

Health Needs Assessment of LGBT+ People





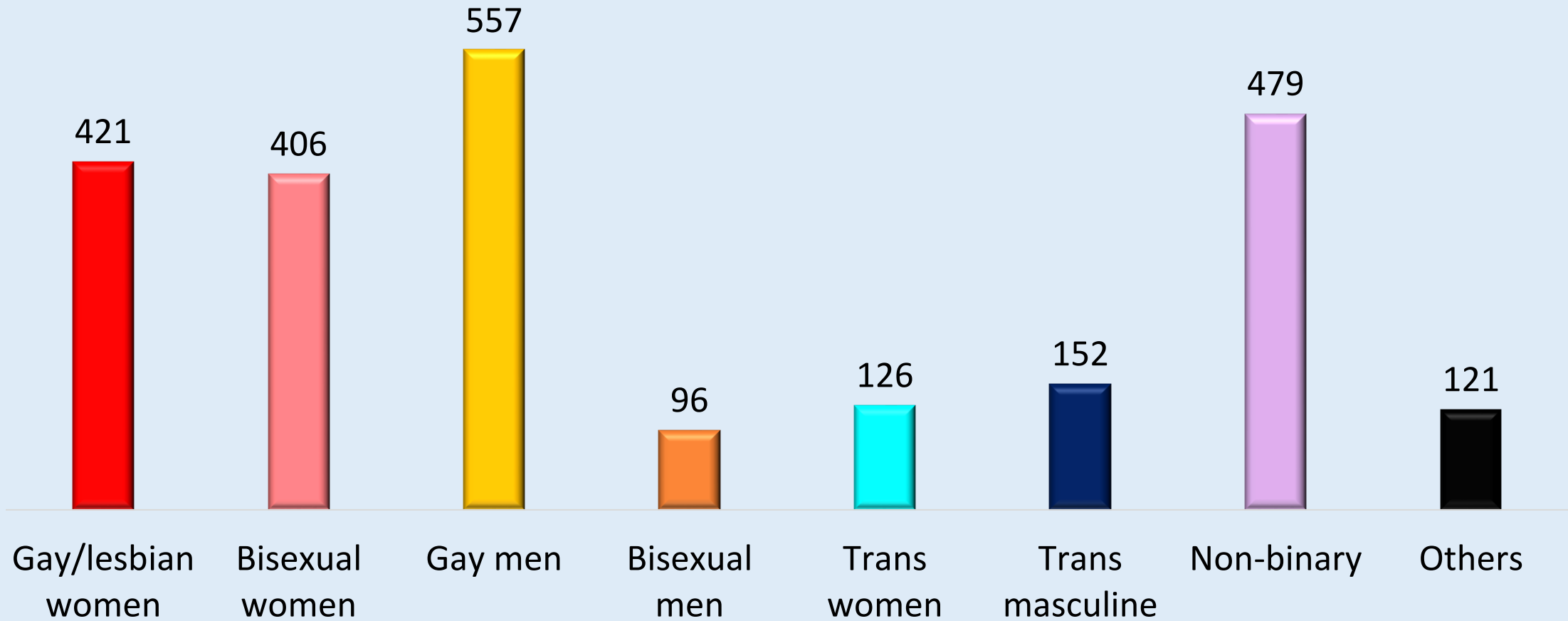
Outcome 5: Improved care and health outcomes through advancing equalities practice across all HSCP services.

5.6. Complete a well-being survey of the LGBT+ community within Greater Glasgow and Lothian to understand more fully the health and well-being needs related to this protected characteristic to inform future needs and plans.

