

Mental Health & Well-being Needs of LGBT+ People: Evidence from a National Study

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Contents of the presentation

1. Background to the study
2. The RaRE project phases
3. RaRE key findings
4. Recommendations
5. Comments & discussion





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The RaRE Research

- It was a multi-phase research project funded by the Big Lottery Fund; it started in 2010 and finished in December 2015
- The project was led by PACE in partnership with academics from three universities:
 - Ian Rivers, Strathclyde University
 - Elizabeth Peel, Loughborough University
 - Allan Tyler, London South Bank University
- It engaged with lay members of the community and many volunteers and interns



The RaRE Research

- It aimed at understanding why LGB&T people suffer from more mental health problems than heterosexual & cisgender people, focusing on:
 - Attempted suicide among LGBT young people
 - Drinking problems among lesbian and bisexual women
 - Body image disorders and eating concerns among gay and bisexual men



Background to study

Previous research indicates that compared to heterosexual people:

- LGBT youth are more likely to attempt suicide (Remafedi et al., 1998; Zhao et al., 2012)
- Lesbian and bisexual women are more likely to have drinking problems (Cochran and Mays, 2009; King et al., 2008; Rosario, 2008; Hunt and Fish, 2008)
- Gay and bisexual men are more likely to have body image disorders (e.g. Kaminski et al., 2005)

Study questions

- Which LGBT people have these problems?
- What are the risk/predictive factors?
- What are the resilience/protective factors?
- How do these vary between the study groups and between the study groups and their heterosexual & cisgender counterparts?



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Phases of the RaRE Study

2010	Stakeholders survey
2011 (2013)	Literature review
2011-12	1 st phase qualitative study (P1Q)
2013	National survey
2014	2 nd phase qualitative study (P2Q)
2014-15	Dissemination
2015	Change support programme

RaRE Research Phases

Phase	Data collection	Goals	Selection criteria	Recruited totals
P1Q	July 2011- March 2012	To hear LGB&T people's narratives of developing and recovering from the Mental Health issues under study	Living in England Age: 18+ LGB&T people with history of issues under study	35 (15f+19m+1 other) 2 bisexual 17 gay/queer 11 lesbian 5 other (2 trans*)
Survey	June- November 2013	To collect data that allows comparing LGB&T and hetero & cisgender people's risk & resilience factors	Living in England Age: 18+	2,078 (1,096f+869m+55 other) 700 hetero, 622 gay, 350 lesbian, 348 bisexual, 58 other (120 Trans*)
P2Q	February- April 2014	To hear the narratives of LGB&T people who have atypical risk & resilience profiles	LGB&T people living in England Age: 18+ Risk factors but no MH issues; MH issues but no risk	23 (13f+9m+1 other) 1 hetero, 7 gay, 8 lesbian, 5 bisexual 2 other (2 trans*)

RaRE Study Key findings

Findings for suicide and self-harm

Young people (≤ 26)

Comparative results (ages ≤26)

Suicide attempt and ideation LGB vs hetero

Indicator/SO	Hetero (n=196)	LGB* (n=289)
Suicide attempt lifetime	17.9 % (35)	33.9 % (98)
Suicide thought lifetime	48.0 % (94)	69.9 % (202)
Suicide thought previous year	20.4 % (40)	34.6 % (100)

* Excludes participants who identified as having Sexual Orientation 'Other'

Suicide attempt and ideation Cis vs Trans

Indicator/SO	Cis (n=458)	Trans (n=27)
Suicide attempt lifetime	26.2 % (120)	48.1 % (13)
Suicide attempt previous year	7.2 % (33)	29.8 % (8)
Suicide thought lifetime	59.4% (272)	88.9 % (24)
Suicide thought previous year	27.1 % (124)	59.3 % (16)

Note - All differences presented are statistically significant @ $p \leq .01$



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Key findings from Phase 1

Suicide and Self-harm for Young LGB&T People

- Risk factors; negative experiences of coming out, homophobic/transphobic bullying, and struggles about being LGB and Trans within the family, at school and in peer groups.
- Resilience factors; understanding and support from family and significant others helped develop self-worth.

Key findings from Phase 1 for professionals

Suicide and Self-harm for Young LGB&T People

- A lack of awareness and training means responses from medical or professional staff can feel inadequate
- Inclusive resources, which reflect the lives and issues of young LGB&T people, are sparse outside of LGB&T specialist services
- Positive interventions and responses from medical and professional staff are crucial to help young LGB&T people recover more quickly after a suicide attempt



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Suicide attempt quote

“Seeing the psychiatrist was a great help because at that point when I was in that mental hospital I honestly, if I could have taken my life again there I would have done it. I would have attempted it because there is no way I wanted to stay in that place. So seeing him and for him to say that "you don't belong here" was really the turning point. I made a determined effort after seeing that place, if one positive thing came out of it, was I never ever wanted to go back to a place like that. I made a determined effort to seek help or go to the counselling and try and get out of this depression I had found myself in.”

