

## LGBT+ Mental Health

February 2017

### Key findings

- LGBT+ people are more likely to experience mental ill health than the wider population. Despite this, LGBT+ people are often overlooked in needs assessments and consequently in commissioning decisions – because of a lack of specific data and poor consultation.
- “Generalist” services are failing to meet current need: without specialist support, LGBT+ people will continue to experience mental health inequality, stigma and discrimination.
- Mainstream services – not just mental health services – must be better equipped to support LGBT+ people to maintain good mental health. LGBT+ people need to be more directly involved in shaping services that meet their needs.
- Prevention and resilience need to be at the heart of Mayoral efforts – too little action is taken, too late, to prevent avoidable mental ill health. We need a joined up policy approach to tackle the root causes of mental ill health, including housing, employment and community cohesion.
- The Mayor is uniquely placed to provide a leadership role on this issue. If he is serious about reducing mental health inequalities, supporting those at high risk should be a priority.

**The London Assembly Health Committee** held an investigation into mental health and LGBT+ people. In October, we invited a wide range of organisations and individuals to City Hall so we could find out more about the mental health needs of LGBT+ communities, and what could be done to provide better support.



This report summarises our key findings and makes recommendations to the Mayor to support the development of the mental health roadmap, currently being developed by the London Health Board. It also sets out further steps the Mayor could take to support better mental health and wellbeing for LGBT+ Londoners through his wider policy brief.

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### **Mental ill health is more prevalent in LGBT+ people than in the wider population...**

A range of studies have shown that LGBT+ people are more likely to experience mental health problems than the wider population. Around 40 per cent of LGBT+ people experience a mental health issue, compared to 25 per cent of the wider population. It is estimated that up to one in ten people in London identifies as lesbian, gay, bisexual, transgender or other definitions of sexual orientation or gender identity. This equates to over 800,000 Londoners. <sup>1</sup>

There are huge variations in mental health outcomes for different groups under the LGBT+ umbrella. According to MIND, the mental health charity, 42 per cent of gay men and 70 per cent of lesbians experience mental health problems. <sup>2</sup> And bisexual people have been found to have even worse rates of mental health problems (including high rates of depression, anxiety, self-harm and suicidality) than lesbians and gay men. <sup>3</sup> The limited evidence around transgender people indicates that they also experience particularly high levels of mental health problems: CliniQ, a service working with transgender people in London, reports that over 50 per cent of transgender people have considered or attempted suicide, and over 80 per cent experience depression. <sup>4</sup>

Being lesbian, gay, bisexual, transgender (or non-binary, intersex, queer or gender fluid) is not in itself a mental health issue. But the extent to which people are accepted and included in society for who they are *can* have a profound effect on mental health and wellbeing. One in six LGBT+ people experience homophobic, biphobic, or transphobic hate crime at some point in their lives. <sup>5</sup> This can come from wider society or from within LGBT+ communities themselves. Experience or fear of hate crime can have a lasting, cumulative negative effect on mental health. And LGBT+ people are more likely to experience homelessness, unemployment, abuse and violence, all of which increase the risk of mental health problems.

Being L, G, B, T or other is just part of a complex set of factors that make up a person's identity. Age, cultural background, socio-economic status, gender, faith and life experiences all contribute. This can mean that people face multiple marginalisations. So there is no "one size fits all" approach to providing mental health services for LGBT+ people. Developing truly inclusive systems and services requires a far more sophisticated and nuanced understanding of the needs of these communities.

