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Submission of: THE ROYAL COLLEGE OF PSYCHIATRISTS

Submission to: Equal Civil Marriage: A consultation

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased to respond to this consultation. This consultation was prepared by the College’s Lesbian, Gay and Bisexual Mental Health Special Interest Group.

This consultation was approved by: the Central Policy Committee of the College.

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Response to Equal Civil Marriage: A Consultation

Summary

Many health associations around the world support marriage equality on health grounds. These include the American Medical Association, Indiana State Medical Association, American Psychiatric Association, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Psychological Association, Australian Medical Association, and the Australian Psychological Society.

The ‘minority stress’ experienced by LGB people is an important factor in their health disadvantage. Stigma and discrimination against sexual minorities has been well studied (Ritter, Matthew-Simmons and Carragher, 2012). It is likely that social hostility, stigma and discrimination is at least part of the reason for the higher rates of psychological morbidity observed (King, 2008 and Chakraborty, 2011) as well as elevated rates of suicide (Mathy et al. 2009). Discriminatory policies specifically with regard to marriage equality have been shown to have negative health effects (Hatzenbuehler, 2010).

Although the introduction of civil partnerships/unions in many western countries has gone a long way to reduce inequality (King & Bartlett 2006), marriage equality could reduce the discrimination and stress suffered by LGB persons, and lead to greater social inclusion and improved health. Opponents of marriage equality claim it will harm the institution by fundamentally redefining it; yet they produce no evidence in support of such claims. Opposition appears to be based mainly on the grounds of religious belief and practice, and such opposition should have little place in how secular marriage is regarded and defined. Furthermore, there are no health arguments in favour of maintenance of the status quo (denial of marriage equality).

The Royal College of Psychiatrists supports the UK Home Office’s Equal Civil Marriage proposals (http://www.homeoffice.gov.uk/publications/about-us/consultations/equal-civil-marriage/).
Health disadvantages in LGB people

A body of research has established the relative health disadvantage borne by LGB people. This has been acknowledged by many medical associations around the world and is well known in other areas where lower social standing leads to a marked health disadvantage (Marmot 2004).

A recent meta-analysis (King et al., 2008) in *BMC Psychiatry* of papers published between January 1966 and April 2005 found significantly increased risks of:

- Suicide attempts: “Meta-analyses revealed a two fold excess in suicide attempts in lesbian, gay and bisexual people [pooled risk ratio for lifetime risk 2.47 (CI 1.87, 3.28)]”;
- The lifetime prevalence of suicide attempt “was especially high in gay and bisexual men (RR 4.28, CI 2.32, 7.88).”
- Depression and anxiety: “The risks for depression and anxiety disorders (over a period of 12 months or a lifetime) on meta-analyses were at least 1.5 times higher in lesbian, gay and bisexual people (RR range 1.54–2.58)”; and
- Substance dependence: “[A]lcohol and other substance dependence over 12 months was also 1.5 times higher (RR range 1.51– 4.00).”

King et al. (2008) stated that “it is likely that the social hostility, stigma and discrimination that most LGB people experience is at least part of the reason for the higher rates of psychological morbidity observed.”

In a later cross-sectional, probabilistic sample of people living in private households in England, published in the *British Journal of Psychiatry*, Chakraborty et al., (2011) concluded that, “This study corroborates international findings that people of non-heterosexual orientation report elevated levels of mental health problems and service usage, and it lends further support to the suggestion that perceived discrimination may act as a social stressor in the genesis of mental health problems in this population.” The authors found that “Self-reported identification as non-heterosexual
(determined by both orientation and sexual partnership, separately) was associated with unhappiness, neurotic disorders overall, depressive episodes, generalised anxiety disorder, obsessive-compulsive disorder, phobic disorder, probable psychosis, suicidal thoughts and acts, self-harm and alcohol and drug dependence. Mental health-related general practitioner consultations and community care service use over the previous year were also elevated.” Chakraborty et al. (2011) found through their statistical analysis that, “In the non-heterosexual group, discrimination on the grounds of sexual orientation predicted certain neurotic disorder outcomes, even after adjustment for potentially confounding demographic variables.”