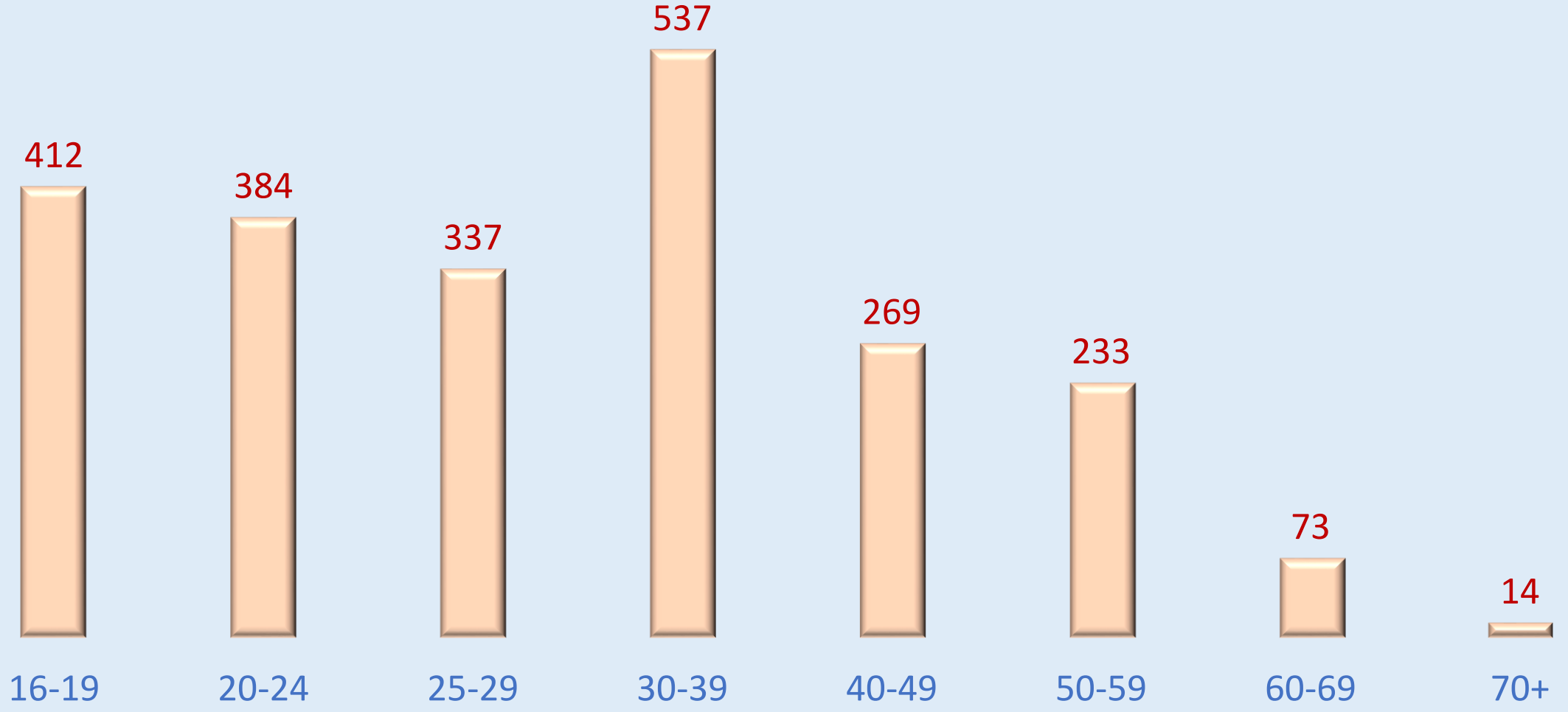
Health Needs Assessment

- Literature Review (2019)
- Qualitative Research (2019)
 - 175 LGBT+ people
 - Organisations supporting LGBT+ people
- (National LGBT+ survey (early 2020) postponed due to Covid)
- Covid-update qualitative research (autumn 2020)
 - 32 LGBT+ people
- Deaf and Deafblind LGBT+ qualitative research (2021)
- National LGBT+ survey (summer 2021)

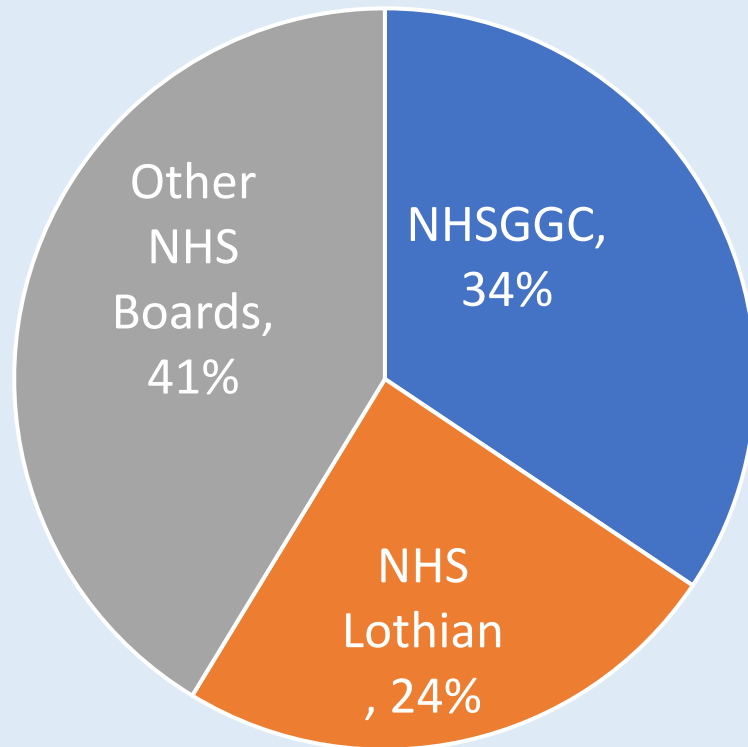
Survey Response (total: 2,358)



