

The background of the entire page is a vibrant photograph of a green field under a blue sky with a rainbow. The rainbow is a multi-colored arc that spans across the upper half of the image, with its colors transitioning from red on the left to violet on the right. The field below is a lush, green expanse of grass, and a line of trees is visible in the distance under a clear blue sky with a few wispy clouds.

Mental and Emotional Health Needs Assessment of the LGBT (Lesbian, Gay, Bisexual and Transgender) populations of NHS South of Tyne and Wear: Gateshead, South Tyneside and Sunderland

Summary

November 2010

**Marcia Ash
Catherine Mackereth**

The Steering Group would like to thank everyone who took part in the consultation, particularly the LGBT community for all their openness and honesty: their input has been invaluable.

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**Marcia Ash
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Introduction

This is a summary of the Mental and Emotional Health and Well-being Needs Assessment for the lesbian, gay, bisexual and transgender (LGBT) populations within NHS South of Tyne and Wear (SoTW), which covers Gateshead, South Tyneside and Sunderland. The full report is available on www.cehi.org.uk. All the evidence that this summary is based on is referenced in the full report.

The current summary report briefly covers the background, aims and policy context of the work. It goes on to summarise the epidemiological assessment and the consultation with local workers and residents, before stating the recommendations in full.

Background

It is often assumed that LGBT people's health and well-being needs are the same as their heterosexual counterparts, except for specific needs relating to sexual health. However, this group experiences discrimination on a wide range of levels, not least in being treated differently by professionals in the healthcare sector. Often in society, LGBT people are subject to violence, verbal abuse and bullying, and experience social isolation. This can lead to a range of health problems, such as alcohol and drug abuse, depression, suicide and self-harm, as well as problems around housing and employment. Many LGBT people also experience the added disadvantages of low income, and 'dual discrimination', for example, being a member of an ethnic minority group or having a disability.

Aims of the report

- To describe the emotional and mental health and well-being needs of the LGBT populations
- To inform and influence commissioners and service providers about services and interventions that will meet these needs and will achieve better emotional and mental health and well-being as identified by LGBT people

Policy context

The Equality Act 2010 requires equal treatment in access to employment as well as private and public services, regardless of age, disability, gender, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief and sexual orientation.

Epidemiological assessment

On most indicators of deprivation, SoTW measures poorly against the rest of the country. There is little robust evidence of the size or characteristics of the LGBT population, but estimates put the numbers of LGB at an approximate rate of 6%. This would equate to the following numbers of LGB in each locality:

Gateshead:	11,466
South Shields:	9,167
Sunderland:	17,250

The size of the transgender population is even more difficult to estimate. The Home Office identified rates at 1:11,900 – 1:17,000 men in the population. The number of female-to-male is much smaller than male-to-female, one estimate from Scotland being one female-to-male to four male-to-female.

General health of lesbian, gay and bisexual people

There seem to be fewer lesbian, gay and bisexual people with longstanding illnesses, with 42.8% of this population taking prescribed medicines compared to 45.4% of the general population. This may relate to the age profile of the LGB population who describe themselves as such, being younger. There is very much less information on transgender people.

Mental health

Good mental health is associated with high self-esteem. Gay men and lesbians are more likely to be 'out' to their family and to health professionals than their bisexual peers. Poor mental health is associated with experiences of victimisation and perceived discrimination. The LGBT population with mental health problems are more likely to report ongoing discrimination than heterosexual people.

Research suggests that LGB people are more at risk of experiencing mental health problems:

- 9% gay men and 14% bisexual men reported a mental health problem, compared with 3% heterosexual men;
- 16% lesbians and 26% bisexual women reported a mental health condition, compared with 8% heterosexual women

- The largest UK survey of transgender people found that 34% have attempted suicide
- Young LGB people are more likely to experience mental health disorders, being four times more likely to experience depression and three times more likely to experience generalised anxiety disorder
- Young gay and bisexual men are seven times more likely to have attempted suicide and three times more likely to have suicidal thoughts than their heterosexual counterparts
- LGB are more likely to self-harm: gay and bisexual men are five and a half times more likely and lesbian and bisexual women twice as likely to self-harm as their heterosexual counterparts
- Bisexual people and gay men are more likely to report having lost their job due to discrimination
- Lesbians report more verbal and physical abuse than heterosexual women
- LGB people are more likely to self-harm as a consequence of discrimination than their heterosexual peers

LGB use mental health services more often than the heterosexual population, but may have more negative experiences. This is the case for one-third of gay men, a quarter of bisexual men and over 40% of lesbians. In one in five cases, mental health professionals may make a causal link between a person's mental health issue and their sexual orientation. Experiences range from lack of empathy to homophobic incidents.