A 2008 report ‘Suicide Risk and Prevention for Lesbian, Gay, Bisexual, and Transgender Youth’ (defined as aged 15 to 24) by the Suicide Prevention Resource Center (funded by the US Department of Health and Human Services) reviewed the available literature and concluded that, “Research indicates that LGB youth have significantly higher rates of suicide attempts and suicidal ideation than their heterosexual peers. Data limitations make it difficult to draw conclusions about higher rates of death by suicide among LGB youth; however, the higher number of suicide attempts, as well as the seriousness of attempts among LGB youth, make it probable that this group of youth has a higher rate of suicide deaths than their heterosexual counterparts.” The report goes on to say that, “It would be difficult to overstate the impact of stigma and discrimination against LGBT individuals in the United States. Stigma and discrimination are directly tied to risk factors for suicide. For example, discrimination has a strong association with mental illness, and heterosexism may lead to isolation, family rejection, and lack of access to culturally competent care.”

A 2009 report on suicide rates in Denmark found that gay men in civil partnerships were eight times more likely to kill themselves than heterosexual married men (Mathey et al. 2009). Similar data from Denmark (Frisch & Bronnum-Hansen 2009) have also confirmed that LGB people appear to have
poorer physical health and higher mortality than heterosexual people, but that this differential is far less than the excessive claims made by organisations such as the Family Research Institute (http://www.familyresearchinst.org/). Unfortunately, this Institute makes statements on its home web pages that highlight their biased and prejudiced approach to data: “... (our) overriding mission: to generate empirical research on issues that threaten the traditional family, particularly homosexuality...” and “We welcome all who would join in the fight to restore a world where marriage is upheld and honored, where children are nurtured and protected, and where homosexuality is not taught and accepted, but instead is discouraged and rejected at every level.” In fact, poor physical health and increased mortality are linked to poor mental health and substance misuse in many populations, not just LGB people. It would also seem that the excessive use of alcohol and drugs is an historical issue as, until recent years, the only venues where many LGB people could meet in safety were in bars and clubs.

**Marriage inequality has a basis in discrimination**

Defining secular marriage as a legal union only between a man and a woman is a form of institutional discrimination on the basis of sexual orientation. It implies that same-sex unions are of lesser value than marriage. Although the introduction of civil partnerships in the UK was a positive step forward, marriage equality will further reduce the discrimination experienced by LGB persons and lead to greater social inclusion and improved health. Opponents of marriage equality claim it will harm the institution by fundamentally redefining it. However, they produce no evidence in support of such claims.

A common objection is that extending marriage to same sex couples will undermine marriage as currently defined and cause societal harm, particularly to the upbringing of children. However, this claim in itself contributes to the ‘minority stress’ which LGB people experience (Buffie, 2011). In the *American Journal of Public Health*, Buffie (2011) argues that “[defining] marriage as a legal union solely between a man and a woman ... [has the obvious inference] that same-sex marriage is somehow of lesser value than is heterosexual
marriage; the underlying fear is often that marriage equality will actually cause societal harm. Being cast in such a light strongly contributes to the phenomenon known as ‘minority stress’, which members of this community experience in their struggle for validation and acceptance in our heterosexist society.” Buffie (2011) describes LGB minority stress as unique because “one’s sexual orientation usually is invisible to others” and suggests that, “When the ‘other’ is invisible, faceless, or nameless, it is common for those in power to ignore the reality of the other's existence and the challenges the other faces. This interplay of power and prejudice, whether overt or covert, constitutes the phenomenon of heterosexism.”