Age Profile



Geography

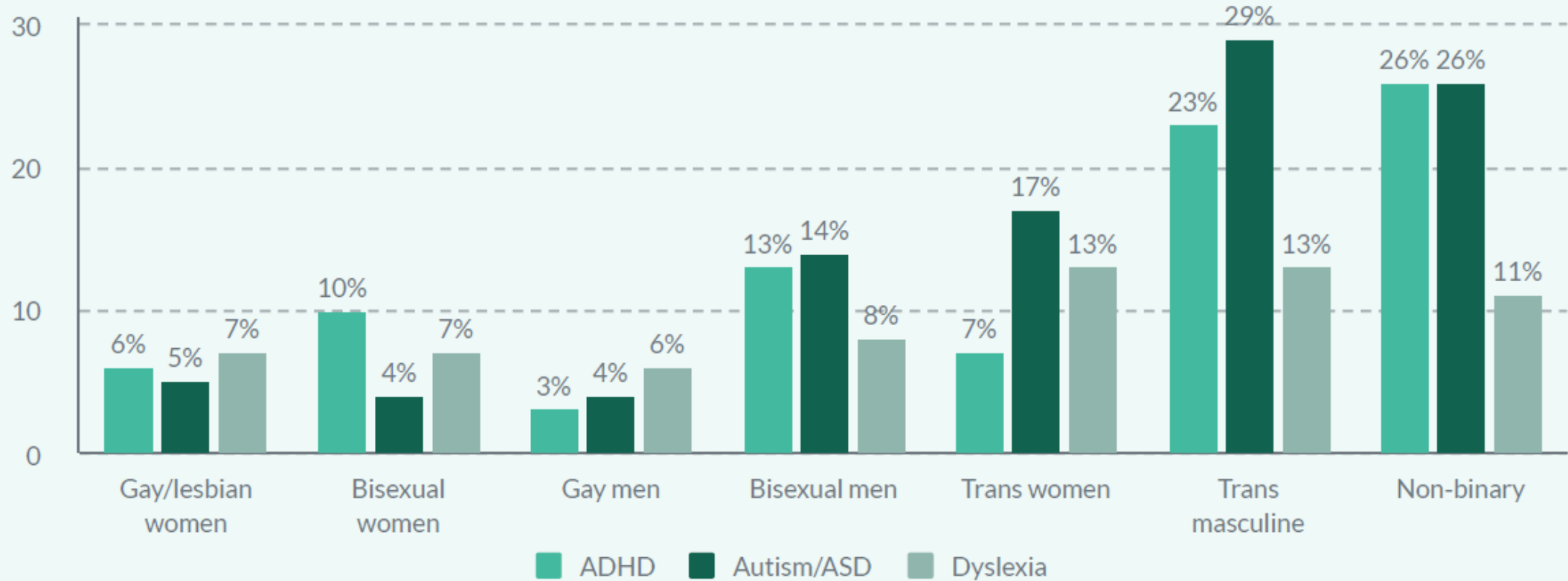


- Glasgow City - 24.1%
- Inverclyde – 0.9%
- West Dunbartonshire – 1.1%
- Renfrewshire – 3.8%
- East Dunbartonshire – 1.6%
- East Renfrewshire – 1.5%