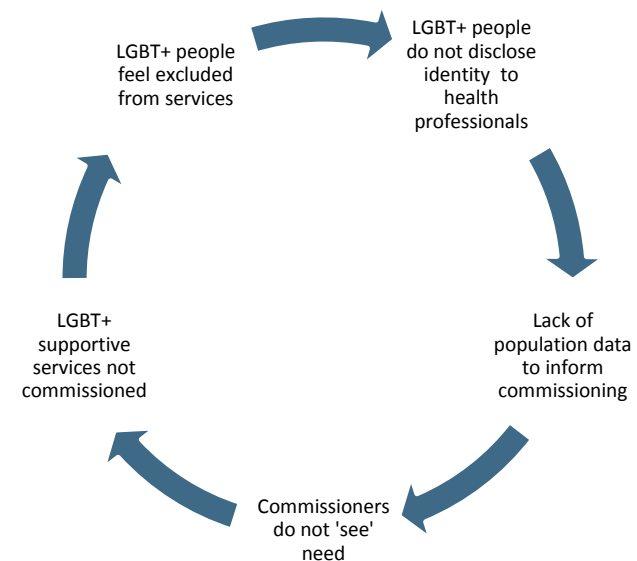
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### ...but the needs of LGBT+ people are poorly recognised by the people who commission mental health support

Commissioning the right services depends on understanding the needs of the local population. But LGBT+ people are often invisible to commissioners. Sexual orientation is not routinely captured through health service monitoring. Gender monitoring often reinforces a binary (male/female) distinction which excludes people who do not self-identify in this way. And the reluctance of some LGBT+ people to come out to health professionals (due to negative past experiences or concerns about being discriminated against) contributes to a vicious circle, where a lack of data is interpreted as a lack of need. As a result, commissioners may not understand the real needs of the population: a 2014 review of London boroughs' joint strategic needs assessments (JSNA) for LGBT+ inclusion found poor inclusion generally, and specifically for lesbians, bisexual people and trans people.<sup>6</sup>

The issue is further reinforced by poor consultation with LGBT+ people once services are up and running. This means that opportunities for LGBT+ people to provide feedback on how to improve services are limited. Service user representatives, including local Healthwatch bodies, should find ways to ensure that the views of LGBT+ people are captured more effectively to inform future commissioning.



Commissioning on a local basis does not always result in the best services for LGBT+ people. There is rarely enough funding or identified need in an individual borough to justify specialist commissioning, so boroughs tend to commission generalist services. And a postcode lottery can occur where some boroughs commission LGBT+ specific services while others do not. Reviewing needs and service availability at a London-wide level would highlight opportunities for local authorities to work together with the community and voluntary sector to provide a more cohesive system of support across London.

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### **‘Generalist’ services are currently failing to cope with demand or meet the needs of LGBT+ people**

Funding pressure across both the mental health and the LGBT+ sectors has led to the loss of specialist provision. London’s leading LGBT+ mental health organisation, PACE, closed in January 2016 after 30 years. This represents a significant loss of both specialist capacity and knowledge. And many of the remaining LGBT+ specific organisations face uncertain financial futures.

A key challenge, especially among voluntary organisations, is the increasing number of people in need that are seeking support. The closure of services like PACE, which experience high demand and long waiting lists, places additional demand on remaining services which struggle to meet rising demand. LGBT+ people who need treatment frequently face long delays; by the time a place has become available, their needs may have worsened so that this help is no longer appropriate or effective.

The research shows that most LGBT+ people would prefer to access specialist services.<sup>7</sup> This reflects a belief that mainstream services – either local authority commissioned or NHS services – do not adequately cater to their needs or recognise their sexual orientation and/or gender identity. This is particularly felt by trans people, who told us that they often had to ‘educate’ health professionals about trans issues.<sup>8</sup>

Local authorities have increasingly moved towards providing generalist services. The British Psychological Society told us that this results in services which ‘in reality lack the appropriate capacity or knowledge to invest in engaging local LGBT+ communities’.<sup>9</sup>

In the long-term, it would clearly be beneficial for all services to offer a truly universalist and inclusive approach. But it is crucial to acknowledge that this is not happening yet. As a consequence, LGBT+ people – and particularly those who are under-represented within the communities, such as bisexual people, trans people, BAME LGBT+ people, and people with non-binary ideas of sexuality and gender – will continue to feel excluded from available services unless some specialist provision is maintained.