In another paper from the American Journal of Public Health, Hatzenbuehler et al. (2010) studied more than 34,000 people, of whom 577 were LGB, and found evidence suggesting that discriminatory policies on marriage may have negative health effects. Their data came from two waves (2001-2002 and 2004-2005) of the National Epidemiologic Survey on Alcohol and Related Conditions. The same psychological health indicators were administered in each survey. Psychological disorders increased significantly between waves 1 and 2 in LGB respondents living in states that had banned gay marriage. Rates increased by of 37% for any mood disorder, 248% for generalized anxiety disorder, 42% for alcohol use disorder, and 36% for psychiatric comorbidity. In the comparison group from those states without such amendments over the same time period, there were no significant increases in these psychiatric disorders. The four authors of this study from Yale, Harvard and Columbia Universities concluded that, “This study lends support for current policies that have sought to eliminate discriminatory acts toward LGB individuals. ... Findings from the current study are consistent with an argument that implementing social policy changes to abolish institutional forms of discrimination may ultimately reduce mental health disparities in LGB populations, an important public health priority.”
**Marriage equality and improved public health for LGB people**

In a subsequent study Hatzenbuehler et al. confirmed their suggestion empirically. They showed that 12 months after the introduction of marriage equality in Massachusetts, gay men recorded significantly fewer visits to health facilities for mental or physical health reasons and that health costs consequently fell (Hatzenbuehler et al. 2011). This is essentially the same conclusion that Buffie (2011) comes to, namely that “the results of this literature review strongly suggest that the legal and social recognition of same-sex marriage are likely to impart more than just symbolic support for the gay community. Embracing marriage equality through education and legislation is sound public health policy supported by evidence-based literature. Legislation to make marriage equality a reality will change, and save, lives.”

In the *Drug and Alcohol Review*, Ritter, Matthew-Simmons and Carragher (2012), from the National Drug and Alcohol Research Centre at the University of New South Wales, argue the case from the substance dependence perspective: "Over and above these [other factors], however, is the prominence of discrimination and stigma. Stigma and discrimination against sexual minorities has been extensively documented and is not limited to general community attitudes, but has also been documented within alcohol and drug treatment services. Discrimination and stigma underlie cultural norms, individual experiences of ‘coming out’ and contribute to intrapsychic distress. ‘Internalised homophobia’ is the term used to describe the internal conflict within sexual minority individuals, who have been exposed to negative attitudes, stigma and discrimination due to their sexual orientation. Alcohol or other drug use is one way to attempt to manage such internal conflict. Therapeutic interventions aimed at self-acceptance are encouraged. But a more direct, public health approach to managing both community stigma and individually experienced internalised homophobia is, of course, to reduce societal stigma and discrimination. And, one of the clearest strategies is to
legitimise sexual minorities through recognition of relationship status – that is, legalise gay marriage."

In line with this view, the Massachusetts Department of Public Health concluded in 2009 that recent legislative changes in that state, including marriage equality, may be helping to reduce disparities for lesbians and gay men, possibly by providing greater access to health insurance (Massachusetts Department of Public Health 2009).

**Do LGB people want marriage equality?**

Many studies have demonstrated that LGB people around the world are interested in having the freedom to marry. A report from the University of Queensland in 2010, *'Not So Private Lives: National findings on the relationships and well-being of same-sex attracted Australians’*, based on an online national survey of same-sex attracted Australians, found that 78% of respondents reported that they would like to see marriage become available as an option for same-sex couples in Australia (Dane et al. 2010).

Herdt and Kertzner (2006) argue that “The realization of this deep interest, as would be occasioned by marriage enfranchisement, is likely to translate into an enhanced sense of well-being given the possibilities for increased family and social support associated with marriage that is especially helpful during times of personal hardship in life and the broadened developmental options for lesbian and gay adolescents and young adults, who could then envision marriage as a key element of their adulthood. As is true for heterosexuals, however, marriage for same-sex couples will have variable meanings, desirability, and mental health significance for specific individuals. The importance of this psychosocial variation in the meanings of marriage should not be ignored or understated.”