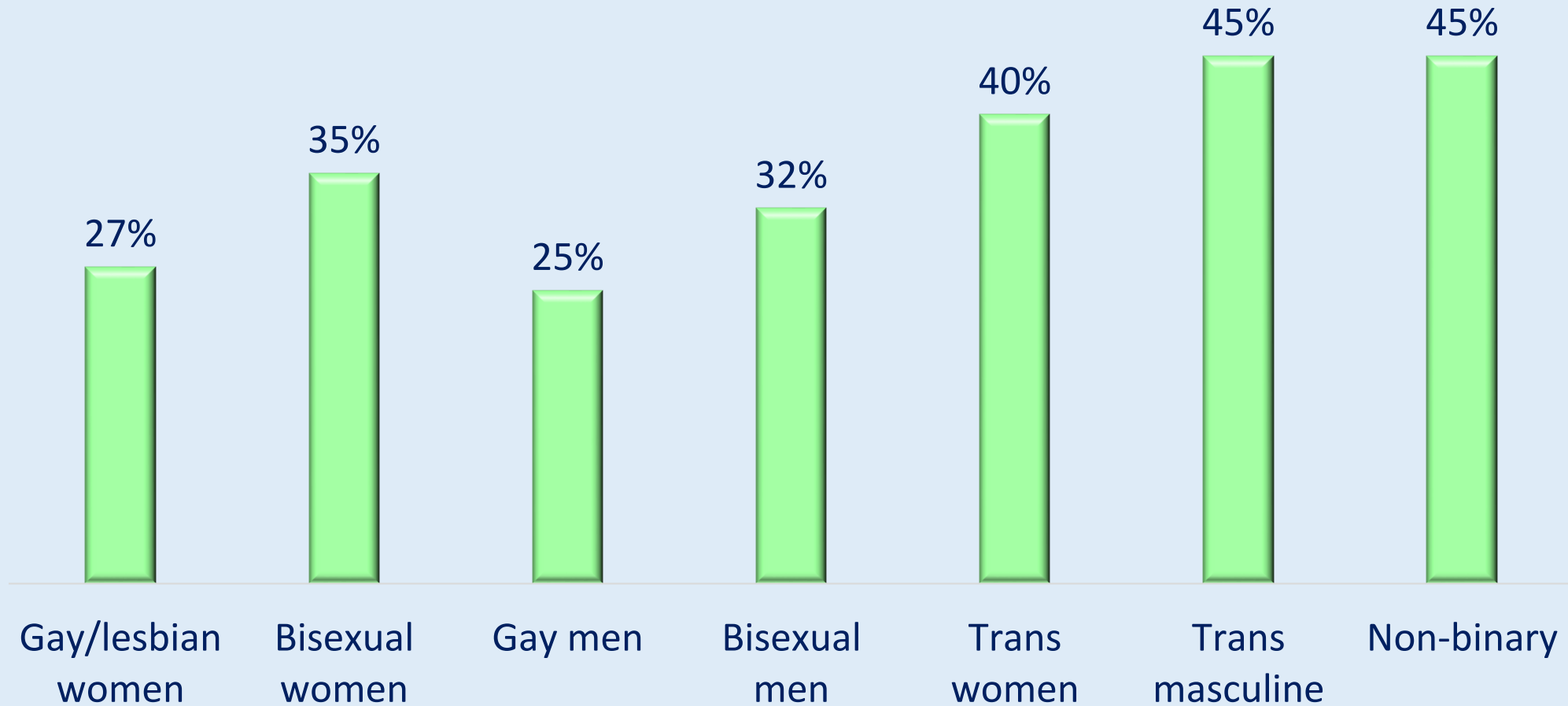
Key Results

- ***On every measure of health of health and wellbeing the outcomes for all parts of the LGBT+ population were poorer than for the background population***
- Mental Health outcomes are the poorest
- Trans and Non-binary people and bisexual women have the poorest health
- Within LGBT+ population poorer outcomes more likely when intersection with
 - Neurodiversity
 - Disability or long term condition
 - Being a carer
 - Asylum Seeker

% who had ADHD, Autism/ASD and Dyslexia by LGBT+ Group



Limiting Long Term Condition/Illness



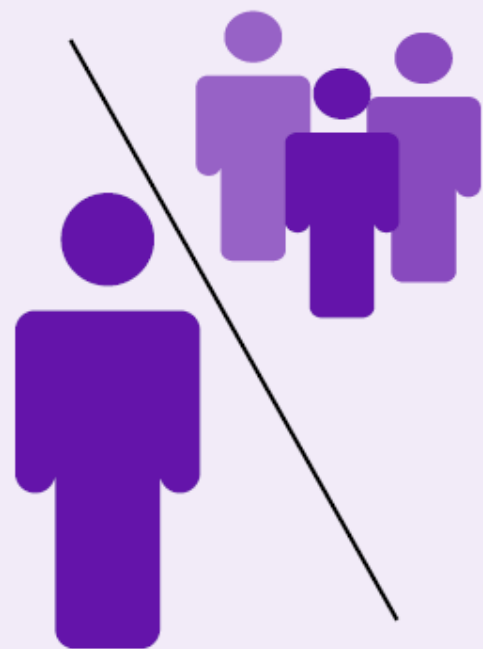
Social Health

- Hate crimes
- Discrimination and Negative Attitudes
 - Improvements for attitudes towards gay/lesbian identities, but not for trans, non-binary and bisexual
 - Workplace discrimination
- Domestic Abuse and Sexual Violence
 - Some groups felt particularly vulnerable to abusive/unhealthy relationships
- Lack of awareness/services for victims of same-sex sexual violence or domestic abuse

Loneliness and Isolation

All elements of the HNA highlighted that LGBT+ people are much more likely than others to feel isolated and/or lonely, and the COVID pandemic exacerbated this.

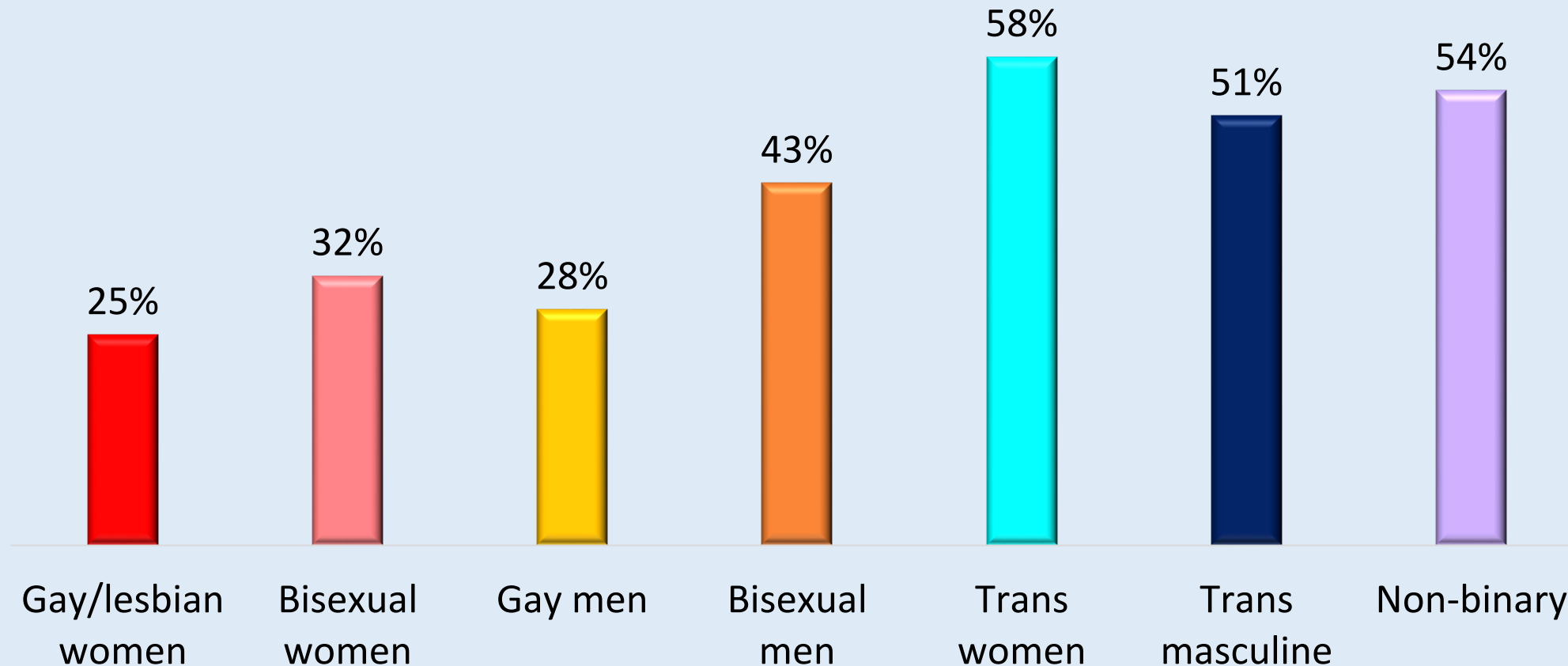
Findings on loneliness contrast starkly with the findings from the Scottish Health Survey in 2020 which showed that 19% of adults in Scotland had ever felt lonely in the previous two weeks, compared to 73% in the LGBT+ survey.



