. The group is funded by Lewisham's Youth Service Mutual, Youth First.

At the Metro Centre, a core assessment is undertaken before and after each therapeutic engagement, this shows that counselling services such as this, lead to positive outcomes for LGBT people. This and positive experiences of other youth support services, suggest a direct correlation between this and improvement in their wellbeing, access to education and employment, better relationships (with family and friends) and a reduction in risky behaviour.

8) How effectively are the needs of LGBT people incorporated into mental health service commissioning?

Mental Health Services, Youth Support Services and other statutory services are established to support local people, however consultation with the LGBT community shows that many young people and adults still feel intimidated or unable to access mainstream services, and prefer to opt for specific LGBT services. This can be due to previously experienced homophobia or the belief there needs can't or won't be met through such services. Many services however, are taking evident steps to develop inclusive service offers.

As a Local Authority we ensure that all existing and new service contracts are compliant with the provisions of the Equalities Act 2010, which would incorporate a zero tolerance to LGBT discrimination.

9) What examples of good practice are there in London and further afield?

There are many examples of LGBT good practice in London and further afield, but for the purpose of this briefing, elements of good practice in the London Borough of Lewisham have been highlighted.

Young People

Locally, any young person aged 11 – 19 year, living or attending school in the borough can access free and anonymous access to an online counselling service: www.kooth.com. The site offers a therapeutic space from 12 noon to 10pm Monday to Friday and from 6pm to 10pm during weekends, where young people can explore their feelings in relation to gender without the fear of recrimination or negative judgement.

In addition to the counselling element of the service, Kooth.com facilitates weekly online youth forums (all externally moderated to ensure safety), whereby a range of topics are covered. On occasion the topic may cover issues affecting the LGBT community, such as sexuality, peer pressure or body image. Online open access message boards are also available, for young people to raise issues concerning them.

As indicated in question 7, the Metro Centre offers a local service, specifically for young people from the LGBT community. LiVE activities address a range of health inequalities

faced by young LGBT people, focusing on their wellbeing, and increasing their knowledge and skills, particular sessions include the following:

- Relationships and safer sex, including the reduction of Sexually Transmitted Infections;
- Mental health, emotional health and personal wellbeing (such as coming out, self esteem, family problems, isolation, self harm and suicide);
- Reducing alcohol and substance misuse;
- Support for victims of hate crime and homophobic/transphobic bullying;
- Support with employment, study and training; and
- Support for LGBT young people to access cultural events across London.

LGBT young people are actively engaged in defining the elements of the LiVE project, to ensure that the service addresses their specific needs. The impact of the project is measured through post-activity evaluation forms, an annual needs assessment process, and general feedback from the group's youth forum.

The project also provides one-to-one assessments and referrals, supporting early intervention for young LGBT people in Lewisham. This seeks to minimize the future impact on services (e.g. CAMHS, NHS, GUM clinics) later in the young person's life. Metro Youth Service staff actively signpost additional support services to young LGBT people including services available at the METRO centre in Greenwich (i.e. sexual health clinics, counselling, and mental health drop-in sessions).

Adults

Lewisham residents (aged 18 and over) can self-refer into the adult IAPT programme, which is a free and confidential NHS service, offering a range of short-term psychological therapies, who are struggling with their mental health and are registered with a Lewisham GP. This service is provided by South London and Maudsley (SLaM) NHS Foundation Trust and is a service accessible to LGBT residents.

All Ages

The local provider of mental health services, SLaM, offers a range of academic sessions to ensure clinicians are mindful of issues faced by their patients, this will include gender and sexuality. SLaM often refer onto specific services, such as the Metro Centre, www.mermaidsuk.org.uk and the Tavistock Gender Identity Clinic, when specialist LGBT support is required.

In Lewisham the Lewisham LGBT+ Forum has been established, which is a newly organised group of Lewisham LGBT residents, service providers and LGBT Lewisham workers. An inaugural event is taking place on 11 October and will include speakers to celebrate National Coming Out Day, Black History Month, National Hate Crime Awareness Week and World Mental Health Day. Plans will be developed to take any actions forward.

In terms of leisure, TAGS is London's first trans swimming club, meeting every Friday night at Glassmill leisure centre in Lewisham. The club launched on a trial basis in October 2014, and the launch was widely picked up by the media, including Pink News, Europe's largest gays news service. Attendance has been steady at around 20 swimmers, and the scheme is now a

permanent fixture. Staff at Glassmill have been trained by transgender volunteers to ensure that the sessions are safe, welcoming and sensitive to their needs.

Their success in Lewisham has also encouraged these volunteers to establish a new body positive Yoga group aimed at the transgender community. This takes place every Wednesday at Greenwich West Community and Arts Centre.

