

LGBTI Populations and Mental Health Inequality



Introduction

This paper sets out the evidence on the significant mental health inequalities experienced by LGBTI people, the impact on individuals, and the actions that need to be taken to address this. It focuses principally on mental health problems including depression, stress and anxiety, on suicide and self-harm and on poor mental wellbeing; it does not focus on severe and enduring mental illnesses. Whilst LGBT people also experience severe and enduring mental illnesses, evidence does not suggest that rates are higher in LGBT populations. It is critical that LGBT individuals experiencing mental health problems and severe mental illness are able to access effective support. Mental health and psychiatric services must be able to provide inclusive care and understand how an individual's LGBT identity affects their life and experience.

It is worth being clear that the majority of the available evidence links this disproportionately high incidence of mental health problems to experiences of prejudice and minority stress. 'Minority stress' is a concept that was initially used to describe the prevalence of mental health problems for gay men but now is accepted as applicable to all LGBT people. This phrase recognises that LGBT people's experiences of *'stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems'*¹² and poor mental health is not an intrinsic part of being LGBT.

¹ Meyer, I.H. (2003). "Prejudice, Social Stress, and Mental Health in Lesbian, Gay and Bisexual Populations: Conceptual Issues and Research Evidence." *Psychological Bulletin*, 129(5): 674-697.

² Meyer, I.H. (2015) "Resilience in the Study of Minority Stress and Health of Sexual and Gender Minorities." *Psychology of Sexual Orientation and Gender Diversity*, 2(3): 209-213.

Mental health of LGB adults

Evidence indicates that lesbian, gay and bisexual (LGB) populations experience a greater incidence of depression, anxiety, suicidality and substance misuse than the majority population. The association between minority sexual orientation and poorer mental health persists in spite of positive changes in social attitudes and legal protection.

The disparity is thought to emerge early in adolescence and persist into adulthood, with higher prevalence of poor mental health and low wellbeing particularly acute in younger adults and in older people (over 55). A meta-analysis of UK population health surveys found that LGB people:

- are around twice as likely to report symptoms of poor mental health (i.e. anxiety, depression) than heterosexual adults
- have around 1.5 times higher prevalence of depression and anxiety disorders than heterosexual adults; LGB people aged 55+ showed twice the prevalence of poor mental health³.

In a Scottish context, the *Scottish Surveys Core Questions* indicates LGB people have a significantly lower mental wellbeing score when compared to heterosexual respondents. When comparing LGB responses to those from groups with other equality characteristics, only those with a long-term limiting health condition have lower mental wellbeing scores⁴.

Suicide in LGB populations

Lesbian, gay and bisexual people are much more likely to attempt or complete suicide. A UK meta-analysis found that LGB adults were around twice as likely to have attempted suicide in their lifetime than heterosexual adults¹ while a longitudinal study in New Zealand found that LGB individuals at 21 were six times more likely to have attempted suicide⁵. A Danish study found that same-sex registered domestic partners were three to four times more likely to die by suicide than their heterosexual married peers⁶. Finally, a meta-analysis of international population-based studies in 2008 found that gay and bisexual men were

³Semlen, J, King, M., Varney, J., and Hagger-Johnson, G. (2016). "Sexual Orientation and Symptoms of Common Mental Disorder or Low Wellbeing; Combined Meta-Analysis of 12 UK Population Health Surveys." *BMC Psychiatry*, 16: 67.

⁴ Scottish Government (2018). *Scottish Surveys Core Questions 2016*. Accessed at www.gov.scot/Resource/0053/00534021.pdf on 24/4/18

⁵ Fergusson, D.M., Horwood, L.J., and Beautrais, A.L. (1999). "Is Sexual Orientation Related to Mental Health Problems and Suicidality in Young People?" *Archives of General Psychiatry*, 56(10): 876-80.