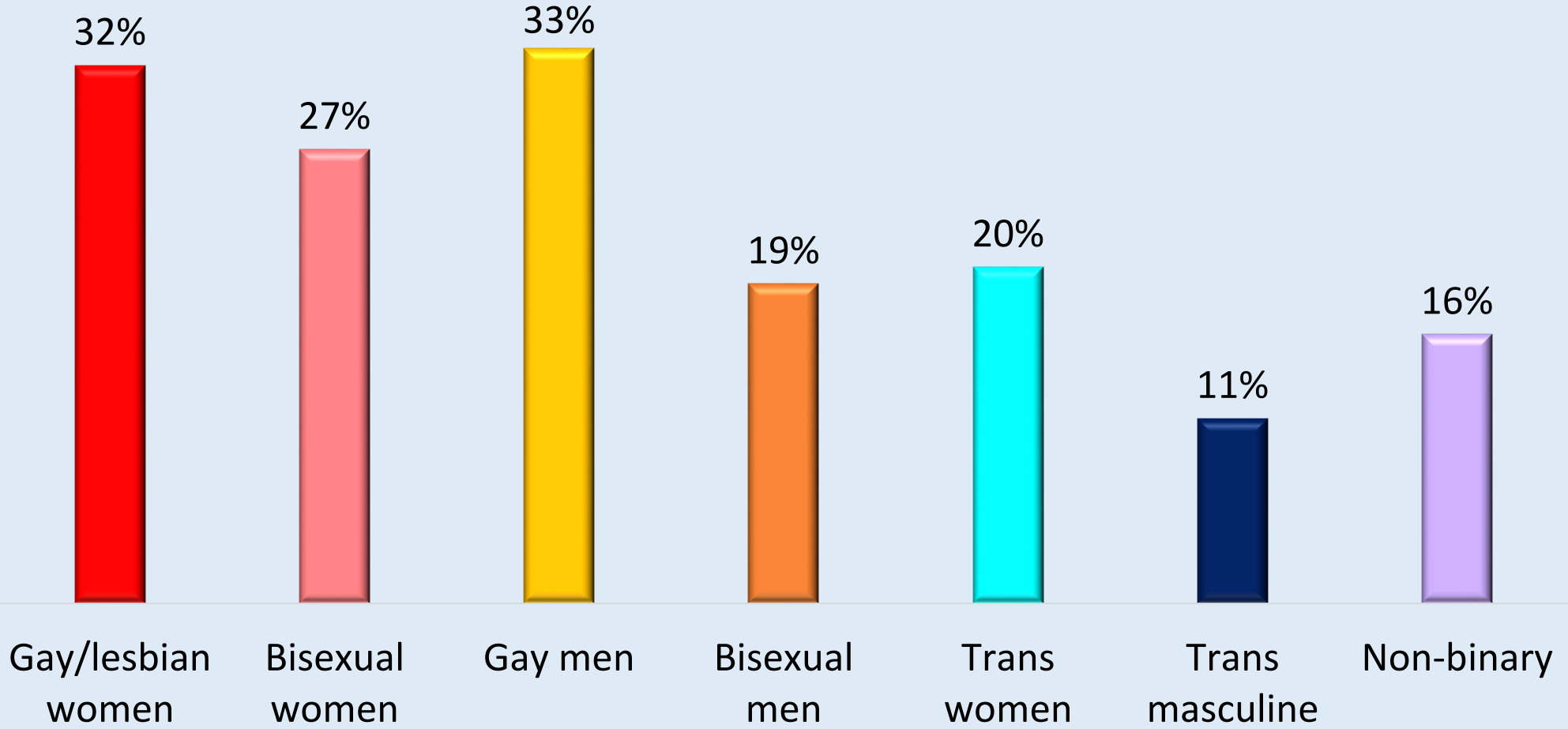
73%
ever felt isolated from family
and friends

38%
had felt **lonely all of the time or often** in the previous two weeks.
73% had ever felt lonely in the
previous two weeks.

