

**Report to:**

**Chair and Members of the Birmingham Integrated  
Commissioning Board for Learning Disabilities and Mental  
Health**

# **Mental health needs of the lesbian, gay, bisexual and transgender (LGBT) community in Birmingham**

**Supplementary document to: Joint Strategic Needs Assessment, Mental  
Health: Adults, aged 18-64**

**Author: Andy Baker (Public Health Scientist)**

## Context

This paper is presented to the Birmingham Integrated Commissioning Board for Learning Disabilities and Mental Health, as a supplementary document to the Joint Strategic Needs Assessment (JSNA) for Mental Health in Adults, aged 18-64 (Fermin et al. 2011). This work seeks to further identify and describe the mental health needs of the lesbian, gay, bisexual and transgender (LGBT) community in Birmingham.

As stated above, this paper is an addition to the Mental Health Needs Assessment (Fermin et al. 2011) and is based on a systematic review of all available evidence (Meads et al. 2009) and the recent Birmingham work (Wood et al. 2011), it is not intended to replace a mapping exercise of current provision and take up of services.

This paper identifies issues where there may be a case for specific action related to the LGBT population. Because public health reports are based on available evidence, the standard assumption should be that if an issue is not raised within this report then evidence has not been found to suggest that the issue differs substantially between the LGBT population and the general population, in which case reference should be made to the main JSNA document (Fermin et al. 2011).

Research has often been concerned with the LGB population, with most published literature on the transgender group being on the transition process. Where this paper refers to the LGBT population the research did not include the transgender group.

## Key Findings

- Around 6% of the population is lesbian, gay, bisexual or transgender, this equates to around 39,000 people in the 18-64 age group in Birmingham.
- People in LGBT communities are more prone to a variety of mental health problems than the general population.
- The rates for depression and anxiety appear to be 2-3 times higher than in the general population, as do the rates for suicidal thoughts and suicide attempts.
- There is a high rate of mental health counselling uptake in the LGB population, however a relatively high proportion have not found this beneficial. This from experience shared by other areas and the literature raises issues about a) whether counselling is the right intervention, b) whether there is unmet need, c) whether counselling is not suitably sensitive or appropriate to the needs of LGBT people. Resolving these questions is beyond the scope of this present paper.
- Many doctors and patients have indicated that the sexual identity of an LGB person has caused barriers in discussion, particularly around sexual health needs.

## Recommendations

### Training and services

- An awareness of the mental health needs of LGBT people to become a standard part of training for health and social work professionals, where this is not already the case. (National Institute for Mental Health in England 2007)
- LGBT issues incorporated into diversity training for mental health staff, where this is not already the case. (National Institute for Mental Health in England 2007)
- Mental health services to develop LGBT sensitive services, or to enhance current provision. (National Institute for Mental Health in England 2007)
- Agencies and professionals with particular expertise in lesbian and gay issues should be made known through appropriate publicity. (National Institute for Mental Health in England 2007)
- Developing standards for commissioned services to ensure they are appropriately friendly to LGBT populations. A similar approach was taken in 2000 by the Home Office for police officers dealing with homophobic incidents and for LGBT young people in London.
- Commissioners should work with the Joint Director of Public Health and LGBT stakeholder organisations who are currently seeking to develop an LGBT health and wellbeing strategy for Birmingham.
- Commissioning and provision of services should put an emphasis on supporting and enabling LGBT people to have strong, confident self-identities across the Lifespan, as a means of preventing mental ill-health and other health problems.

### Data Collection

- Routine confidential sexual orientation and gender identity monitoring across all health services and use of this monitoring to improve services. (Meads et al. 2009)
- Routine confidential sexual orientation and gender identity data collection in all research, in a similar way to ethnicity, gender and age data collection currently undertaken. (Meads et al. 2009)

This can be supported through the use of the Office for National Statistics guide for researchers on measuring sexual identity (Haseldon & Joloza 2009), which provides questions to be used in different forms of data collection, which have been shown to be effective and acceptable to respondents.

### Research

- Explore the possibility of joint working with a university to conduct a trial or research study to determine the effectiveness of LGBT specific mental health counselling services, when compared to general NHS counselling services.
- Cross-matching exercise from Birmingham LGBT study by (Wood et al. 2011) to other local surveys to further determine how this group differs from the general population.

## Introduction

As stated above, this paper is an addition to the Mental Health Needs Assessment (Fermin et al. 2011) and is based on a systematic review of all available evidence (Meads et al 2009) and the recent Birmingham Work (Wood et al, 2011.), it is not intended to replace a mapping exercise of current provision and take up of services.