“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”

“They don’t have the knowledge to treat me or address me how I should be addressed. It makes me feel unsafe, so I’m not comfortable discussing my health with them”

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### Mainstream service providers – not just mental health services – need to improve inclusion and engagement with LGBT+ people

For LGBT+ people – as with the wider population – the route to accessing mental health services starts at their local doctor's surgery. But a worrying number of LGBT+ people report that they are uncomfortable disclosing their sexual orientation or gender identity to their GP, or that they have had a negative experience when they do so. We heard about similar issues across the health and care sector:

- Many older LGBT+ people express concerns about having to go back 'into the closet' when they engage with social care providers, palliative and end of life care services. This can add significantly to feelings of social isolation which are damaging to mental health.<sup>10</sup>
- Lesbian women have highlighted concern that assumptions are made in antenatal or maternity services, or for cervical cancer screening.<sup>11</sup>
- Trans men and women report that GPs and psychologists often 'treat the trans, rather than the person', even for health conditions unrelated to their gender identity.<sup>12</sup>
- Bisexual people, and those who come under the + category, report that their identity is frequently misunderstood or simply erased by health professionals.<sup>13</sup>

There are a number of straightforward practical steps that can be taken to demonstrate commitment to more inclusive service provision right across the public sector. For example, 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 use to describe themselves. This includes any service that comes into contact with the public, including transport, policing and housing services. Reviewing campaigns, strategies and public consultation documents to ensure that language, monitoring questionnaires and imagery do not exclude LGBT+ people is a good first step, and the Mayor and GLA group should lead the way in this area. And LGBT+ people must be encouraged to speak up when services fail to meet their needs and expectations.

"LGBT+ people are experts of their own lives. Ask the service user about their identity, preferences, pronouns, and trust them"

More also needs to be done to encourage genuine participation by LGBT+ people in developing mental health strategy, and the Mayor should work with communities across London to look at how this might be achieved. One option may be to develop more programmes which work with young LGBT+ Londoners, such as peer outreach, to ensure that their views are incorporated into mayoral policy and activity.

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### **Too little is done, too late, to prevent mental ill health in the first place**

Mental ill health is preventable. Waiting until people reach mental health crisis is unacceptable, ineffective, and expensive. There needs to be a far greater emphasis on promoting mental *wellbeing* for LGBT+ people. Stigma and discrimination towards LGBT+ people is a double burden – it contributes to poor mental health and prevents people from accessing support early.

Improving self-esteem and reducing incidences of discrimination are key to improving the mental health of LGBT+ people. LGBT+ people, like everyone else, experience better mental health when they are able to be open about their identity and are accepted and understood by wider society. So improving the visibility and inclusion of LGBT+ people should be a key priority for the Mayor.

#### **Start young**

It is vital that mental health resilience is built early in life; 50 per cent of mental health problems are established by the age of 14, and 75 per cent by age 21. Yet more than half (55 per cent) of younger LGB people experience homophobic bullying in Britain's schools, which can contribute to symptoms consistent with depression.<sup>14</sup> More than 80 per cent of trans young people have experienced name-calling or verbal abuse; 60 per cent have experienced threats and intimidation; and 35 per cent have been physically assaulted.<sup>15</sup>

#### **Tackling discrimination at school – Healthy Schools London**

Healthy Schools London (HSL) is a programme that supports London's schools to provide an environment and culture that helps their pupils grow up to be healthy and happy. 79 per cent of London's schools are engaged with the programme. Making sure that London's schools promote respect for, and understanding of, differences in sexual orientation and gender identity will be key to reducing discrimination. Through the HSL programme, the Mayor should work with health and education experts to support schools to develop age appropriate, LGBT+ inclusive sex and relationships education as part of the London Curriculum.