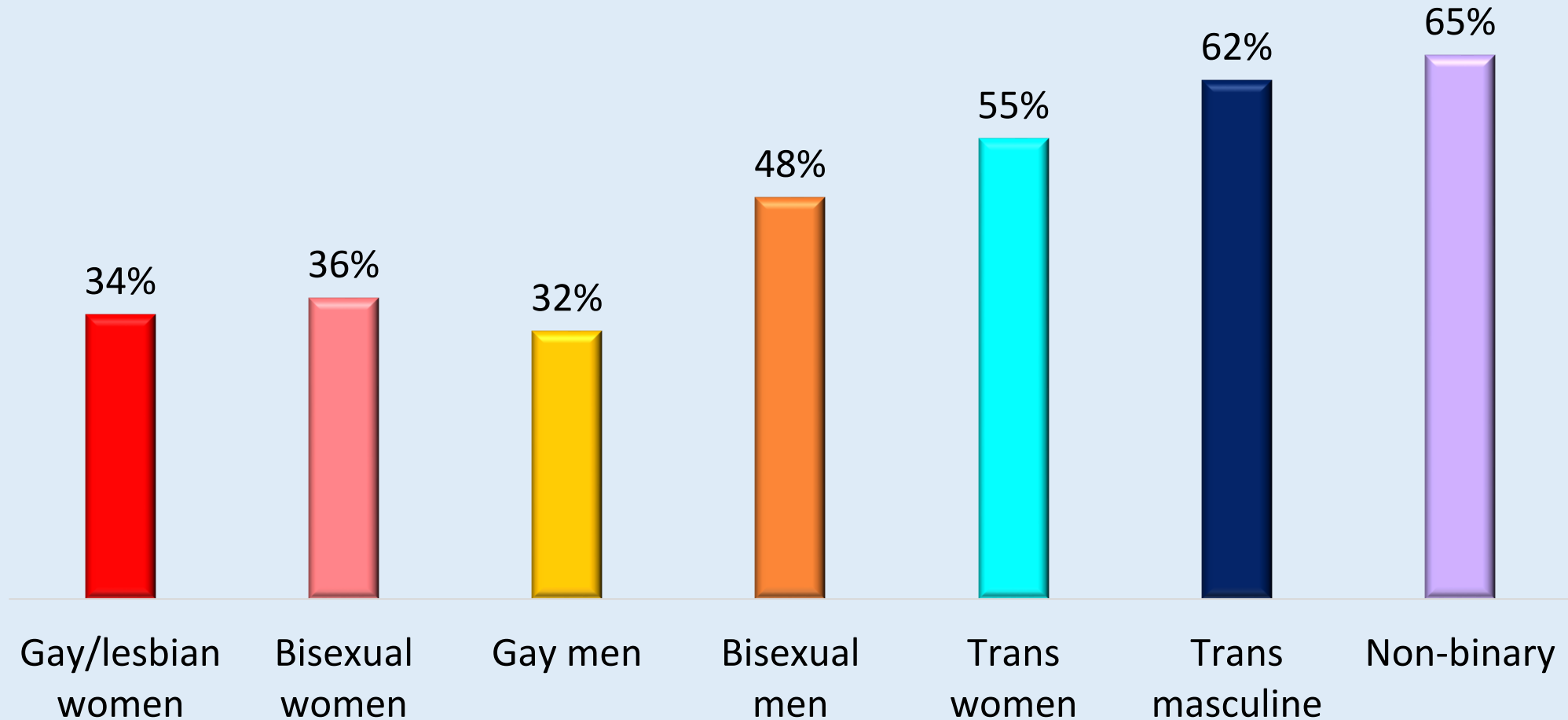
Proportion who felt lonely all of the time or often in the last 2 weeks



