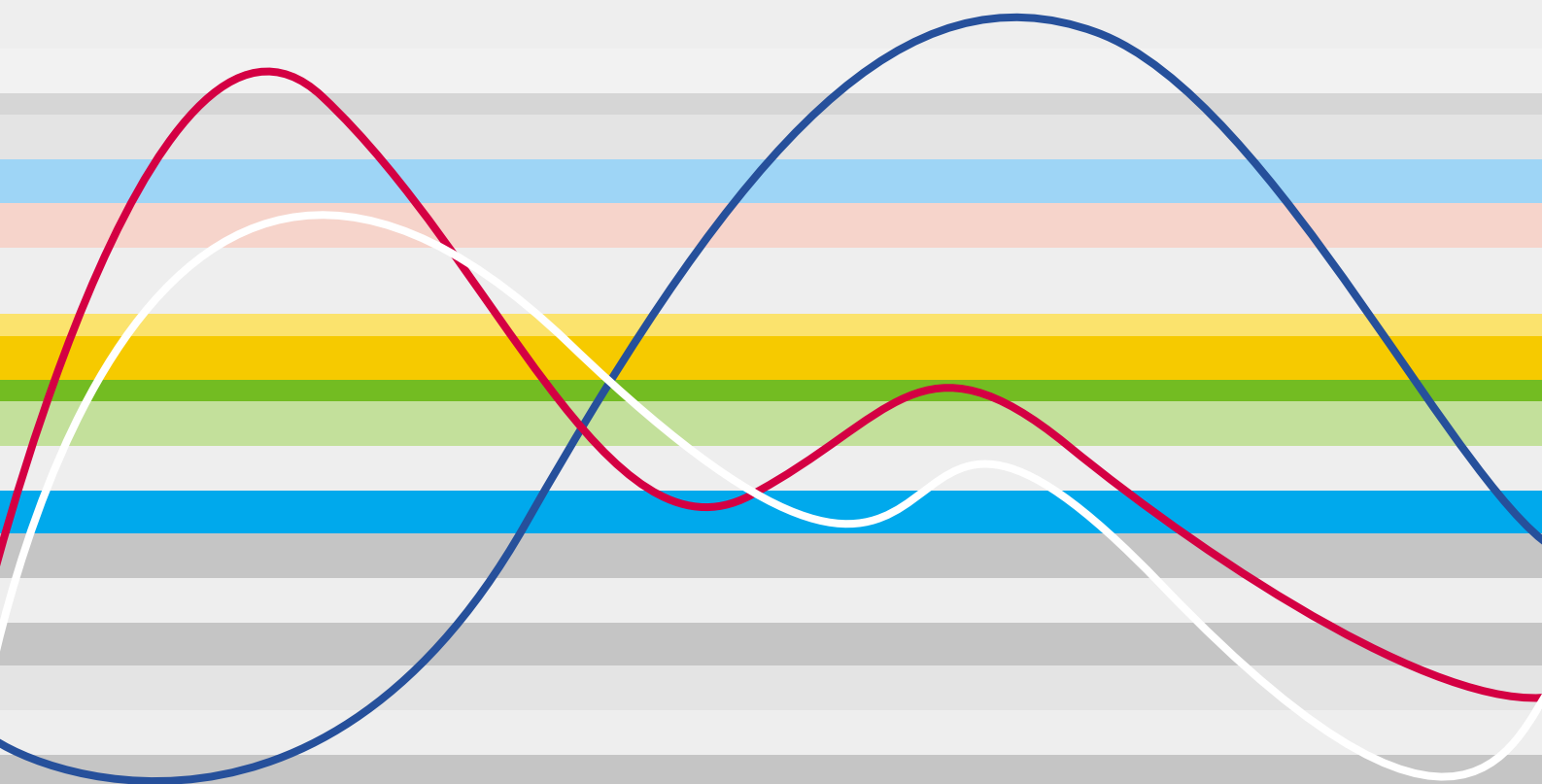


Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales

A summary of findings



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A summary of findings

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Background

Background to the study

The hypothesis of this study is that lesbians, gay men and bisexuals (LGB) in England and Wales have a different experience of mental health, quality of life and mental health services than heterosexual people. This study examines these three areas of experience. Until now, we knew very little about these issues among LGB people in Britain, but substantial research from the USA shows that lesbians, gay men and bisexual people suffer intolerance of their sexuality, discrimination and victimisation, and appear to have higher rates of anxiety, depression and suicidal behaviour. There are indications that the situation may be similar in Britain. Furthermore, the Project for Advice, Counselling and Education (PACE), the London-based support organisation for gay men and lesbians, has found that LGB service users can face the same discrimination within the mental health service, as they do in wider society. A comprehensive assessment of the mental health of LGB men and women within the context of the wider population in Britain was needed to contribute to policy development and service planning.