10) What are the key issues faced by organisations working to support LGBT mental health in London?

Research shows that people from the LGBT are many times more likely to suffer from poor mental health and are more likely to be using severe coping mechanisms such as self-harm. They are also more isolated in terms of community and family support making them even more vulnerable. Organisations working with people from the LGBT community, should ensure adequate training and policies are in place to promote awareness and inclusion.

11) What can the Mayor and the London Assembly do to support better mental health for LGBT people?

In Lewisham we have some good services in place, however, specific funding to support the LGBT community would be valued. Digital marketing materials and visuals around London would also appeal to people within this community.

12) Who else needs to be involved in addressing the mental health needs of LGBT people, and how?

Everyone needs to be involved! For example within a school it takes the governors, leadership, cleaners, pupils, teachers and parents to create a safe supportive non-discriminatory environment for LGBT people, the same is true for a wider community. By providing an inclusive space we help to prevent the development of mental health problems in the future.

Hi

I'm currently working as a clinical psychologist for SLAM in partnership with Thamesreach Homeless charity and am based in hostels in Lambeth. I wanted to contribute to this as I feel that people who consider themselves as LGBT are over-represented within the hostel population (Lambeth Vulnerable Adults housing pathway – complex needs/trauma/substance misuse), which leads me to believe that societal/community/familial views on sexuality continue to have a severe and lasting impact on people's wellbeing.

1. Why is it important to focus on the mental health needs of LGBT people?

I feel this population is over-represented within mental health, substance misuse and homeless populations and thus the lack of acceptance from society or impact that growing up in our culture (or in a culture or community that doesn't accept you) and identifying as LGBT has a significant impact on individuals' wellbeing. This indicates that we need to be doing more as a society and as mental health services to both prevent and support the needs of people who identify as LGBT.

2. What are the main mental health challenges faced by LGBT people today?

Experiencing a lack of belonging or acceptance within society/culture/religion/community; struggling to develop positive identity and acceptance of self as okay; use of substances and self-harm to manage emotions; absence of role models spanning different races/religions/communities/societal roles.

3. What can be done to promote better mental health for LGBT people and prevent mental ill health?

Aim for LGBT issues to be more commonly asked about in assessments with people so that this is normalised for them to talk openly about it; specific charities to support LGBT community and subsets of it – i.e. support groups/peer support/counselling for LGBT and mental health etc. Education through television/schools/communities to encourage acceptance and understanding of difference.

4. How do stigma and discrimination affect the mental health of LGBT people?

Similarly to impact of stigma and discrimination for other groups – impacts negatively on general wellbeing/identity/sense of acceptance etc. Impacts on likelihood of experiencing mental health symptoms.

5. What are the main barriers for LGBT people trying to access mental health support?

Fearing stigma in services or shame in being open about sexuality; professionals not routinely asking about sexuality and potential impact on mental health and thus not opening up conversation for this to be talked about.

6. What steps could mental health service providers take to make their services more accessible for LGBT people?

Training to improve competency and confidence in asking about sexuality within assessments; posters or leaflets up in services/community places that explicitly give message that such issues can be talked about and that signpost for how to get support if wanted. Services set up to provide support specifically for LGBT people.

7. What evidence is there of what works to improve the mental health of LGBT people?

Unsure.

8. How effectively are the needs of LGBT people incorporated into mental health service commissioning?

Not sure

9. What examples of good practice are there in London and further afield?

Not sure

10. What are the key issues faced by organisations working to support LGBT mental health in London?

I think cuts may have reduced specific services available to support this group(s).

11. What can the Mayor and the London Assembly do to support better mental health for LGBT people?

Ring-fence support; prioritise prevention strategies through education and community work.

12. Who else needs to be involved in addressing the mental health needs of LGBT people, and how?

Schools and education providers involving religious and cultural groups so more can be done to promote acceptance of people who identify as LGBT and prevent such mental health issues developing in the first place.

GMB Shout! (LGBT+) Response: London Assembly Consultation on Mental Health Inequalities

Introduction

GMB is Britain's general trade union with almost 639,000 members, working in every sector including public, health, education, local government and private/commercial sectors.

GMB Shout (LGBT+) is the GMB's self-organised group of GMB LGBT+ members, and it is this group who is responding on behalf of the GMB to the consultation on mental health inequalities. We have consulted our members, and have collated and honed their comments and points into this collective response.

Questions and Responses

1. What are the specific mental health issues faced by LGBT people?

We believe that it is often **prejudice and discrimination** in the workplace, in the family, when accessing services and support itself that often causes the problem in the first place, in spite of legal protections such as the Equality Act 2010 and generally improved social attitudes towards LGBT+ people. Of course, there are also non-societal causes often medically/health based.