Proportion who feel valued as members of their community



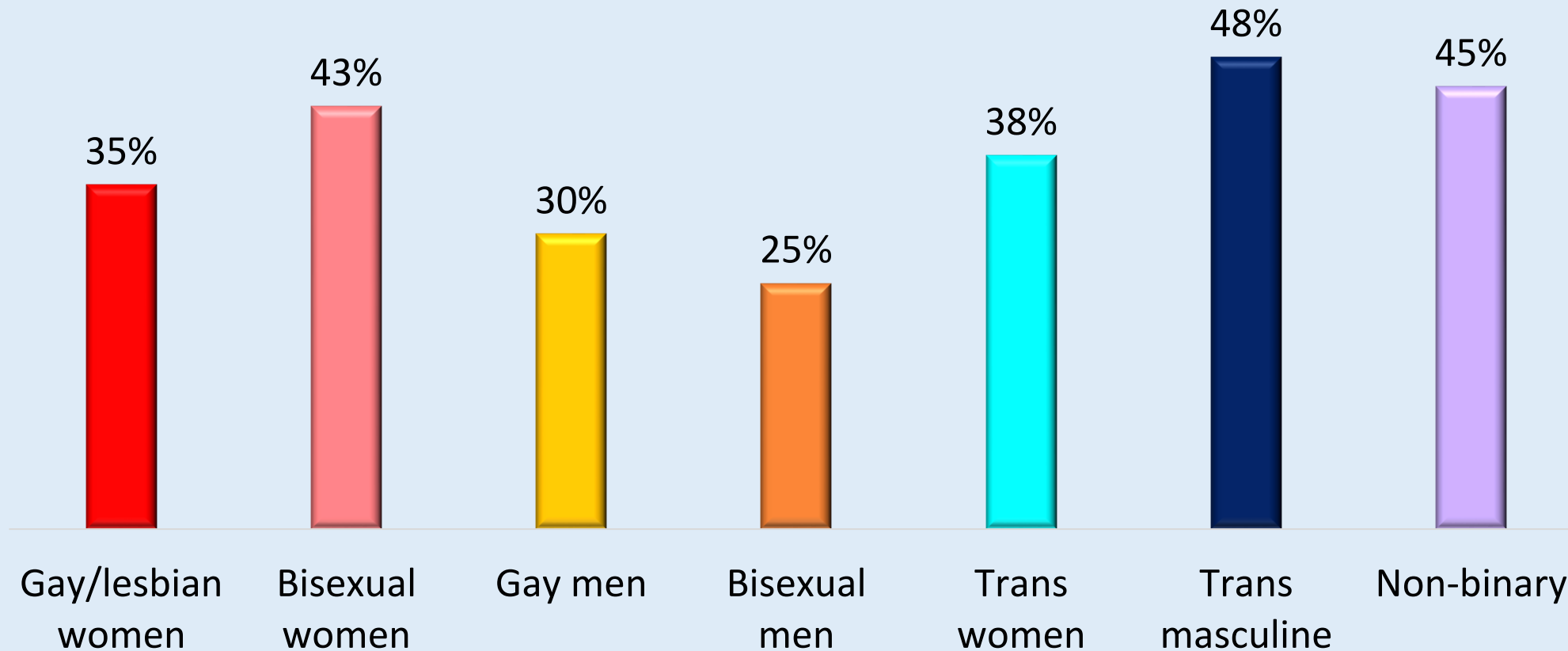
Proportion who had been discriminated against in the last year



Most common source of discrimination

- Unknown person in a public place (51%)
- Known person in a public place (21%)
- Close relative (21%)
- ***Health care services (17%)***
- College/school (15%)
- Employer (15%)

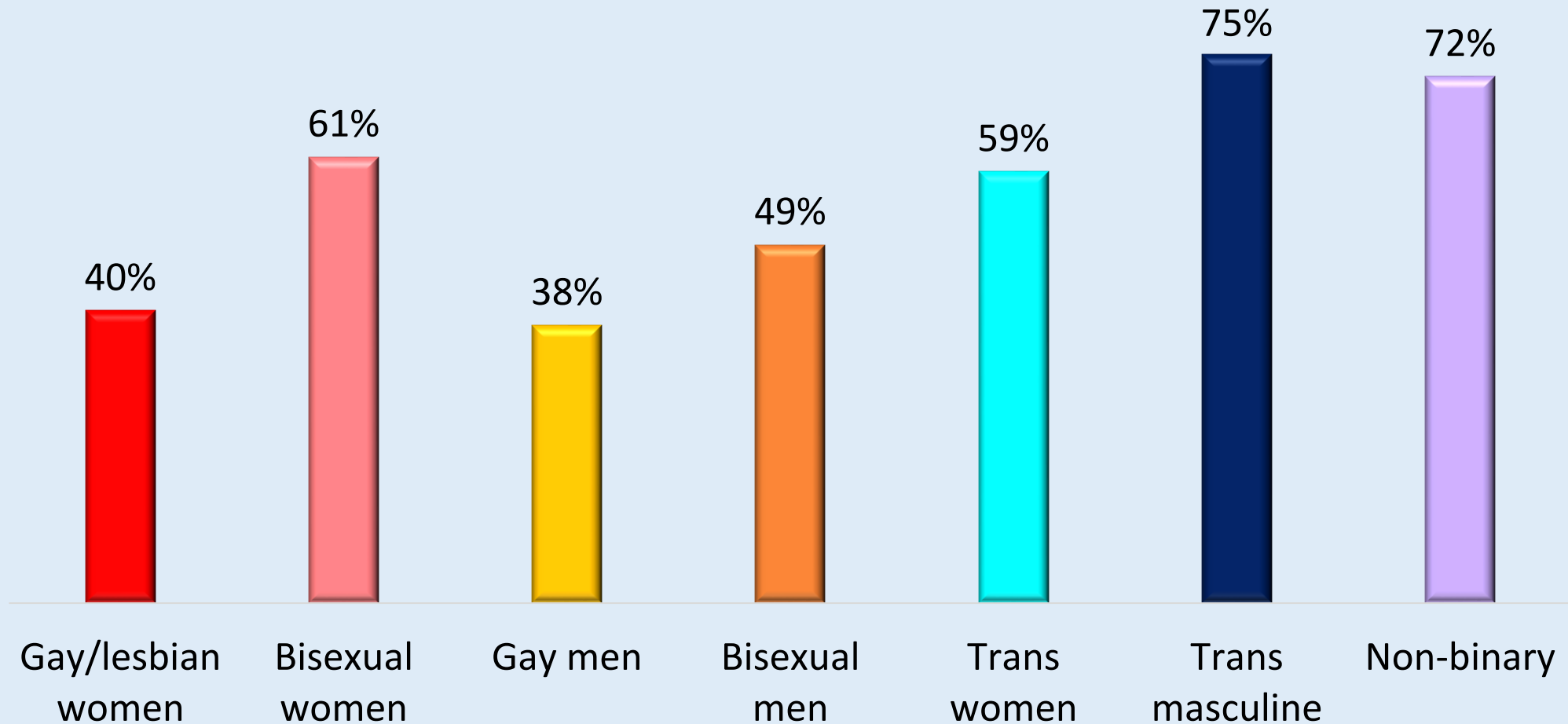
Proportion who had experienced an abusive relationship