#### **Celebrate the positive**

Focusing exclusively on the negative experiences faced by LGBT+ people in London risks reinforcing damaging messages about what it means to be LGBT+. Celebrating the positive contribution of LGBT+ communities to London life is therefore an important way of helping LGBT+ people to combat self-stigmatisation and improve mental wellbeing, as well as tackling discrimination by wider society. We think the Mayor has an important role to play in helping to change the narrative around mental health in general and about LGBT+ people in particular. Visible, ongoing and inclusive health and community campaigns which explicitly recognise and celebrate LGBT+ people – and the diversity within these communities – would help to achieve this.

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### **We need a joined-up policy approach to tackle the root causes of mental ill health**

Mental wellbeing is affected by our surroundings and experiences. We need an inclusive public mental health approach which considers the cultural, socio-economic and environmental determinants of mental health and emphasises social inclusion and participation.

The responsibility for mental health needs to move from sitting solely with health and social care to other relevant policy areas, including housing, community, employment, income and education. Making sure that these policy areas are LGBT+ inclusive will help to build communities' mental wellbeing and resilience. The Mayor and the GLA group should lead by example by ensuring that the mental health impacts of planning, environment, transport and economic policy are fully considered. LGBT+ inclusion should also be clearly demonstrated in the Mayor's Health Inequalities Strategy and the specific impact on LGBT+ people should form an explicit part of all impact assessments relating to the Mayor's statutory strategies.

Making the promotion of mental wellbeing a cross-cutting policy aim will allow services to join up more effectively to support LGBT+ people to remain mentally healthy. The mental health roadmap should seek to identify and strengthen links between statutory mental health services and voluntary and community organisations.

### **Employment**

While progress has been made, many LGBT+ people still worry that revealing this aspect of their identity at work will have negative consequences. The Mayor should make the case to London's businesses that supporting LGBT+ people into work, and protecting their wellbeing within the workplace, will have important economic benefits including a reduction in sickness absence and boosts in productivity. He should also encourage businesses to support LGBT+ inclusion through the London Healthy Workplace Charter.

### **Housing**

Around a quarter of homeless young people are LGBT+. While homeless, they are significantly more likely to experience violence, sexual exploitation and substance misuse, all of which exacerbate mental ill health.<sup>16</sup> The Mayor funds a number of programmes to tackle homelessness across London and it is vital that these services are LGBT+ inclusive. Housing services across London should be encouraged to build awareness and understanding of how LGBT+ people are at increased risk of housing vulnerability.

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### Crime and justice

Research suggests that two thirds of LGBT+ people who experience hate crime do not report it to the police.<sup>17</sup> The Mayor's draft Police and Crime Plan acknowledges high rates of hate crime in London, but should go further and explicitly set out how the Met intends to improve support available to LGBT+ victims of crime. It is also not clear whether the Mayor has consulted with any LGBT+ people in drawing up the plan.<sup>18</sup>

According to NHS England, 90 per cent of prisoners have substance misuse problems, mental health problems or both.<sup>19</sup> There is an urgent need to examine mental health support for prisoners and ex-offenders, including the experiences of LGBT+ people both in prison and on release back into the community.

### Community cohesion

Following up suggestions made by LGBT+ representatives, the Mayor and community groups should consider what impact a community-led London LGBT+ centre (similar to the model seen in Birmingham and Manchester) could have for London. A sustainable centre could act as a focal point for LGBT+ community activity, and work toward enhancing community cohesion.

### Zero tolerance for homo/bi/trans/queerphobia

The Mayor should lead pan-London efforts to tackle phobia and discrimination. In addition to publicly challenging overt hostility towards members of the LGBT+ communities, more can be done to combat less obvious, but pervasive, micro-aggressions – intentional or unintentional verbal, nonverbal, or behavioural threats to a person's sense of safety or acceptance. This is an area where there is poor public awareness, and which needs to be addressed through ongoing education on a population-wide scale. The Mayor should work with the LGBT+ communities to explore ways to achieve this.

It is important to acknowledge that discrimination also occurs between different branches of the LGBT+ communities, and that racism, sexism, disablism and ageism can also be present within these communities. Work to support greater community cohesion across London should recognise and work to address these issues within the LGBT+ communities as well as in wider society.