Mental health can be a challenging issue for LGBT+ people. A number of studies in the past decade have consistently highlighted deeply concerning patterns.

"The National Institute for Mental Health in England published a review of "Mental disorders, suicide and deliberate self harm in lesbian, gay and bisexual people" (December 2007) that showed there was at least twice the **risk of suicide attempts** among lesbians, gay men and bisexuals than among heterosexuals (and up to four times among gay and bisexual men), and that **depression, anxiety, alcohol and substance abuse** were at least one and a half times more likely among LGB people."

More recently (2013), Stonewall's "Mental health briefing" drew on other Stonewall research to confirm this picture. It found that more than one in five (22 per cent) of gay and bisexual men experienced **moderate to severe levels of depression and anxiety**, compared to five per cent of men in general. Among lesbian and bisexual women, up to four fifths reported feeling sad, miserable or depressed in the last year, with even **higher numbers among those from black communities**. The **disproportionately greater impact still of mental health problems on LGB people who also belong to other minority groups** was confirmed in the numbers reporting that they had attempted suicide over the previous year: three per cent of gay men overall, rising to five per cent of black gay men, and seven per cent of disabled gay and bisexual men. Much higher percentages reported that they had considered suicide without attempting it. The equivalent figures for lesbian and bisexual women were even worse: five percent of the whole sample, seven percent among black women, and ten percent of disabled women.

Similar figures were reported of LGB people **self-harming**.

Shocking though these findings are, the **situation for trans people is even worse**. A survey organised by the Scottish Transgender Alliance reported in 2012, 58 per cent had been so distressed at some point that they needed to seek urgent help or support, 53 per cent had self harmed. No fewer than 88 per cent were currently or had previously suffered depression, stress was felt by 85 per cent and anxiety by 75 per cent.

These different surveys produced similar findings and offer firm evidence of the disproportionate mental health issues faced by LGB and T people. A 2013 survey carried out

by Manchester Business School (MBS) of the workplace experiences of LGB workers, which was examining the level of **bullying**, also found that as a direct consequence of workplace prejudice, **gay and bisexual men, and lesbian and bisexual women in particular reported higher levels of psychological ill health as a result of the prejudice they faced** across all sectors of employment including many employers with (paper) equality policies”.¹

More recently, evidence has been provided in the excellent publication ‘The RaRE Research Report: LGB&T Mental Health – Risk and Resilience Explored’ (2015) compiled by PACE (now itself sadly closed in January 2016 due to lack of funds – a calamitous situation and consequence of austerity measures and lack of support for specific LGBT services). We refer you to this study as well for evidence and examples:

<http://www.uktrans.info/research/45-medical-research/400-the-rare-research-report-lgb-t-mental-health-risk-and-resilience-explored>.

The closure of specific LGBT services itself is a cause for distress for many LGBT people who either do not wish to use mainstream services for fear of coming out or facing discrimination of GPs and health workers, or feeling that the services are not suitable for them.

2. How effective are the needs of LGBT people incorporated into mental health service commissioning?

Our members believed that more often than not, our needs regarding mental health service commissioning are only seen as a tick box exercise, if that. There is no specialist follow-up and the cuts to much needed services have resulted in a lack of choice, if ever there was any in the first place. Problems experienced include: long waiting lists to access psychological care and support, poor or no signposting for professional help. The situation is particularly compounded for BME LGBT+ people whose experiences of isolation, stigma, self-stigma, cultural and religious constraints, and possibly immigration concerns are not being met in generic services.

3. What are the barriers to LGBT people accessing services?

LGBT+ communities must have better confidence in the services and a greater awareness of what is available to support them. The lack of confidence is a significant barrier along with the issues highlighted above.

Other barriers include:

Language, culture sensitivity, racism, homophobia, biphobia, transphobia, being ‘outed’ without consent/knowledge, confidentiality, disclosure of personal information, lack of services, use of language, discrimination, fear, stereotyping, lesbian women told they do not need smear test.

4. How can the Mayor support better mental health for LGBT people?

GMB Shout! notes there have been numerous reports which demonstrate the vulnerability of the LGBT+ community when it comes to being exposed to mental health issues. The Mayor must make this issue one of his priorities – making appropriate resources available. There are a number of specialist LGBT+ support groups and most if not all of them have faced major cuts to the services that they offer. This compounds the mental health problems facing LGBT+ communities often ending up in tragic circumstances.

There should also be:

¹ ‘LGB and T workers and mental health’, TUC, December 2014.