⁶ Qin, P., Agerbo, E., and Mortensen, P. B. (2003). "Suicide Risk in Relation to Socioeconomic, Demographic, Psychiatric, and Familial Factors: a National Register-Based Study of All Suicides in Denmark." *The American Journal of Psychiatry*, 160(4): 765-72.

around four times more likely than their trans peers to attempt suicide over the course of their lifetime.⁷

Mental health of LGBT young people

Evidence consistently shows that LGBT young people experience high levels of poor mental health and wellbeing and report suicidal thoughts and actions. *Life in Scotland for LGBT Young People*, with a sample size of 684 lesbian, gay, bisexual and transgender young people aged 13-25, found that:

- eight in ten LGBT young people (84%) indicated that they had experienced at least one mental health problem or associated behaviour
- the majority indicated experiencing anxiety (78%), stress (72%), and depression (63%)
- half of LGBT young people had experienced suicidal thoughts and actions, and 43% had self-harmed⁸.
- transgender young people who responded to the survey experienced even higher rates of poor mental health.

Mental health of trans adults

The majority of population studies fail to include adequate questions about gender identity or trans status. This means that comparative statistics on trans people's mental health are often missing from research. However, all available research points to particularly high incidence of depression, anxiety and suicidality in this population group with an increasing body of evidence.

The UK's largest trans study of 889 trans individuals across the UK, *Trans Mental Health Study 2012*, found very high rates of mental health issues among transgender people, with 88% of respondents showing symptoms of depression and 75% of anxiety compared with 20% of people in the UK general population⁹. In an analysis of the same data set, researchers found that 66% of trans people had used mental health services, indicating a much higher uptake than from the general population¹⁰. *Non-Binary People's Experiences in the UK*, a survey of 895 non-binary people, found that 40% of non-binary people considered

⁷ King, M., Semlyen, J., Tai, S.S., Killaspy, H., Osborn, D. Popelyuk, D. and Nazareth, I. (2008). "A Systematic Review of Mental Disorder, Suicide, and Deliberate Self-Harm in Lesbian, Gay, and Bisexual People." *BMC Psychiatry*, 8: 70.

⁸ Lough Dennell, B.L., Anderson, G., and McDonnell, D. (2018). *Life in Scotland for LGBT Young People*. LGBT Youth Scotland. www.lgbtyouth.org.uk/media/1354/life-in-scotland-for-lgbt-young-people.pdf

⁹ McNeil, J., Bailey, J. Ellis, S., Morton, J and Regan, M. (2012). *Trans Mental Health Study 2012*. Scottish Trans Alliance. www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf

¹⁰ Ellis, S. Bailey, J. and McNeil, J., (2015). "Trans People's Experiences of Mental Health and Gender Identity Services: A UK Study." *Journal of Gay & Lesbian Mental Health*, 19(1): 4-20.

themselves to have a long term mental health problem¹¹. In addition, a systematic review of 38 studies on mental health and gender dysphoria (2000-2015) found that trans people have increased rates of depression and anxiety compared to the general population. Importantly, the prevalence of mental health problems seems to decrease, often to normative levels, following affirmative healthcare treatment¹².

Mental health of trans youth

Research on LGBT young people's lives in Scotland found that 96% of trans young people felt that they had experienced a mental health problem or associated behaviour, with high rates of anxiety (84%), stress (72%), and depression (74%)¹³. A review of prevalence of mental health problems in trans youth, which included 15 studies from 2011-2016, found that trans young people have increased rates of depression, suicidality and self-harm, and eating disorders compared to their cisgender peers.¹⁴

Evidence suggests that parental support is a protective factor in terms of trans young people's mental health. An American study found that children who had socially transitioned and who were supported in their gender identity experienced developmentally normal rates of depression and only marginally higher rates of anxiety, suggesting that greater acceptance and social support can reduce the risk of poor mental health¹⁵.

Suicide in trans populations

Furthermore, research by the Scottish Trans Alliance indicates that trans people experience much higher rates of self-harm and suicide both in comparison to the general population and to the rest of the lesbian, gay and bisexual community.