It is generally accepted that around 6% of our population is lesbian, gay, bisexual or transgender (Meads et al. 2009)(Wood et al. 2011). This equates to around 39,000 people in the 18-64 age group in Birmingham.<sup>1</sup>

(Wood et al. 2011) acknowledge that there is no such thing as a typical LGBT person. Although sexuality may be a defining feature in LGBT people's lives it is often not **the** defining feature, neither is there a single LGBT community, but rather four co-communities. This study by (Wood et al. 2011), which was conducted within Birmingham, looked at each group: lesbian, gay, bisexual and transgender as individual communities, whereas traditionally most research has focussed on the group as a whole.

## Mental health problems in LGBT groups

### Overview

In a review of qualitative literature, which captured LGBT communities' views on the topic, being LGBT was identified as being associated with self-destructive behaviour, such as self-harm, suicide, experimentation with relationships and anorexia. It was also associated with depression, unhappiness, and lack of confidence, feelings of isolation and a general psychological burden. (Meads et al. 2009)

Such responses might be considered a legitimate response to the levels of discrimination that LGBT communities have reported experiencing. For example in Birmingham one third of LGBT people surveyed reported that they had been discriminated against in the workplace; more than two in five reported that they had been victims of hate crime and one in four that they had been victims of domestic violence (Wood et al. 2011).

LGBT people are most likely to be 'out' to friends and then family but less likely with their neighbours, whilst those from ethnic minority groups are less likely to be out than those in white ethnic groups. (Wood et al. 2011)

Overall people in LGBT communities are more prone to a variety of mental health problems than the general population. (Meads et al 2009)

In addition to the high levels of mental health problems experienced by these groups, there are also high rates of consumption of both alcohol and drugs within LGBT groups. These factors may mutually influence each other.

Growing interest and emphasis on life course approaches to LGBT identity emphasise the need for LGBT people to develop strong identities throughout their lives, suggesting that

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<sup>1</sup> Using 2011 estimate from (Office for National Statistics 2010)

developing and being comfortable with LGBT identity is a process, and that community services for LGBT people need to understand and be configured to support this (Patterson, 1995; D'Augelli and Patterson, 1996; Garnetts, Ed, 2003). It would be important for strategic approaches to LGBT mental health to take this insight into consideration. Research suggests that this has been important in supporting LGBT people to develop and remain healthy and resilient, and reduce other health problems (McManus, 2011).

### **Anxiety / Depression**

There is an increased risk, of approximately 2-3 times, of anxiety, obsessive-compulsive disorder and psychosis in the LGB population. (Meads et al 2009)

LGB people are also at around double the risk of depression that lasts over 12 months and throughout their lifetime than the general population. (King et al. 2008)

### **Eating disorders**

Some studies have suggested that the rate of eating disorders in LGB people is higher than in the general population. However, estimates of actual prevalence are felt to be unreliable. (Meads et al. 2009)

### **Sleep problems**

27-66% of the LGB population experience sleep problems compared with 2.9% in the general population. (Meads et al. 2009)

### **Alcohol / drug dependence**

The risk of alcohol dependence in LGB people is twice as high as in the general population, whilst in lesbian and bisexual women this figure is thought to be four times that in the general population. Also, those in LGB groups are two and a half times as likely to suffer from drug dependence (King et al. 2008), whilst illegal drug use in same sex attracted students is higher than in opposite sex attracted students (Meads et al. 2009).

### **Self-harm**

There are much higher rates of self-harm in the LGB population. (Meads et al. 2009) suggest that the rate of self harm in this group could be up to ten times that in the general population (25% vs 2.4%). This is supported by (Wood et al. 2011) who suggest that approximately 23% of LGBT respondents in Birmingham had self-harmed.

(Wood et al. 2011) suggest that those who have been a victim of a homophobic hate crime were more likely to self-harm or attempt suicide but these results were not statistically significant.

### **Suicide**

The risk of suicidal thoughts and suicide attempts is at least double in the LGB population, when compared to the general population (Meads et al. 2009). It is not possible to obtain figures for successful suicides, as sexual identity is not included in death records.

In Birmingham, just under half of LGBT people surveyed indicated that they had contemplated suicide; whilst one in five respondents indicated that they had attempted suicide (Wood et al. 2011). Whilst the Birmingham survey may be subject to some bias in

those that respond, as it was a self-completing, voluntary online survey, these figures, combined with those from the systematic review by (Meads et al. 2009) suggest that this is a real issue in Birmingham's population.

## **Mental service use in LGBT groups**

Following the systematic review by (King et al. 2008) the National Suicide Prevention Strategy (Department of Health 2011) was amended to include LGB people as a specific group, with specific needs.

However, although at strategic level awareness of the change to the National Strategy is high, across the nation little is being done to actively target LGB communities and the majority of mainstream mental health providers surveyed were not aware of any significant action to assess local need for LGBT people (Franks et al. 2010).