- More awareness of the mental health services available;
- Creation of a London-wide sustainable network of service providers, professionals, carers, carer support, etc. focusing specifically on LGBT+ mental health;
- Correct training for mental health service providers;
- More specialist services with full and sustainable funding e.g. for trans specific or BME LGBT+ people.

GMB Shout! strongly believes in the vision and seven point principles for an action plan for London and beyond (see below) put forward by Dr Helen Gilbert (Fellow in Health Policy at The King's Fund, in 2015) at the RaRE Report launch. There, Dr Gilbert said it should be about transforming mental health and putting evidence into practice. GMB recognises that unfortunately these similar aspirations and evidence are not new, and that the situation remains largely unchanged for LGBT+ people.

In fact, we are deeply shocked and concerned about the realities made public and evidenced in very recent reports about increased hate crime against LGBT+ people since the Referendum vote result. We fear and believe that as 'Brexit' continues this is only going to worsen the mental health of LGBT+ people living, working and existing in London, and Britain more widely.

Clearly, the Mayor should include LGBT+ people in all Mayoral communications and messaging about hate speech and hate crime to ensure we are not excluded, isolated, left out of public and justice debates, etc. and stand up to bigotry however and wherever it arises.

GMB Shout! endorses this as a **plan of action**:

- 1. Greater voice for LGBT+ people in relation to mental health - ensuring LGBT+ perspectives are a core element in discourses about mental health, and that mental health is a core element of the discourse in LGBT+ communities.**
- 2. Users, carers and clinicians should be at the core of strategy and delivery.**
- 3. Working collectively and collaboratively by bringing a wider diversity of people (including trade unions, providers and professionals together, and unifying their agendas.**
- 4. Creating a framework of community-based support and peer support.**
- 5. Developing a public health approach to mental health.**
- 6. Collating more data to make improvements and spreading good practice.**
- 7. Creating a new narrative about mental health.**

Final Comments

There is a role for everyone in the public and private sectors, trade unions, community and voluntary groups, grassroots LGBT+ networks, as well as health professionals and carers to continually raise and tackle the risks and issues that cause LGBT+ people mental ill-health. Together we must ensure there are dynamic, specific and appropriate referral, support and representative mechanisms in place to prevent as many of the causes as possible, to help recovery from mental ill-health, and to build a London as free from mental health and LGBT stigma and discrimination.

We would welcome further involvement in any future initiatives on mental health the Mayor's Office, City Hall or London Assembly decide to run.

Thank you for holding this consultation on this vital matter.

Contact

Carl Banks,
LGBT+ rep, GMB National Equality Forum
LGBT member, GMB London Regional Equality Forum
Secretary, GMB Shout! (LGBT+) London Region

info@gmbshout.net

Hello,

I have previously submitted a response in my professional capacity. This is a personal response on my own behalf -- all views below are my own and not my employer's.

When my wife came out to her parents in 2006, her mother, while supportive, was sad for her -- she loved her daughter, and didn't want her to have the sadder, lonelier experience she associated with being gay. She'd seen Philadelphia, she'd seen Four Weddings and a Funeral -- she knew we live sad lives of quiet desperation and then die, possibly of suicide, AIDS or a hate crime.

LGBT+ characters disproportionately die in TV and film. We are disproportionately portrayed as sad, lonely, evil and/or mentally ill. This ongoing and pervasive messaging hurts us, and must be countered by positive, hopeful representation that helps us imagine happy futures for ourselves and our loved ones.

Shocking figures on suicide attempts may be helpful in a call to action, but please be mindful of the harm they can re-enforce, and the good that can be done by framing your work positively.

I think this consultation is brilliant and I'm very hopeful that you will be able to do good work that makes a real difference. But please don't let this become another medium through which we hear the damaging message that our lives are smaller, sadder and shorter than our straight, cisgender peers.

With thanks,



YMCA Sprott House

Canada's First LGBTQ2S Transition-to-Housing Shelter: The Toronto Experience

*Building healthy
communities*



YMCA of Greater Toronto

The YMCA takes a holistic approach to community health that embodies all aspects of physical, mental and social well-being. **We engage with the community to provide customized programs that support local needs while embracing diversity.**

The YMCA of Greater Toronto is dedicated to making our communities home to the healthiest children, teens and young adults.