Double discrimination

LGBT people from minority groups are more likely to experience problems:

- Black and Minority Ethnic LGBT communities experience a disproportionate amount of homophobic violence, harassment and abuse.
- Disabled people often have difficulty getting their right to sexual relationships acknowledged, regardless of their sexual orientation, and may face the double discrimination of being disabled and LGB
- Bullying is experienced by 30-50% of LGB young people compared to 10-20% of young people in general; 78% of LGB under 18 experienced verbal abuse and 23% have been attacked by other pupils.

- Older people are often assumed to be heterosexual, and the needs of older LGB are frequently overlooked.

Wider determinants of health

It is widely accepted that social and economic factors have an impact on health. Consequently, it is important to recognise these elements as affecting the health and well-being of the LGBT population.

Education

Heterosexual gender norms still dominate the education system, which serves to marginalize and alienate LGB young people. Furthermore, there is evidence of increasing homophobic bullying in schools. This has implications for emotional well-being of LGB young people and their ability to achieve at school

Employment and Training

There is a significant body of evidence identifying the discrimination that LGBT people experience in the workplace. This has many consequences, including:

- Fear of discrimination preventing openness about sexual orientation
- Homophobic culture at work restricting employment options
- Negative outcomes, such as poor productivity and/or leaving employment due to homophobia.

Housing

Harassment may occur anywhere, but most often happens around the home, whether from family members, flatmates, landlords or neighbours. LGB young people are at greater risk of homelessness than their heterosexual counterparts. Trans people are also at particular risk.

Community Safety and Crime

Issues of particular concern include:

- personal safety and fear of crime
- hate crime, including physical assaults, threat of violence, insults, harassment, vandalism against home or property, unwanted sexual contact
- domestic violence

Consultation

In March 2010 a range of public sector workers, including those from Local Authorities, education establishments, different parts of the NHS, voluntary sector workers and volunteers, and service users were invited to help shape the consultation element of the LGBT Mental and Emotional Health and Well-being Needs Assessment.

Ethos

Given the nature of the work and the lack of such data in the past, high priority was given to ensure that marginalised voices were heard, recorded, respected, valued and used in this final report.

Data Collection

Data was obtained from one hundred and thirty people, of whom one hundred and seven people completed Equality and Diversity Monitoring Forms. Not all participants answered all questions. The respondents were made up of:

- 21 lesbians, 38 gay men, 12 bisexuals, 31 straight/heterosexual
- the gender mix was almost equal male and female. Four identified as transgendered.
- 18 reported a disability and 13 reported a mental health condition.
- 65% of participants identified as non-Christians
- almost 50% of respondents reported to be single, 27% in a partnership, civil or otherwise, 14% married and 8% divorced.
- almost 90% of respondents were white British, with two people from other ethnic groups.
- 20% reported to have dependents.

Methods

Sixteen focus groups and twelve one-to-one interviews were held in various areas around SoTW. These included local authority, PCT and voluntary agency workers and local residents.

'Imagine that the things that make you happy and feel good are the ingredients of a cake...in an ideal world, what ingredients would go into your happiness cake?'

The most recurring positive answers from participants:

Being positive	Trust	Love	Freedom of expression	Absolute sense of belonging
Good health	Good body image	Exercise	Fun	Leisure
<p>“Friends create a safety net, especially when there is estrangement from the family of origin”</p> <p>“...access to the support, services and activities for all the needs a heterosexual person has...”</p>				
Community involvement	Making a difference in people’s lives	Socialising	Conversation	Holidays
Job	Money	Security	Secure Homes	Family

‘What services are meeting the needs of LGBT people?’

LGBT Services used by contributors

Pride In Mind*; Women4Women*; LBG Police Association*; North East Older; Lesbian Network*; South Tyneside LGBT Youth Group; LGBT Youth Forum – Gateshead Council; Gateshead Psychology Dept at Sunderland Gender Identity Clinic; South Tyneside College – LGBT Group; LGBT AIGS; Sunderland Council; Parents Enquiry North East; Tea with Dorothy; Lesbian Line*; Plus Group; Stag Group; Outpost.