Objectives

The objective of this study has been, firstly, to compare the psychological status, social adjustment, quality of life and use of mental health services of lesbians, gay men and bisexual men and women with heterosexual men and women; and secondly, to examine the experiences of LGB people who have had encounters with the mental health services.

Methodology

A cross-section of heterosexuals, lesbians, gay men and bisexual men and women in England and Wales were recruited using snowball sampling. This is a method involving first recruits in the attraction of others to a study, and is a useful method when the group to be studied is relatively dispersed throughout the country. A total of 656 gay men, 505 heterosexual men, 430 lesbians and 588 heterosexual women, 85 bisexual men and 113 bisexual women were recruited to take part in the study. Data was collected using a range of general and standardised questionnaires. Twenty three gay men and lesbians who had previous experience with the mental health services took part in a qualitative study to examine the nature of these experiences.

Main findings

Comparisons were made between two main groups: gay men/lesbians were compared with heterosexual men and women and gay men/lesbians were compared with bisexual men and women. In all comparisons men and women were compared separately.

Research findings

The main findings for these comparisons were similar to those reported in US studies. Figure 1.1 shows that gay men and lesbians reported more psychological distress than heterosexuals, despite similar levels of social support and quality of physical health as heterosexual men and women.

Figure 1.1 Differences in psychological distress levels according to gender and sexuality			
	Heterosexual	Gay/lesbian	Bisexual
Males			
CIS-R mean	10.09	12.23	14.92
Females			
CIS-R mean	10.34	12.67	12.52

Based on the results from the Clinical Interview Schedule (CIS-R), the higher the score the higher the level of psychological distress.

Levels of substance use disorders were higher among gay men and lesbians, who reported that they were more likely than their heterosexual counterparts to have used recreational drugs. Lesbians were more likely than heterosexual women to drink alcohol excessively. Results showed that bisexual men were more likely than gay men to have recently used recreational drugs.

Violence and bullying in adult life, for whatever reason, were more commonly reported by lesbians than heterosexual women, but there were few differences on these factors between gay and heterosexual men. However, regardless of the prevalence of such events, gay men and lesbians often attributed the harassment or violence to their sexuality. Lesbians were no more likely than bisexual women to have been verbally assaulted but were more likely to attribute such verbal assaults they received to their sexuality.

Among men, bullying at school was reported no more often by gay than heterosexual men, but those gay men who had been bullied regarded their sexual orientation as the main provocation (Figure 1.2). Gay men and lesbians were more likely to have been insulted at school because of how their sexuality was perceived by others than bisexual men and women.

Main findings

Figure 1.2 Violence and bullying by sexuality and gender (%)

	Heterosexual	Gay/lesbian	Bisexual
Males			
Attacked in last 5 years	35	38	42
Verbally harassed in last 5 years	46	68	56
Bullied at school	47	51	51
Females			
Attacked in last 5 years	22	31	27
Verbally harassed in last 5 years	43	50	54
Bullied at school	20	30	35

In the second main comparison, comparisons made between gay men/lesbians and bisexual men and women showed the former to be more at ease with their sexuality. Gay men and lesbians were also significantly more likely to have parents and siblings who were aware of their sexuality than their bisexual counterparts. Gay men and lesbians were also more likely than bisexual men and women to be open about their sexuality to parents, siblings, friends, colleagues, GPs and mental health professionals. Bisexual women were less likely than lesbians to report that their brothers and sisters had been positive about their sexual orientation. Bisexual men also reported more psychological distress than gay men. On all other measures of psychological or social wellbeing, however, there were no differences between gay and bisexual men or between lesbians and bisexual women.

In reports on self harm, gay men were more likely than bisexual men, and lesbians more likely than bisexual women to cite their sexuality as a reason for harming themselves.

Figure 1.3 Self harm by gender and sexuality (%)

	Heterosexual	Gay/lesbian	Bisexual
Males			
Self harm considered	33	50	55
Self harm carried out	41	54	50
Females			
Self harm considered	33	57	56
Self harm carried out*	50	56	59

** This percentage is of those who ever considered it.*

Use of mental health services

From the main research group, a number of participants indicated willingness to take part in a further qualitative study looking at LGB experiences with the mental health services. The research, comprising narratives of experiences, shows that gay men and lesbians were more likely than heterosexuals to have consulted a mental health professional in the past, regardless of current mental state.

The results, displayed in Figure 1.4 show that up to a third of gay men, one quarter of bisexual men and over 40 per cent of lesbians recounted negative or mixed reactions from mental health professionals when being open about their sexuality. Bisexual women were less likely than lesbians to report having received a positive reaction from a mental health professional when declaring their sexuality. One in five gay men and lesbians and a third of bisexual men recounted that a mental health professional made a causal link between their sexuality and their mental health problem.