- 53% of trans people had self-harmed (including 11% currently self-harming)¹⁶; this compares with 7% of people in England reporting self-harming at some point in their life¹⁷

¹¹ Valentine, V. (2016). *Non-Binary People's Experiences in the UK*. Scottish Trans Alliance.

www.scottishtrans.org/wp-content/uploads/2016/08/Report-final.pdf

¹² Dhejne, C., Van Vlerken, R., Heylens, G., and Arcelus, J. (2016). "Mental Health and Gender Dysphoria: a Review of the Literature." *International Review of Psychiatry*, 28(1): 44-57.

¹³ Lough Dennell, B.L., Anderson, G., and McDonnell, D. (2018). *Life in Scotland for LGBT Young People*. LGBT Youth Scotland.

¹⁴ Connolly, M.D., Zervos, M.J., Barone, C.J., Johnson, C.C., and Joseph, C.L.M (2016). "The Mental Health of Transgender Youth: Advances in Understanding" *Journal of Adolescent Health*, 59(5): 489-495.

¹⁵ Olson, K.R., Durwood, L., DeMeules, M., and McLaughlin, K.A. (2016). "Mental Health of Transgender Children Who Are Supported in Their Identities" *Pediatrics*, 137(3).

¹⁶ McNeil, J., Bailey, J., Ellis, S., Morton, J. and Regan, M. (2012). *Trans Mental Health Study 2012*. Scottish Trans Alliance.

¹⁷ McManus S, Bebbington P, Jenkins R, and Brugha, T. (eds.) (2016). *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS digital.

- 35% of trans people had attempted suicide at least once and 25% had done so more than once¹⁸; this compares with 7% of adults in England making a suicide attempt at some point in their life.¹⁹

LGBT Youth Scotland's research had similar findings, with 59% of young trans people disclosing that they had self-harmed. When asked whether they experience suicidal thoughts and actions, 63% of transgender young people said that they had²⁰. Stonewall Scotland's report, which surveyed 402 LGBT young people aged 11 to 19, found even higher incidents of self-harm and suicidal ideation: nearly all trans young people (96%) had deliberately harmed themselves at some point, while more than two in five (43%) had at some point attempted to take their own life. This compares to one in four (24%) lesbian, gay and bi young people who are not trans²¹.

International academic studies support the above findings. The National Transgender Discrimination Survey 2008, which reached 6,456 trans people in the United States, found that their respondents reported a 41% lifetime suicide attempt rate compared to under 5% of the general population of the US.²² The report found that mental health factors and experiences of harassment, discrimination, violence and rejection may interact to produce a marked vulnerability to suicidal behaviour in transgender and gender non-conforming individuals.²³ A 2012 study of 8,166 high school students in New Zealand found that 20% of the trans sample had attempted suicide in the last year, five times the rate of cisgender students,²⁴ and a study in New York City found that 45% of their sample had a history of suicidal thoughts, and that 26% had a history of at least one suicide attempt.²⁵

Intersex mental health

There is very limited quantitative data available on the mental health of intersex people specifically (as opposed to being included in wider LGBTI research samples). However, it is widely accepted that intersex conditions carry a great deal of stigma, and that both children

¹⁸ McNeil, J., Bailey, J., Ellis, S., Morton, J. and Regan, M. (2012). *Trans Mental Health Study 2012*. Scottish Trans Alliance.

¹⁹ McManus S, Bebbington P, Jenkins R, and Brugha, T. (eds.) (2016). *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS digital.

²⁰ Lough Dennell, B.L., Anderson, G., and McDonnell, D. (2018). *Life in Scotland for LGBT Young People*. LGBT Youth Scotland.

²¹ Bridger, S., Bradlow, J., Guasp, A., and Jadvá, V. (2017). *School Report Scotland*. Stonewall Scotland. www.stonewallscotland.org.uk/sites/default/files/school_report_scotland_2017_0.pdf

²² Haas, A.P., Rodgers, P.L., and Herman, J.L. (2014). *Suicide Attempts Among Transgender and Gender Non-Conforming Adults: Findings of the National Transgender Discrimination Survey*. American Foundation for Suicide Prevention and The Williams Institute.