“There used to be a designated LGBT Psychiatric Nurse...but no longer”

Generic Services used by contributors

Lifeline*; Headlight; Tranwell Unit; Slimming world; Sunderland Mind; Arts for Well-being; Mental Health Matters*; Mental Health Arts Group for Carers; Occupational Therapy - Dryden Rd Day Hospital; Gateshead Integration Team – one-to one counseling; Primary and Secondary Mental Health Teams; Online services - e.g. Addictions UK; North East Counseling Service; Vantage Database; Art studio; Oasis; NECA; 24/7’

* Those services based in areas outside SoTW

‘Imagine the things that make you UNhappy?’

The most recurring negative answers from participants:

Loneliness	Unhappiness	Isolation	Depression	Suicide
Low Confidence	Anxiety	Domestic Violence	Sexual Abuse	Stress
Low Self Esteem	Dual Diagnosis With Alcoholism/Addiction And Mental Health Issues	Mental Health Issues	Alcohol/Substance Misuse	Poor Body Image
Self-Harm	Physical Activity	Sexual Health	Healthy Eating	Smoking

“There is a problem of visibility, nothing says we are valued as part of our and the wider community...”

Services

- Few specific services and a lack of resources and capacity, despite some good examples of real community engagement.
- Services do not target LGBT people and are therefore unable to work with them on health priorities, such as physical activity, healthy eating, alcohol and substance misuse, mental health issues, sexual health and smoking cessation.
- Participants felt that too much focus is placed on sexual orientation to the exclusion of other issues, such as mental health, housing or education issues.
- LGBT people report having to cope with prejudice in the form of homophobia, which has a huge impact on emotional and mental health and well-being.
- Inequalities are apparent from the minute a LGBT person walks in for support from an NHS service. It was reported that staff are resistant or at best hesitant to ask questions about sexual orientation.
- There are many services and organisations to address the health needs of the general population and their social and

emotional needs, but they do not reach out or make themselves accessible or welcoming to LGBT people. Overwhelmingly, participants stated they were fully supportive of an LGBT centre being created as a one-stop shop to deal with issues, including counselling, confidence building, creative pursuits, housing, legal matters, joblessness and provide training to organisations. This would enable signposting to reputable organisations beyond the remit of a centre.

There is little in the way of LGBT-friendly images on flyers, posters or information booklets in waiting rooms or on information outlets. LGBT people struggle to find information about LGBT specific services, as information is limited to the promotion of gay nightclubs, events and bars.

Homophobia

Throughout the consultation the experiences of homophobia, the fear of homophobia and internalised homophobia were said to be one of the main contributors to mental health problems for LGBT people.

“...homophobia is the ‘invisible wall’...like ‘the glass ceiling’ ...before we can even think of our happiness this ‘invisible wall’ comes up and you can’t get through it...”

“Homophobia leads to fear, that leads to mental health issues...when a victim of attack [you’re] more vulnerable...”

Young people are the most vulnerable group. In schools homophobic bullying is not challenged as frequently or taken anywhere as seriously as racist bullying.

Equality and diversity training and monitoring

At present services are not monitored for sexual orientation, so data on how many LGBT people are using services is not being collected.

If NHS staff are not asking about sexual orientation, LGBT people will continue to be hard to reach and invisible within mainstream services. Given the great progress that has been made in relation to monitoring ethnicity, faith and disability, similar gains could be obtained for LGBT people, which would then show the need for staff training.

Particular issues identified by participants:

- Young people and education
- Bullying
- Domestic violence
- Older people
- The need for a community development approach
- Needs of the Deaf community
- Relationships with family and friends
- Issues around faith, belief and spirituality
- The need for appropriate role models

Recommendations

It is recognized that in an ideal world, separate services would not be required for the LGBT population. The aim of commissioners and providers is to ensure that mainstream services are sensitive to the needs of all users, from whatever background, regardless of age, gender, sexual orientation, religion and belief, disability or race.

The findings of the consultation of LGBT people and from exploring the literature led to a long list of areas of concern that need to be addressed. Many of these overlap or are interdependent on each other. The following recommendations are not comprehensive, but aim to highlight the main areas that need to be addressed in order to improve the mental and emotional health of the LGBT population in SoTW.

1. Promoting visibility

Mainstream services need to be aware of the LGBT population and be sensitive to their needs.