In more detailed interviews, gay men, lesbians and bisexuals indicated that problems in their encounters with mental health professionals ranged from instances of overt homophobia and discrimination, to a perceived lack of empathy around sexuality issues on the part of the clinician.

People could be trained to have awareness to start with that the client in front of them may or may not be completely heterosexual, they could be anything sexually. They will assume you're straight. [Male, 40s]

I went to see a psychiatric nurse who was assessing me. She was completely homophobic . . . she was so rude to me and so horrible to me . . . and I was very, very vulnerable and I thought I just can't face it. She just completely rejected me and said "well do you think that being in a lesbian relationship is going to help you through all this?" She said the most unbelievable stuff. I just terminated. [Female, 30s]

Gay men and lesbians saw many advantages in being able to choose a LGB clinician. They were regarded to be potentially more understanding of the problems faced by LGB people.

I know some lesbians who don't care and are not interested in the sexuality of their psychiatrist. But I thought . . . if she was a lesbian she might be more empathetic, they'd understand some of the issues, they'd have been through coming out and all the rest of it. [Female, 30s]

Main findings

The study recognises that professionals may find it difficult to get the balance right with their LGB clients. In some of the accounts, they were regarded as insensitive if they played down sexuality in the clinical setting or if they placed too much emphasis on it.

I don't think that [mental health practitioners] ever raised [sexuality], they never pushed it . . . they certainly never pursued it or helped me pursue it. If I ever did talk about it, it would have been very general; they certainly wouldn't have given me enough room to explore it . . . I think a lot of my problems emotionally.. were connected to my sexuality and my suppression of that and my feelings that I had to suppress it. [Female, 20s]

I don't like talking to my psychiatrist [about my sexual orientation] because I don't see it as an issue that needs to be aired or anything. I'd rather get to the root of why I'm like I am and not put anything else on to think well maybe that's the cause of it. But he kept insisting on taking about it. [Male, 40s]

Figure 1.4 below shows a breakdown of contact with a GP or mental health professional by gender and sexuality.

	Heterosexual	Gay/lesbian	Bisexual
Males			
GP seen for emotional difficulties	37	53	49
MHP seen for emotional difficulties	33	58	55
Positive reaction from MHP about sexuality	n/a	64	74
Females			
GP seen for emotional difficulties	48	57	66
MHP seen for emotional difficulties	43	68	72
Positive reaction from MHP about sexuality	n/a	58	39

Recommendations

This report makes a number of recommendations toward service planning and improvement, involving a number of agencies across health, social, education and government sectors. These recommendations are:

1. Core education/training and continuing professional development of health and social services professionals should cover:

- the relationship between sexuality and mental wellbeing
- how sexuality fits into the wider context of a person's life experiences and mental health
- the increased risk of self harm and suicide in LGB people
- the increased risk of substance misuse in LGB people
- how to respond appropriately to LGB people in a mental health setting.

2. This training should aim to ensure that LGB people receive help from professionals who are sensitive to LGB lifestyles and needs. In particular, professionals will need to strike a balance between the extremes of:

- regarding same-sex attraction as the underlying cause of psychological difficulties
- ignoring sexuality altogether
- displaying excessive curiosity about how LGB people live.

3. Health and social services agencies should monitor the particular experiences and satisfaction levels of LGB people as users of services, and put in place mechanisms to respond appropriately to feedback.

4. Health and social service agencies should proactively share good practice on working with LGB people in mental health settings.

5. The National Institute for Clinical Excellence (NICE) should include guidance on the prevention of self harm for LGB people, and particularly younger people, in its forthcoming guidance on self harm.

6. The National Institute for Mental Health in England (NIMHE) and the National Health Service in Wales should consider the specific issues arising from sexuality, and, in particular, developing sexuality, in implementing the National Service Framework for Mental Health's targets on suicide.