²³ *Ibid.*

²⁴ Clark, T.C., Lucassen, M.F.G., Bullen, P., Denny, S.J., Fleming, T.M., Robinson, E.M., and Rossen, F.V. (2014). "The Health and Well-Being of Transgender High School Students: Results from the New Zealand Adolescent Health Survey (Youth '12)." *Journal of Adolescent Health*, 55(1): 93-9.

²⁵ Grossman, A.H. and D'Augelli, A.R. (2011). "Transgender Youth and Life-Threatening Behaviors." *Suicide and Life Threatening Behaviour*, 37(5): 527-37.

born with intersex conditions and their parents may require psychological support²⁶. A survey of 272 intersex people in Australia found that 60% of the sample had thought about suicide, and 19% had attempted to take their own lives “*on the basis of issues related to having a congenital sex variation.*”²⁷

²⁶ Leidolf, E.M, Curran, M., Scout, and Bradford, J. (2008). “Intersex Mental Health and Social Support Options in Paediatric Endocrinology Training Programs.” *Journal of Homosexuality*, 54(3): 233-42.

²⁷ Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., and Lucke, J. (2016). *Intersex: Stories and Statistics from Australia*. Cambridge: Lighting Source for Open Book Publishers.

Key Causes of Mental Health Inequality

Public attitudes and day-to-day experience

Whilst there has been significant progress, the Scottish Social Attitudes Survey indicates public attitudes are still lagging considerably behind government policy aspirations and legislation:

- 18% of the population believe same sex relationships are always or mostly wrong
- 39% hold discriminatory views in relation to transgender people²⁸.

This means that despite the progress that has been made, the day-to-day experiences of LGBT people often tell a somewhat different story, one of ongoing challenges and disadvantage.

The LGBT Equality Report, the biggest Scottish LGBT survey to date, found:

- 79% of LGBT people in Scotland had experienced an incident of anti-LGBT prejudice or discrimination in the last year
- 68% had experienced verbal abuse and 16% had been physically assaulted
- 25% had experienced discrimination when accessing services, including 21% in healthcare services.
- 24% had experienced discrimination at work because they were LGBT²⁹.

The LGBT Equality Report also found that due to societal prejudice many LGBT people still feel unable to 'come out' and live openly, fearing negative reactions, different treatment and discrimination if they do come out:

- 52% never or only sometimes feel able to be open about their sexual orientation or gender identity with their own family
- 60% never or only sometimes feel able to be open at work
- 71% never or only sometimes feel able to be open when accessing services.

Social isolation

The prevalence of negative social attitudes can result in LGBT people feeling marginalised and socially isolated; the Scottish LGBT Equality report found :

- 33% of LGBT people, including 62% of trans people, feel isolated where they live because they are LGBT
- reports of isolation are highest in rural areas (47%) compared to urban areas (23%)³⁰.

²⁸ Scottish Government (2016). *Scottish Social Attitudes 2015; Attitudes to Discrimination and Positive Action*. www.gov.scot/Resource/0050/00506463.pdf

²⁹ French, T., Magic, J. and Kent, R. (2015). *The Scottish LGBT Equality Report: LGBT people's experience of inequality in Scotland*. Equality Network. www.equality-network.org/wp-content/uploads/2015/07/The-Scottish-LGBT-Equality-Report.pdf

The key reasons individuals outlined for feeling isolated are: a lack of openly LGBT people in their area; lack of services aimed at LGBT people in their area, such as social groups and venues; problems with prejudice and discrimination in their area. With evidence suggesting that older LGBT people often have significantly diminished support networks when compared to the general older population which places them at increased risk of social isolation.

There is also evidence suggest that LGBT young people can feel socially isolated particularly those in rural areas. *Life in Scotland for LGBT Young People* found that only 52% of LGBT young people and 35% of trans young people felt included in the wider community. Around half of the sample thought their local area is a good place to live, although this varied by location with lower rates among those in rural areas (39%) compared with urban areas (70%)³¹.