- Training in LGBT issues needs to be developed and promoted across all mainstream services, especially around attitudes
- Services should target the LGBT population to ensure equal access to those services
- Appropriate sign-posting, possibly supported by a directory of local services, should be promoted across all services
- Appropriate images of LGBT people should be included in all literature produced by services, such as including pictures of same sex couples

2. Generic versus specialist services

There are a limited number of specialist services for the LGBT population and most LGBT people are expected to attend generic services. These services are rarely sensitive to the needs of the LGBT populations and can result in users being sent directly to inappropriate specialist services or being treated with little or no understanding of the particular needs of this group, as identified within the current report. It was identified that there were many more specialist services for gay men than lesbians.

- Some targeted specialist services should be developed and promoted, particularly around mental and emotional health and well-being
- Some specialist services should be targeted to lesbian and bi-sexual women

3. Tackling discrimination

Harassment and discrimination are major themes in the experiences of the LGBT population and in the literature.

- ARCH (hate crime reporting system) should be promoted across SoTW and responses reviewed on a regular e.g. quarterly basis to inform action
- Training around discrimination against the LGBT population should be part of any equality training and regularly undergone by staff. It is not adequate to do this as an on line exercise.

4. Capacity building

Community development is an ideal approach to engaging groups who do not have access to mainstream services.

- Community development should be funded to promote LGBT work, including self-help groups, drop-ins, phone-ins.
- Public health, particularly mental health promotion, should be aware of the particular needs of the LGBT population when developing programmes such as smoking cessation, weight reduction, well-being services.

5. Partnership working

The current report is a result of working in partnership across the statutory and non-statutory sectors, as well as engaging the public. This often works well at a local level with individuals, but not always at an organizational level.

- Partnership working should involve as wide a range of key stakeholders as necessary
- Best practice around the country should be explored to learn lessons for new developments locally

6. Monitoring

Despite the requirements of Equality Impact Assessments, it is clear that many services do not gather information about who uses services generally, and this is particularly the case for LGBT people.

- Recognizing the need for sensitivity, services should be monitoring their use by LGBT people, identifying gaps in provision and taking action to remedy this.

7. Commissioning

Commissioning should be informed of the needs of the different populations.

- Current findings should be disseminated widely and particularly to commissioners
- Commissioners should be collecting and reviewing monitoring figures from services to ensure that LGBT people receive the appropriate services

8. Young people

Although the current report relates to adults, it is recognized that many young LGBT suffer particular difficulties, from bullying at school, relationship problems at home, and feeling unsafe on the streets.

- Current findings should be disseminated to the commissioners and providers of children's services, particularly the CAMHS (Child and Adolescent Mental Health Services)

9. Double discrimination

Some people suffer the double discrimination of being LGBT and being older, disabled, come from a minority ethnic background or have mental health problems.

- People suffering from double discrimination need extra support, both mainstream and specialist.

10. Transgender

Participants in the consultation suggest that Trans people suffer more discrimination than LGB people and more attention to detail in service provision is required to provide inclusivity. It is recognized that there is a regional lack of services both in the statutory and voluntary sector. In part due to that and also to the limited time available for this research there is a clear need for more work to be done in this area in order to support any recommendations.

Glossary

Term	Meaning
Homosexuality	An enduring pattern of or disposition to experience sexual, affectional or romantic attraction primarily or exclusively to people of the same sex; it also refers to an individual's sense of personal and social identity based on those attraction behaviours expressed in a community of other who share them.
Lesbian	Term used to describe sexual and romantic desire between females. May be used to as a noun to refer to women who identify themselves as having a primary attribute of female homosexuality. May be used as an adjective to describe characteristics of an object or activity related to female same-sex drive.
Gay	Refers to people, practice and culture associated with homosexuality.
Bisexual	Refers to an orientation involving physical and/or romantic attraction to both males and females.
Transgender	Refers to the state of ones gender identity not matching one's assigned sex.
'Trans' 'T'	Transgender
Transsexual	Usually a medical term used for people wanting gender reassignment.
'Coming out' 'out'	Term used for LGBT people's disclosure of their sexual orientation and/or gender identity.
Homophobia	Fear of or contempt for lesbians and gay men; behaviour based on such feeling.
Transphobia	Fear of or contempt for transgender people; behaviour based on such feeling.
Heterosexism	The assumption that everyone is heterosexual; discrimination or prejudice against anyone who is not heterosexual; favourable treatment of those who are heterosexual.
Hate crime	Any incident, which may or may not constitute a criminal offence, which is perceived by the victim or any other person as being motivated by prejudice or hate.