Among the current generation of lesbian and gay youth, this heightened expectation to express their sexuality is psychologically and socially frustrated
by campaigns to continue to deny them the choice of marriage. This marriage denial again reinforces stigma associated with sexual identity and undermines well-being, an effect to which adolescents and young adults are particularly sensitive (Cohler & Hammack 2007).

**Health Associations that support marriage equality**

A number of health associations support marriage equality on health grounds. A non-exhaustive list includes the:

American Medical Association (original policy updated in 2011):  

*Our American Medical Association:* (1) recognizes that denying civil marriage based on sexual orientation is discriminatory and imposes harmful stigma on gay and lesbian individuals and couples and their families; (2) recognizes that exclusion from civil marriage contributes to health care disparities affecting same-sex households; (3) will work to reduce health care disparities among members of same-sex households including minor children; and (4) will support measures providing same-sex households with the same rights and privileges to health care, health insurance, and survivor benefits, as afforded opposite-sex households.¹

Indiana State Medical Association (2010):

*T*he Indiana State Medical Association (1) recognizes that exclusion from civil union or marriage contributes to health care disparities affecting same-sex households; (2) will work to reduce health care disparities among members of same-sex households, including minor children; and (3) will support measures providing same-sex households with the same rights and privileges to health care, health

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insurance, and survivor benefits, as afforded opposite-sex households.\textsuperscript{2};

American Psychiatric Association (2005):

\textbf{In the interest of maintaining and promoting mental health, the American Psychiatric Association supports the legal recognition of same-sex civil marriage with all rights, benefits, and responsibilities conferred by civil marriage, and opposes restrictions to those same rights, benefits, and responsibilities.};


\textbf{There is ample evidence to show that children raised by same-gender parents fare as well as those raised by heterosexual parents. More than 25 years of research have documented that there is no relationship between parents’ sexual orientation and any measure of a child’s emotional, psychosocial, and behavioural adjustment. These data have demonstrated no risk to children as a result of growing up in a family with 1 or more gay parents. Conscientious and nurturing adults, whether they are men or women, heterosexual or homosexual, can be excellent parents. The rights, benefits, and protections of civil marriage can further strengthen these families.}\textsuperscript{3};

American College of Obstetricians and Gynecologists (2009):

\textbf{The American College of Obstetricians and Gynecologists advocates for the health and well-being of all women and believes that no woman should suffer discrimination. This includes women in same-sex relationships. The health and}

well-being of women in same-sex relationships and their families are harmed by lack of legal recognition. The American College of Obstetricians and Gynaecologists endorses equitable treatment for lesbians and their families, not only for direct health care needs but also for indirect health care issues, which includes the same legal protections afforded married couples.¹;

American Psychological Association (2011):

That the American Psychological Association supports full marriage equality for same-sex couples.;

Australian Psychological Society (2011):

The Australian Psychological Society has endorsed a recent resolution of the American Psychological Association calling for marriage equality for those in same-sex relationships, on health and wellbeing grounds.; and the

Australian Medical Association Limited (2002)

The AMA is supportive of legislation that proscribes discrimination and provides legislative recognition of same-sex unions and families as this will lead to legal, societal, financial and healthcare equity within the community.

Conclusion

LGB persons make up a population that suffers from worse health (in particular mental health and substance dependence) than heterosexual people. To withhold marriage equality is to treat this minority differently on the basis of their sexual orientation. This discrimination contributes to the minority stress experienced by LGB persons, an important factor in their health disadvantage.

Marriage equality would reduce the discrimination and stress that LGB persons suffer, leading to improved health. In contrast, there are no health arguments in favour of maintenance of the status quo (denial of marriage equality).