LGBT young people's experiences of bullying

Life in Scotland for LGBT Young People found that LGBT young people ages 13 to 25 face the most discrimination in education settings (52%). Further, respondents had experienced the following:

- 71% of LGBT young people and 82% of transgender young people experienced bullying in school
- 26% of LGBT young people in employment had experienced verbal abuse at work
- 22% had experienced rumours at work and 21% had been ignored.

This research also found that experiences of bullying had negative impacts on LGBT young people's mental health, self-esteem, and feeling safe. The majority of LGBT young people (73%) who experienced at least one mental health problem had been bullied at school. This number rose to 83% of transgender young people³².

Hate crime

Recent reports on hate crime in Scotland show a high prevalence of hate crimes and incidents. Half of LGBT people (50%) who had experienced a hate crime had experienced this in the last year, and 61% of LGB people and 80% of trans people have been the target of hate crimes³³. Furthermore, research indicates a significant increase in recent years in the

³⁰ *Ibid.*

³¹ Lough Dennell, B.L., Anderson, G., and McDonnell, D. (2018). *Life in Scotland for LGBT Young People*. LGBT Youth Scotland.

³² *Ibid.*

³³ Pearson, H. and Magic, J. (2017). *Scottish LGBTI Hate Crime Report 2017*. Equality Network. www.equality-network.org/wp-content/uploads/2017/10/en_hc17-full_final1alores.pdf

proportion of people experiencing a hate crime due to their sexual orientation³⁴. Whilst official statistics³⁵ have seen an increase in the number of people reporting hate crime on the basis of their sexual orientation or gender identity, numbers reporting incidents continue to be low (extremely so in the case of gender identity).

These findings are reflected in research with LGBT young people which showed that 35% of LGBT young people and 41% of trans young people had experienced a hate crime or hate incident in the past year. There were also low rates of confidence to report to the police³⁶.

Older LGBT people - a legacy of discrimination

Older LGBT people have lived through much less tolerant times, including the criminalisation of homosexuality (legalised in Scotland in 1980), the pathologising of LGBT identities and widespread lack of legal protection, as well as the devastating public health and cultural impact of the AIDS epidemic. In addition, individuals continue to experience a relatively high level of prejudice from their non-LGBT peers (the 2015 Scottish Social Attitude Survey shows that among the 65+ population: 65% hold discriminatory views towards transgender people; 38% towards same sex relationships). For those coming out later in life, there has often been a long and difficult period of suppressing their sexual orientation or gender identity. This often long and arduous journey towards self-acceptance impacts on confidence, self-esteem and mental and emotional wellbeing.

Lack of support networks

Research indicates older LGB people often have significantly diminished support networks compared to the general older population. The *Lesbian, Gay, and Bisexual People in Later Life* report found that LGB people over 55 are :

- more likely to live alone (41% of LGB people over 55 compared to 28% of heterosexual people)
- more likely to be single as they age (40% of gay and bisexual (GB) men over 55 compared to 15% of heterosexual men)
- more likely to have no children (28% of GB men and 49% of lesbian and bisexual (LB) women compared to 88% of heterosexual people)
- less likely to see biological family members on a regular basis (9% of LGB people see biological family a few times a week compared to 21% of heterosexuals)³⁷.

³⁴ Bridger, S., Bachmann, C.L., and Gooch, B. (2017). *LGBT in Scotland; Hate crime and Discrimination*. Stonewall Scotland. www.stonewallscotland.org.uk/sites/default/files/lgbt_in_scotland_hate_crime_-_web_use.pdf

³⁵ Crown Office and Procurator Fiscal (2017). *Hate Crime in Scotland, 2016-2017 - An Official Statistics Publication for Scotland*. Media release. www.copfs.gov.uk/media-site/media-releases/1557-hate-crime-in-scotland-2016-17-an-official-statistics-publication-for-scotland.