In developing the mental health roadmap it will be important to ensure that as many diverse voices from within the communities are heard as possible, including from groups who are not often heard in the wider debate about LGBT+ rights and issues. We recognise that this can be challenging, and encourage the Mayor to make use of the specialist knowledge of LGBT+ organisations to ensure the development of the roadmap is as widely inclusive as possible.



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### **The Mayor is uniquely placed to provide leadership on this issue**

We hope that the Mayor's mental health roadmap will be a positive step forward. But it is important that action for better mental health is delivered, not just considered. And it is important that the roadmap marks the beginning of the process and not the end.

Ideally, LGBT+ people should be part of the development and delivery of the roadmap at every stage, so they can have confidence that the approach taken has incorporated their views and needs. We would like to see the roadmap set out clear and measurable milestones and practical ways for success to be monitored over time. Crucially, LGBT+ people need to be part of this ongoing conversation and monitoring.

As part of this, and to demonstrate continued commitment on this issue, we recommend the Mayor hosts an annual mental health summit at City Hall with broad representation from across the LGBT+ communities. This summit should also include representatives from across the health and care sectors, including GP representatives, and from across the public sector, to maximise the potential for effective partnership working.

The Mayor is well placed to push for more joined-up action at a pan-London level. This should include challenging local authorities and the NHS when they are not delivering. He should also make the case to Government and the NHS for increasing the proportion of funding allocated to non-NHS providers of mental health support services to

help rebalance efforts towards prevention of mental ill health and building resilience.

We also think that the Mayor should act as a link between third sector mental health support organisations and businesses to support employers and organisations to give back to their local communities. This could potentially help smaller organisations with specialist local knowledge to address the chronic shortages in resources in this sector.

**Above all, the Mayor should acknowledge that improving the mental health of LGBT+ people is a priority in his wider efforts to reduce health inequalities.**

"We need to promote the development of cohesive and supportive communities where LGBT+ 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"

### Recommendations

**1. In *developing* the mental health roadmap, the Mayor and the London Health Board should ensure that:**

- the specific mental health needs of LGBT+ people are explicitly set out and the scale of the issue within the LGBT+ communities is properly assessed, with clear reference to the public health evidence base
- the differing needs of the diverse and distinct groups covered by the LGBT+ 'label' are identified and addressed
- prevention and building resilience are placed at the heart of the roadmap
- the roadmap sets clear timescales for delivery and measurable targets to ensure that progress can be monitored throughout the mayoral term
- the role of the GLA and its functional bodies, including Transport for London and the Mayor's Office for Policing and Crime, is explicitly set out

**2. To ensure that the mental health roadmap reflects the needs of LGBT+ people across London, the Mayor and London Health Board should:**

- set out how it will involve LGBT+ people and the organisations who represent them in the development of the roadmap, including representation on Thrive London and London Health Board working groups
- engage with local Healthwatch organisations to audit LGBT+ mental health visibility at local commissioning level, including a review of Local Authority Joint Strategic Needs Assessments, with a view to ensuring that all local authorities incorporate LGBT+ mental health into their next health and wellbeing strategies
- regularly and publicly report on progress made on the development and delivery of the roadmap, including publishing minutes of working group meetings and discussions, and invite feedback from LGBT+ people and organisations

**3. In *delivering* the mental health roadmap, the Mayor should:**

- engage with representatives from across the health and social care services to ensure that all primary care staff, including frontline staff, are more LGBT+ friendly, including improved equality and diversity training
- promote the importance of LGBT+ awareness across the wider policy spectrum including housing, crime and policing, transport, and employment, to enable joined-up policy making which can respond to LGBT+ people's needs
- head up a public campaign to challenge discrimination against LGBT+ people in London, explicitly recognising the different groups within the LGBT+ umbrella
- hold an annual mental health summit with mental health stakeholders, including representatives from LGBT+ communities, to monitor progress against the delivery of the roadmap and ensure that this issue remains a priority