(Martin, 46, gay; suicide attempt early twenties)



Findings for alcohol misuse

Lesbian and bisexual women

Alcohol misuse

Hazardous drinking¹

	Hazardous
Heterosexual women	31.9% (150)
Gay and lesbian women	35.0% (116)
Bisexual women	40.0% (68)

Dependent drinking¹

	Dependent
Heterosexual women	4% (19)
Gay and lesbian women	4.3% (14)
Bisexual women	4.7% (8)

¹ As measured by the AUDIT
None of the differences are statistically significant

Alcohol misuse

Drinking alcohol to intoxication

	Never	Once a year or less	Once a month	2-3 times a week	Once a week	2+ times a week	Everyday
Heterosexual	36.2% (193)	28.5% (152)	13.7% (73)	8.4% (45)	7.5% (40)	5.6% (30)	0% (0)
Lesbian and bisexual	27.8% (163)	29.6% (174)	17.5% (103)	10.4% (61)	7.8% (46)	6.1% (36)	0.7% (4)

Differences are statistically significant @ $p \leq .01$

Key findings from Phase 1

Alcohol misuse for lesbian and bisexual women

- Risk factors; problematic drinking associated with prevailing heterosexism, alcohol being used to manage feelings of fear, anxiety and guilt.
- Resilience factors; support from partners, family and friends, ability to create life structures, interaction with knowledgeable and inclusive practitioners.



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Key findings from Phase 1 for professionals

Alcohol misuse for lesbian and bisexual women

- Negative reactions from professionals can limit these women's engagement with treatment and support, and can cause them to disengage with treatment altogether
- Interaction with practitioners who are knowledgeable, aware and inclusive in their approach is key to recovery, as are LGBT-specific resources such as support groups



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Alcohol misuse quote

“I went to my GP and said I was really, really miserable. I actually told her, she was one of the first people that I told that I was a lesbian which was a bit hard for me; and she suggested that I see a psychiatrist. So she put me in touch with the community mental health team and they at that time diagnosed me as having a borderline personality disorder, which I really don't think I have. I think at the time I was very confused about my sexuality and that is something that was never really addressed in those early days.”

(“Isabell”, 45 y.o. queer woman, Alcohol misuse)



Findings for body image

Gay and bisexual men

Comparative results

Body image issues

Table 6 - Disagrees or strongly disagrees with being satisfied with features of their bodies and behaviour affecting the body, by sexual orientation (men only)

Items	Hetero (n=165)	GB (n=721)
a. My health	36.4%	42.7%
b. My physical fitness	53.9%	60.9%
c. My weight*	45.5%	59.6%
d. My height**	9.1%	16.5%
e. My body shape*	40.0%	59.2%
f. My face and features (eyes, ears, nose)	18.8%	25.1%
g. My teeth	38.8%	44.5%
h. My hair**	23.0%	32.6%
i. My body hair**	20.6%	30.8%
j. My genitals**	20.0%	29.1%
k. My age*	15.8%	29.8%
l. My body fat*	46.1%	61.7%
m. My muscularity*	40.6%	58.1%
n. How much I eat**	32.1%	44.8%
o. How much alcohol I drink	24.8%	26.4%
p. How much I exercise**	52.7%	62.7%

* p<.001 ** p<.02

Key findings from Phase 1

Body image issues for gay and bisexual men

- Risk factors; early experiences of “feeling different” appear to create vulnerability and are key factor in developing low self-worth.
- Resilience factors; acknowledgement that there is an issue, self-motivation, support from understanding peers, and more formal therapy, self-help and organised programmes.



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Body Image quote

“The thing about the gay scene, which I found so frustrating, was we all looked like clones of each other, we all had to look the same, amazing, you can go to any part of the world and they all bloody look the same [laughs]. I felt very much that you had to play this role, go along, and I didn’t feel I fitted into that, really. I felt very alienated by all of it (...)” (“Stuart”, 37 y.o. gay man, BID)

RaRE recommendations

RaRE recommendations

- There is a need for more LGBT-friendly environments. Mainstream services need to include LGBT issues when addressing diversity, as well as catering to LGBT-specific needs
- Sexual and gender diversity awareness and training should be implemented throughout organisations to create inclusive environments that do not tolerate discrimination of any kind

RaRE recommendations

- Health services should ensure they are LGBT-friendly, both physically and virtually, so that their sexual minority clients feel safe to disclose their sexual orientation or gender identity without concerns of being treated inappropriately by members of staff

RaRE Research Report

The RaRE Research Report is available for download from:

<http://owl.li/M06Vm>

Through PACE's website:

pacehealth.org.uk

Or contact:

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