³⁶ Lough Dennell, B.L., Anderson, G., and McDonnell, D. (2018) *Life in Scotland for LGBT Young People*. LGBT Youth Scotland

³⁷ Guasp, A. (2011). *Lesbian, Gay and Bisexual People in Later Life*. Stonewall. www.stonewall.org.uk/sites/default/files/LGB_people_in_Later_Life_2011_.pdf

Having diminished personal support networks means LGBT people are likely to rely more on external services. Compounding this reliance on services, many older LGBT people have experienced discrimination within health and social care services in the past and this leaves them doubtful that these services will be able to understand and meet their specific needs in the future. Older LGBT people are often unsure about being 'out' and themselves when seeking support, and concerned about care and treatment. Nearly half (47%) of LGB people 55+ indicate they do not feel confident being out to care home staff and 36% indicate this in relation to a paid carer³⁸.

Getting older can therefore be much more complex for LGBT people, as they are more likely to face the prospect either alone or without as much personal support as their non-LGBT peers, and they are not confident services will meet their needs. As a result, many LGBT people experience an increased sense of vulnerability and are anxious about ageing.

Response of services

Despite being particularly vulnerable to poor mental health due to experiences of isolation and discrimination, research also consistently tells us that LGBT people can have poor experiences of public services, including the NHS:

- 25% of LGBT people who used NHS mental health services in the last year rated this service as 'poor' or 'extremely poor'
- 55% of LGBT people have experienced NHS staff making incorrect assumptions about their sexual orientation or gender identity
- 22% feel uncomfortable being open about their sexual orientation or gender identity with NHS staff; this rises to 33% for adult social care³⁹.

Trans people also face specific barriers when accessing healthcare, including from general health services⁴⁰. The Trans Mental Health Study 2012 found:

- 61% of trans people when accessing general healthcare services, and 40% when accessing mental health services, said they had been asked questions about trans people which made them feel as though they were educating the health care provider
- 54% of trans people said they had been told that health care providers don't know enough about a particular type of trans related care to provide it whilst accessing general healthcare services in the last year

³⁸ *Ibid.*

³⁹ Aldridge, D. and Somerville, C. (2015). *Your Services, Your Say: LGBT Experiences of Public Services in Scotland*. Stonewall Scotland. www.stonewallscotland.org.uk/sites/default/files/ysys_report_lgbt_2014.pdf

⁴⁰ Stonewall (2018) *LGBT in Britain – Trans Report* accessed at <https://www.stonewall.org.uk/sites/default/files/lgbt-in-britain-trans.pdf> on 24/4/18

- 29% of trans people have had their gender identity treated as a symptom of a mental health issue rather than their genuine identity
- 12% of trans people had been refused healthcare or had their healthcare ended due to being trans or having a trans history in general health services in the last year.⁴¹

LGBT people also often find that the health information provision provided by services is not relevant to their sexual orientation or gender identity; this is the case for 37% of LGBT people who have used NHS services and 40% who have accessed adult social care.

Assumptions and poor treatment can act as significant barriers to timely engagement. This means that LGBT people are less likely to access some key health services, like GP services and screening programmes, but are significantly more likely to use A&E and minor injuries clinics (18% of LGBT people report using these, compared to 12% of the general population), as well as the NHS 24 phone line (34% in the last 12 months, compared to 16%)⁴². Despite experiencing poor treatment from NHS mental health services, 11% of LGBT people have used this service, compared to 3% of the general population; this reflects the particularly high prevalence of poor mental health experienced by LGBT people⁴³.

It is also important to be aware that the need to access Gender Identity Services can pose a barrier to trans people getting adequate mental health support. We are aware of individuals not accessing mental health services due to a concern that this will be used to prevent them accessing trans specific healthcare.