Ritter, Matthew-Simmons and Carragher (2012) demonstrate that marriage equality satisfies criteria for the best public-policy interventions despite limiting their argument to the substance dependence evidence. Their conclusion (below) is therefore strengthened when overlaid with the additional evidence of the mental health disadvantages also experienced by the LGB population:

The best public-policy interventions are those which target a significant problem, have a clear rationale, are supported by research evidence, are least costly to implement and have strong community support. Legalising gay marriage as an alcohol and drug policy response meets these criteria. We know the risks for gay and lesbian people in developing an alcohol or other drug problem; the causal factors of stigma and discrimination have been identified and apply at both the individual and institutional level; marriage has a demonstrated protective effect; research evidence demonstrates the way in which gay marriage laws impact on alcohol disorders, and there is a high level of Australian community support for gay marriage. It is now time to legalise gay marriage, as an important contribution to reducing alcohol and other drug harm in Australia.

**Recommendation**
1. Do you agree or disagree with enabling all couples, regardless of their gender to have a civil marriage ceremony?

We agree.

2. Please explain the reasons for your answer in question 1. Please respond within 1,225 characters.

The ‘minority stress’ experienced by LGB people is an important factor in their health disadvantage. Social hostility, stigma and discrimination contribute to the higher rates of psychological morbidity and suicide that are seen in LGB people. Discriminatory policies specifically with regard to marriage equality have been shown to have negative health effects. Although the introduction of civil partnerships in the UK was a positive step forward, marriage equality will further reduce the discrimination experienced by LGB persons and lead to greater social inclusion and improved health. Opponents of marriage equality claim it will harm the institution by fundamentally redefining it. However, they produce no evidence in support of such claims. Opposition appears to be based mainly on the grounds of religious belief and practice, and such opposition should have little place in how secular marriage is regarded and defined. Furthermore, there are no health arguments in favour of maintenance of the status quo (denial of marriage equality).

3. If you identify as being lesbian, gay, bisexual or transsexual would you wish to have a civil marriage ceremony?

Not applicable.
4. If you represent a group of individuals who identify as being lesbian, gay, bisexual or transsexual would those you represent wish to have a civil marriage ceremony?

The College considers that LGB people as well as LGB psychiatrists should have the opportunity for a civil marriage ceremony should they wish it.

5. The government does not propose to open up religious marriage to same-sex couples. Do you agree or disagree?

The College has only considered the question of civil marriage in its response.

6. Do you agree or disagree with keeping the option of civil partnerships once civil marriage is available to same-sex couples?

We agree.

7. If you identify as being lesbian, gay, bisexual and were considering making a legal commitment to your partner would you prefer to have a civil partnership or a civil marriage?

Not applicable.

8. The government is not considering opening up civil partnerships to opposite-sex couples. Do you agree or disagree with this proposal?

We disagree. Civil partnerships should be opened up to opposite-sex couples.

9. If you are in a civil partnership would you wish to take advantage of this policy and convert your civil partnership into a marriage?

Not applicable.
10. Do you agree or disagree that there should be a time limit on the ability to convert a civil partnership into a marriage.

We disagree. There should not be a time limit.

11. Do you agree or disagree that there should be the choice to have a civil ceremony on conversion of a civil partnership into a marriage?

We agree.

12. If you are a married transsexual person would you want to take advantage of this policy and remain in your marriage while obtaining a full Gender Recognition Certificate?

Not applicable.

13. If you are the spouse of a transsexual person, would you want to take advantage of this policy and remain in your marriage whilst your spouse obtained a full gender Recognition Certificate?

Not applicable.

14. Do you have any comments on the assumptions of issues outlined in this chapter on consequential impacts? Please respond within 1,225 characters (approx 200 words).

See our attached submission.
15. Are you aware of any costs or benefits that exist to either the public or private sector, or individuals that we have not accounted for? Please respond within 1,225 characters (approx 200 words).

See our attached submission.

16. Do you have any other comments on the proposals within this consultation? Please respond within 1,225 characters (approx 200 words).

See our attached submission.

June 2012
References


Australian Psychological Society. 2011, *APS endorses APA marriage equality resolution* (media release), December 22, Melbourne, VIC.


King M, Bartlett A. What same sex civil partnerships may mean for health. Journal of Epidemiology and Community Health 2006;60:188-191.


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