Diversity and Pride at YMCA of Greater Toronto

- Diversity and Inclusion work throughout YMCA of Greater Toronto
- Role of affirmation for Lesbian, Gay, Bisexual, Trans, Queer, 2 Spirit (LGBTQ2S) community members
- YMCA of Greater Toronto Values: Inclusiveness
- YMCA has cultural history with LGBTQ2S community



Youth Outreach and Intervention Services at the YMCA

- Programs and services supporting youth ages 16-24 experiencing homelessness
- Programs:
 - Housing (Emergency + Transitional)
 - Employment (Skills based + Pre Employment)
 - Drop-in, Substance Use counselling, and street outreach



Toronto

- Homelessness in Canada
- Toronto is Canada's largest city
- Toronto's shelter system for youth – 510 beds in 10 programs
- Very little affordable housing options
- Highest youth unemployment rate in the country
- Many LGBTQ2S people move to Toronto to connect with community
- Geography of Rural/Urban in Ontario



A Snapshot - Youth Homelessness

- 20% of the homeless population are between 13-24
- 41-43% were in foster care/group homes before becoming homeless
- More than half have been in a detention centre
- One in three graduate high school vs nine out of 10 housed youth



Adolescent Development + Homelessness

World Health Organization

Adolescence is one of the critical transitions in the life span, characterized by a tremendous pace in growth and change that is second only to that of infancy. (WHO)

Research on youth experiencing homelessness found

Normal developmental milestones of adolescence are impeded. Homeless youth are disconnected from family and society.

When young people become homeless

Physical and mental declines

- Exploitation

 - Higher rates of problematic substance use

 - Involvement with the law

 - Trauma and criminal victimization



Why Serve LGBTQ2S Youth Specifically?

- Reviewing research, trends and our own experiences
- History of queer youth advocating and calling attention to their need for safe housing
- Increased public awareness of the experiences of LGBTQ2S youth in the shelter system
- 25%-40% or higher youth experiencing homelessness identify as LGBTQ2S

David Wojnarowicz, 1980



How We Got Here

- 2013 City of Toronto Street Needs Assessment
- Advocacy to the City of Toronto
- City of Toronto put out an RFP
- YMCA along with Egale Human Rights Trust Canada were successful
- Up to 54 beds for LGBTQ2S youth experiencing homelessness in Toronto



YMCA Walmer Rd., Sprott House

LGBTQ2S Youth Transitional Housing



- 25 single occupancy rooms with individual washroom, bed, desk & mini fridge
- 24/7 staff support
- 2 shared kitchens, and 2 lounges
- Backyard seating, garden area with BBQs



Resources for the Project

- Per Diem funding from City of Toronto
- YMCA of Greater Toronto



Service Adjustments

- Recruitment process adjusted to hire and train staff to ensure LGBTQ2S representation and culturally competent support for LGBTQ2S youth for all programs
- Ongoing staff training, and regular conversations at staff meetings related to serving LGBTQ2S youth
- Gender is self defined, all transgender and gender non-binary youth are welcome
- This is a start for creating affirming spaces for all youth



Pronouns!

Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Norm	Objective	Possessive Pronoun	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

Design by Landyn Pan



For more information,
go to transstudent.org/graphics

TSER
Trans Student Educational Resources



Development of Service Delivery Model

- Connection to community for LGBTQ2S+ youth resiliency
- Housing First Model
- Foyer Model
- Community based values
- Understanding of barriers identified in other research



Working with Community

- International service providers – Ali Forney Centre
- Overwhelming support from LGBTQ2S community
- Working with indigenous organizations



Elements of Program

- Counselling
- Case Management
- Social and Recreational Programming
- Life Skills development
- Group and Community Processes
- Advocacy and Informed Referrals
- Arts
- Substance Use and Sexual Health supports



What we've learned so far...

- Lack of life skills and empowering experiences in shelter system
- Not enough income supports available for trans and queer youth
- Lack of supports for youth with complex mental health needs
- What happens after 1 year? Need long term housing solutions for youth facing discrimination in renting or exclusion from employment
- Youth have experienced significant trauma



What's Next for Sprott House

- Continue to create a safer living environment for young people
- Create community within house
- Recording the impact of our work
- Sharing our learning
- Continuing to collaborate with community and offer joint programming



Youth Voices

"It feels really safe, you can actually be yourself. You can tell staff put so much effort into satisfying the clients and making sure they get what they need"

"I haven't used [drugs] since I move in. Now I have 2 jobs, I have a boyfriend, I'm on the pride planning subcommittee with CTYS and I do yoga. It's important to say that I'm a young black male and I've done all that in the past like, 2 months."

"Coming from a place where I wasn't accepted to a place you are accepted. You almost forget that the outside world is still that way. Then we leave Sprott House together and go into the world and it's reminder that it's still there."

"The staff are really reassuring. Like it's independent, but I know they are there."



Questions



ymcagta.org/sprott
Kate Miller, Director
kate.miller@ymcagta.org