CAMHS

A recent scoping activity asked LGBT young people to provide feedback on their experiences of mental health services. LGBT Youth Scotland received 66 responses from young people ages 13-25 in 16 local authorities. The majority of respondents had accessed Child and Adolescent Mental Health Services (CAMHS) (89%), and 45% had accessed counselling. Overall, when asked about their service experience, 'not okay' received the highest number of responses (41%), followed by 'terrible' (35%), 'okay' (24%), and 'great' (8%).

Although there were a few positive comments about mental health services, most of the LGBT young people expressed disappointment in relation to their treatment and care. Key issues raised included:

⁴¹ McNeil, J., Bailey, J. Ellis, S., Morton, J and Regan, M. (2012). *Trans Mental Health Study 2012*. Scottish Trans Alliance.

⁴² Bridger, S. and Somerville, C. (2015). *Unhealthy Attitudes Scotland: The Treatment of LGBT People within Health and Social Care Organisations in Scotland*. Stonewall Scotland.
www.stonewallscotland.org.uk/sites/default/files/unhealthy_attitudes_scotland.pdf

⁴³ Aldridge, D. and Somerville, C. (2015). *Your Services, Your Say: LGBT Experiences of Public Services in Scotland*. Stonewall Scotland.

- Staff not being confident talking about or knowledgeable on transgender identities: transgender young people are being asked to focus solely on their trans identities when they are not the cause of their poor mental health and, conversely, trans young people not being given the space to discuss their trans identities when relevant to their mental health.
- Young people not feeling able to 'come out' to CAMHS staff due to a fear of the response or impact on their treatment; this was most prevalent among trans young people
- Young people not feeling listened to and not being given information regarding their diagnosis or treatment
- The style or setting of appointments was described by young people as worsening their mental health, including anxiety⁴⁴.

⁴⁴ Scoping on LGBT Young People's Experiences of Mental Health Services (2016) LGBT Youth Scotland, unpublished.

Recommendations

Leadership

Leadership from the Scottish Government and NHS Boards to recognise and address the needs of LGBTI people experiencing poor mental health. Actions include:

- Ensure explicit LGBTI inclusion in policies, strategies and action plans that consider LGBTI needs and seek to improve mental health and wellbeing.
- Include targeted work regarding LGBTI populations within Scottish Government funded mental health improvement programmes such as See Me, Choose Life and Scottish Recovery Network, and pilot initiatives such as DBI.
- Develop and cascade national guidance in relation to the care and treatment of LGBTI patients. There should be commissioning/ funding guidance that asks organisation to demonstrate impact and reach to LGBTI populations as a recognised at-risk group. This should be monitored and assessed regularly as a core part of reporting on reach and impact.

Note: The recommendation on commissioning relates to Actions 3 and 17 of the Scottish Government’s *Mental Health Strategy 2017-2027* and specifically relate to the commissioning/ funding of services for young people including CAMHS:

- **3.** Commission the development of a Matrix of evidence-based interventions to – improve the mental health and wellbeing of children and young people.
- **17.** Fund improved provision of services to treat child and adolescent mental health problems.

The recommendation on work with LGBTI populations relates to Action 11 in the Mental Health Strategy around the Distress Brief Intervention programme.

Evidence

Increased awareness of existing findings and improved evidence base regarding LGBTI people experiencing poor mental health. Actions include:

- Ensure that existing findings are disseminated through Scottish Government networks and are used to inform policy development.
- Commission new research on effective interventions that address the causes of LGBTI poor mental health.
- Ensure routine equality monitoring of sexual orientation and gender identity within mental health services in Scotland. This should be supported by guidance and linked to the requirements of the Equality Act 2010.

Note: The recommendation aligns with the Scottish Government’s Equality Evidence Toolkit for Public Authorities⁴⁵ and the commitment to develop and Equality Evidence Strategy outlined within the 2017 Equalities Monitoring Report⁴⁶. More information on recording

⁴⁵ www.gov.scot/Resource/0050/00504115.pdf

⁴⁶ www.gov.scot/Resource/0051/00517333.pdf

and monitoring sexual orientation and gender identity can be found in 'Getting Equalities Monitoring Right' produced by Scottish Trans and Stonewall Scotland⁴⁷. The recommendation on equality monitoring relates to Action 38 of the Scottish Government's Mental Health Strategy (development of quality indicator measures).