In Birmingham around 40% of LGBT people indicated that they would prefer LGBT specific mental health services, around 20% indicated they would not prefer this type of service and 40% did not express an opinion (Wood et al. 2011). This suggests that there may be some desire to set up specific services but this is not conclusive evidence. A more appropriate step, as suggested by (King et al. 2008) would be to develop LGB sensitive services and incorporate LGB issues into diversity training for staff.

## **Mental health counselling**

There is a high rate of mental health counselling in the LGB population in the West Midlands (36-40%), which is consistent with high rates of mental health problems. This compares to 2.4% in the general population from 9% with mental health problems. However, it is unclear from this evidence whether these services were paid for or provided by the NHS. Also a relatively high proportion had not found these services beneficial, it is suggested that this may be because counselling services are not experienced in LGB issues. (Meads et al. 2009)

In Birmingham about 60% of LGBT respondents had received some form of counselling or therapy, whilst around one in five LGBT respondents had accessed services dealing with mental health issues. However, a further one in twenty-five people had tried unsuccessfully to access services. Approximately 30% indicated that they had received some form of help for mood (affective) disorders including mania, depression and bipolar disorder, whilst around 20% indicated that they had received some form of help with anxiety disorders, including post-traumatic stress, obsessive-compulsive disorder, social anxiety and phobias. (Wood et al. 2011)

Of those who had accessed services, around one in ten had accessed services through Healthy Gay Life, a Birmingham based service working with gay and bisexual men (Wood et al. 2011). However, this appears to be one in ten of all LGBT people accessing services, so the proportion of gay and bisexual men could actually be higher.

Other providers mentioned included AB plus, Employer's counselling services, Freshwinds, St Martin's counselling service, Terrence Higgins Trust, and University counsellors (Wood et al. 2011). For suicide support LGB people most commonly use the Samaritans, who have a high proportion of LGB users (Franks et al. 2010).

Meads et al. (2009) suggested that, given the high rate of mental health problems in the LGB community, it would be possible and appropriate to run a randomised control trial of gay-specific mental health counselling versus attendance at a general NHS counselling service. At the time of writing no trial of this kind could be found, in which case a joint application with a university for a research grant may be appropriate. The goal of this trial would be to determine which type of service is more effective.

### GP services

An issue highlighted in the majority of qualitative studies, which were reviewed nationally, was poor communication between healthcare workers and LGB patients. In a study of GPs, almost half of the doctors reported barriers to discussing sexual health needs with non-heterosexual patients. These barriers mostly fell into the following categories:

Homophobia	(conferred and internalised, this difficulty was shared by patients and professionals)
Heterosexist assumptions	(patients experience difficulties when doctors assumed they were heterosexual)
Lack of professional approach	(patients perception that doctors lack professional approach when discussing their sexual identity)
Lack of knowledge	(patients and doctors expressed concern that doctors may lack knowledge on LGB issues)
Misunderstandings	(patients felt that they may bring preconceptions about doctors' approach to LGB issues, which may be false)
Being over-cautious	(patients and doctors felt that the potential for embarrassment may hinder discussions)
The importance of affirmation	(patients felt that doctors continuing to give the impression that they were respected and approved of, as an LGB person, was important)

(Meads et al. 2009)

In Birmingham around half of respondents indicated that they would prefer a GP service specifically for LGBT people, whilst around a quarter said they would not and the remaining quarter were unsure. (Wood et al. 2011)

### Additional research

(Meads et al. 2009) indicated that there is no need for more small studies on the same aspects of LGBT mental health, health behaviours and experience. Further research in this area is needed but these must use more sophisticated study designs with comparison groups. Currently, a major weakness in the research base is that few studies include heterosexual comparators drawn from similar populations. This systematic review identified the following as questions that are currently unanswered in published literature:

- What is the general mental health of transgender people? This would be useful to know both before and after transition for transgender people who chose this option.
- What is the general mental health of bisexual people?
- What is the rate of successful suicide in LGB people (as opposed to attempted suicide)?

- What is the rate of attempted and successful suicide in transgender people?
- What is the proportion of LGBT people suffering from eating disorders?
- Why is the rate of self-harming in LGB people apparently so high?
- What is the most effective way of helping them?
- What can be done about the prevention and treatment of the high rates of illegal drug use by LGB people?

It would also be beneficial, for both mental health services and others, for a cross-matching exercise to be done on the Birmingham LGBT report by (Wood et al. 2011). This would involve matching statistics derived from this study on the LGBT population to similar statistics on the general population, which have been collected through other local surveys.

## **Conclusion**

Mental health problems are more common in people who form part of one of the LGBT communities. There has been a large amount of research to explore this and future research should evaluate the effectiveness of the services which are being delivered.

As outlined in this paper it is important to acknowledge where a more LGBT sensitive approach may be beneficial and this should look across the Lifecourse. Health and social care professionals should have knowledge of the particular issues for LGBT communities and ensure that they are equipped to provide inclusive services for their local communities.



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