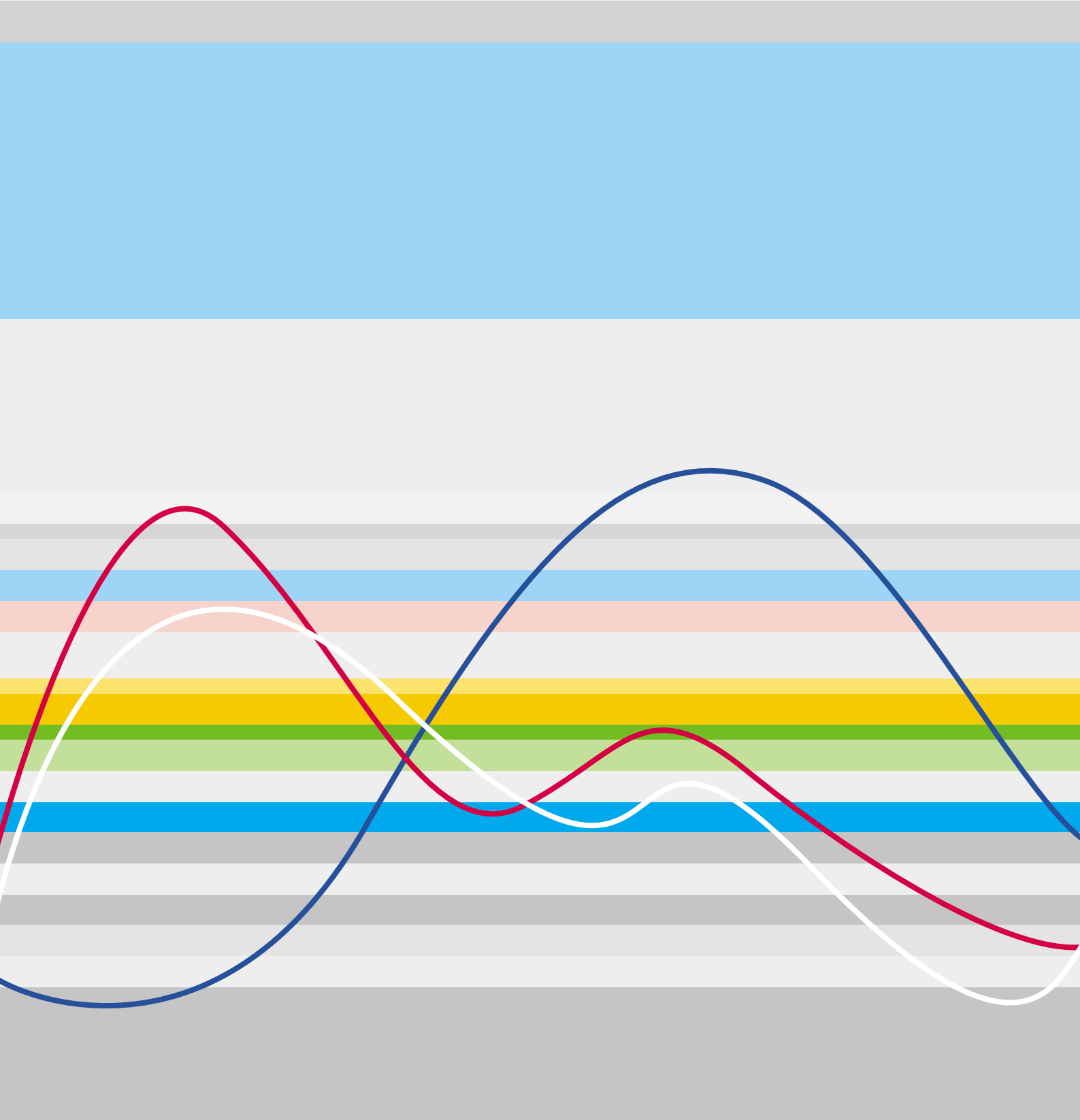
Recommendations

- 7. Professionals working with children and young people, including teachers, youth workers and health and social services professionals, should receive specific training in:**
 - how developing sexuality and related issues around “coming out” affect psychological development and mental wellbeing
 - strategies to support the prevention of self harm and suicide in LGB people.
- 8. Agencies working with children and young people (including schools, youth services and health and social services) should develop policies around bullying and victimisation related to sexuality.**
- 9. Campaigns to reduce substance misuse and agencies working on substance misuse issues or with people with dual diagnosis should ensure they address the particular issues relating to LGB people and target these communities. LGB community groups should be particularly proactive in this area.**
- 10. NIMHE, the National Health Service in Wales and major funding councils should fund further research into:**
 - the mental health and wellbeing of bisexual people
 - discrimination on grounds of sexuality in schools and society
 - the effectiveness of mental health interventions for LGB people and how services respond to their needs.
- 11. The Government should:**
 - introduce legislation to ensure equal rights and protection from discrimination for LGB people across all aspects of society
 - instigate awareness campaigns to support the elimination of discrimination on grounds of sexuality within society. Health and social services professionals require greater awareness of the psychological issues that are relevant to LGB people, particularly younger adults who appear to be most vulnerable.

Acknowledgments

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Copies of the full report titled: *Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales* (ISBN 1-903567-46-7) are available from Mind, 15-19 Broadway, Stratford, London E15 4BQ. Tel: 020 8519 2122.



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