Prevention and Early Intervention

Tackle the root causes of poor mental health for LGBTI people and ensure individuals are effectively supported. Actions include:

- Ensure LGBTI and mental health inclusion in national strategies, policies and action plans related to wider mental health risk factors such as bullying, hate crime, lack of employment, equalities and social isolation.
- Work to improve and maintain funding for LGBTI organisations that support those experiencing poor mental health.
- Work to ensure that schools include LGBTI identities in PSE and that staff are effectively trained to support LGBTI young people experiencing poor mental health.

Note: The recommendation for schools aligns with the Scottish Government LGBTI Education Working Group and actions 1 and 2 of Scotland's Mental Health Strategy:

- **1.** Review Personal and Social Education (PSE), the role of pastoral guidance in local authority schools, and services for counselling for children and young people.
- **2.** Roll out improved mental health training for those who support young people in educational settings.

The recommendation on wider LGBTI inclusion relate to Actions 12, 36 and 37 of the Mental Health Strategy:

- **12.** Targeting actions to address issues for those most at risk, including rural isolation.
- **36.** and **37.** Assist people with poor mental health to get a job and stay in work.

Workforce Development

Improved workforce development to ensure appropriate, inclusive, safe and welcoming service responses for LGBTI people. Actions include:

- Introduce mandatory training for mental health professionals and broader NHS workforce on supporting LGBTI people, including a focus on supporting transgender clients.
- Introduce mandatory training for all front line CAMHS staff on supporting LGBTI young people.
- Recognise examples of LGBTI inclusive mental health services and identify opportunities to share good practice, including through NHS Health Scotland, NHS Education Scotland and relevant professional bodies.

Note: The recommendations regarding training/ CPD and improved service responses connect to actions 6, 23 and 38 of the Scottish Government's Mental Health Strategy:

⁴⁷ www.stonewallscotland.org.uk/sites/default/files/getting_equalities_monitoring_right_0.pdf

- **6.** Determine and implement the additional support needed for practitioners assessing and managing complex needs among children who present a high risk to themselves or others.
- **23.** Test and evaluate the effective and sustainable models of supporting mental health in primary care.
- **38.** Develop a quality indicator profile in mental health which will include measures across six quality dimensions – person-centred, safe, effective, efficient, equitable and timely.

Address Barriers

NHS Boards and services to address healthcare barriers for LGBTI people in order improve access, timely engagement and focus on early intervention. Actions include:

- Ensure LGBTI inclusion in policies and procedures, to support inclusive and consistent practice; these policies should be available to service users.
- Ensure mental health services and GP surgeries are inclusive and welcoming to LGBTI people, including through the use of posters, resources and publicity.
- Develop guidance on the ethical care and treatment of LGBTI patients with a particular focus on trans patients; this should use a rights-based approach, be endorsed by regulatory bodies, and rolled-out across Scotland.

Note: The recommendation on addressing access barriers and promoting early intervention relates to Actions 26 and 30 of the Mental Health Strategy:

- 26. Early intervention around psychosis.
- 30. Screening programmes.

Reach and Engagement

NHS Boards and services to engage with LGBTI communities to increase confidence in service response and improve uptake of services. Actions include:

- Reaching out to local and national LGBTI groups and organisations to share information regarding services and identify opportunities for partnership working.
- Develop a distribution strategy for resources and outreach initiatives that seek to reach LGBTI populations, including attending LGBTI events such as Pride and engaging with local LGBTI groups and services.

Note: The recommendations regarding working in partnership with LGBTI organisations connect to action 8 of Scottish Government’s Mental Health Strategy and specifically relate to children and young people:

- **8.** *Work with partners to develop systems and multi-agency pathways that work in a co-ordinated way to support children’s mental health and wellbeing.*