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### 4. The Mayor should align existing GLA group programmes with the mental health roadmap by:

- supporting LGBT+ inclusive, age-appropriate sex and relationships education through the Healthy Schools London programme
- ensuring that GLA group core strategies, documents and consultation processes are LGBT+ inclusive, including affirmative language and imagery
- extending the London Healthy Workplace Charter scheme and ensuring that LGBT+ inclusion is a specific requirement of the Charter
- developing programmes that work with young LGBT+ Londoners, including the Peer Outreach team, to ensure that the views of young LGBT+ Londoners are incorporated into mayoral policy
- highlighting, through his statutory strategies, the role that housing, planning, transport, employment and the environment can have in supporting better mental health for Londoners, including LGBT+ Londoners

### 5. The Mayor and the London Health Board should act to increase access to resources available for community-led LGBT+ mental health support by:

- working with community groups to consider what impact a community-led London LGBT+ centre (similar to the model seen in Birmingham and Manchester) could have for London
- formulating a plan to help community-based mental health projects link up with local businesses to generate funding; the mental health roadmap should set out a timetable and objectives for this plan
- continuing to make the case to Government and the NHS for increasing the proportion of funding allocated to non-NHS providers of mental health support services to help rebalance efforts towards prevention of mental ill health and building resilience

## Next steps

Over the coming months, we will...

- challenge the Mayor to deliver on his manifesto commitments to LGBT+ people
- scrutinise the development and delivery of the mental health roadmap
- press for greater inclusion of LGBT+ people in the development of the Mayor's strategies and policies

## Thank you

We would like to thank everybody who contributed to this investigation, either through the written call for evidence or at the City Hall event, for sharing their views and experiences with the committee.

Please do stay in touch with us via [healthcommittee@london.gov.uk](mailto:healthcommittee@london.gov.uk)

### Endnotes

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<sup>1</sup> Public Health England, speaking at the London Assembly Health Committee LGBT+ event 25 October 2016

<sup>2</sup> MIND, Lesbian, gay, bisexual, trans and queer good practice guide November 2016

<sup>3</sup> London School of Hygiene and Tropical Medicine analysis January 2015

<sup>4</sup> CliniQ, speaking at the London Assembly Health Committee LGBT+ event 25 October 2016

<sup>5</sup> <http://www.stonewall.org.uk/media/lgbt-facts-and-figures>

<sup>6</sup> London Friend, written submission November 2016

<sup>7</sup> <https://www.trustforlondon.org.uk/news-and-events/news-and-comments/lgbt-narrative/>

<sup>8</sup> CliniQ, speaking at the London Assembly Health Committee LGBT+ event 25 October 2016

<sup>9</sup> British Psychological Society written submission October 2016

<sup>10</sup> <http://www.dyingmatters.org/page/lgbt-people-let-down-end-life-care-services>

<sup>11</sup> <http://lgbt.foundation/news/lgf-launch-new-campaign-for-lesbian--bisexual-women-/>

<sup>12</sup> CliniQ, speaking at the London Assembly Health Committee LGBT+ event 25 October 2016

<sup>13</sup> [The Bisexuality Report](#)

<sup>14</sup> Mental Health Foundation, written submission October 2016

<sup>15</sup> [https://www.stonewall.org.uk/sites/default/files/trans\\_stats.pdf](https://www.stonewall.org.uk/sites/default/files/trans_stats.pdf)

<sup>16</sup> [Albert Kennedy Trust](#)

<sup>17</sup> [https://www.stonewall.org.uk/sites/default/files/Homophobic\\_Hate\\_Crime\\_2013\\_.pdf](https://www.stonewall.org.uk/sites/default/files/Homophobic_Hate_Crime_2013_.pdf)

<sup>18</sup> [Draft Police and Crime Plan](#), Mayor of London December 2016

<sup>19</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>