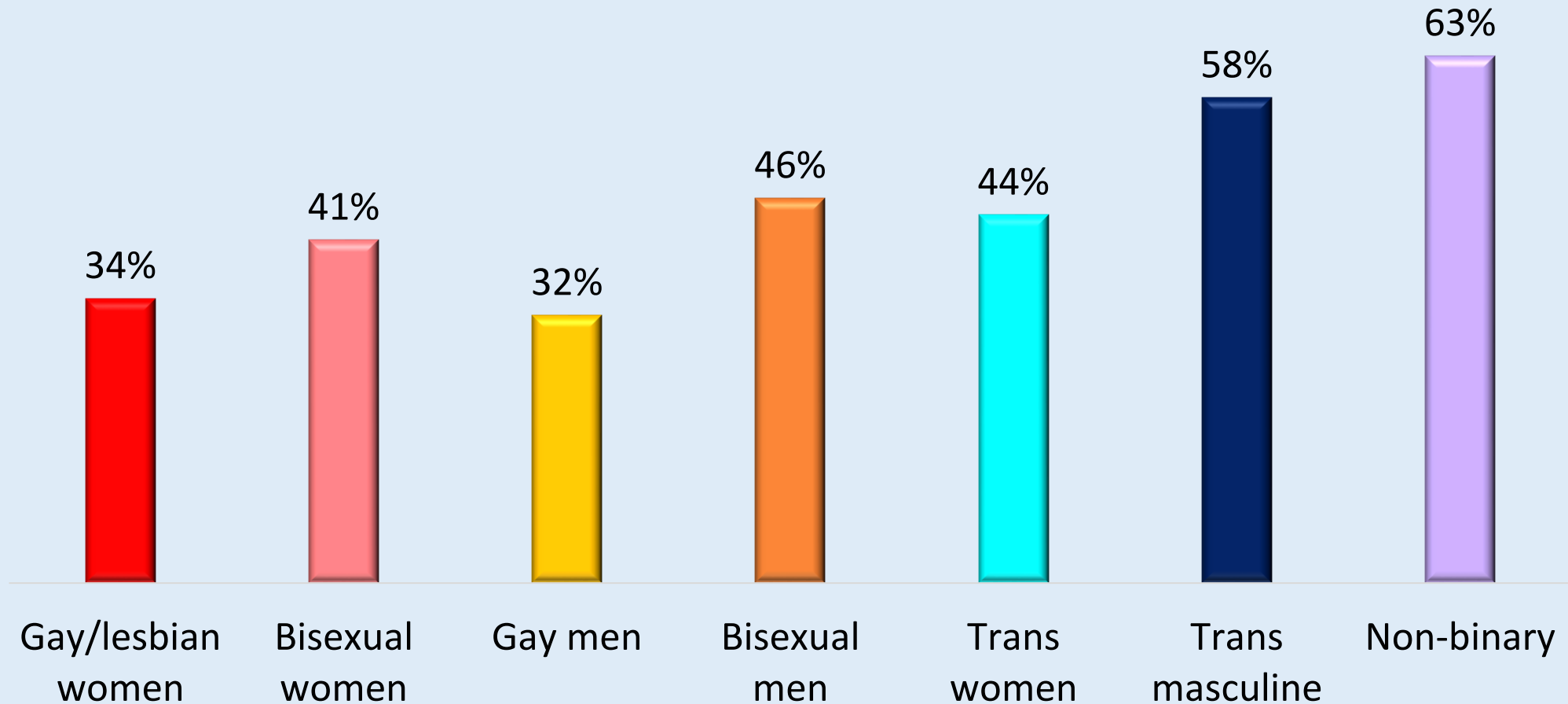
Mental Health

- High prevalence of **mental illness/poor mental health** among all LGBT+ groups
 - Including depression, anxiety, stress. Also Bipolar Disorder and BPD
 - Clear links between social health and mental health
 - Mental health often improved after coming out (but not always)
- **Self-harm** common, especially young people, trans and non-binary
- **Eating disorders** or 'difficult relationship with food' common among LGBT+ - especially trans.
 - Some gay men spoke of pressures around physical appearance
- High prevalence of **suicidal thoughts and behaviours** –
 - especially trans and non-binary, those in non-affirming environments, victims of abuse, asylum seekers

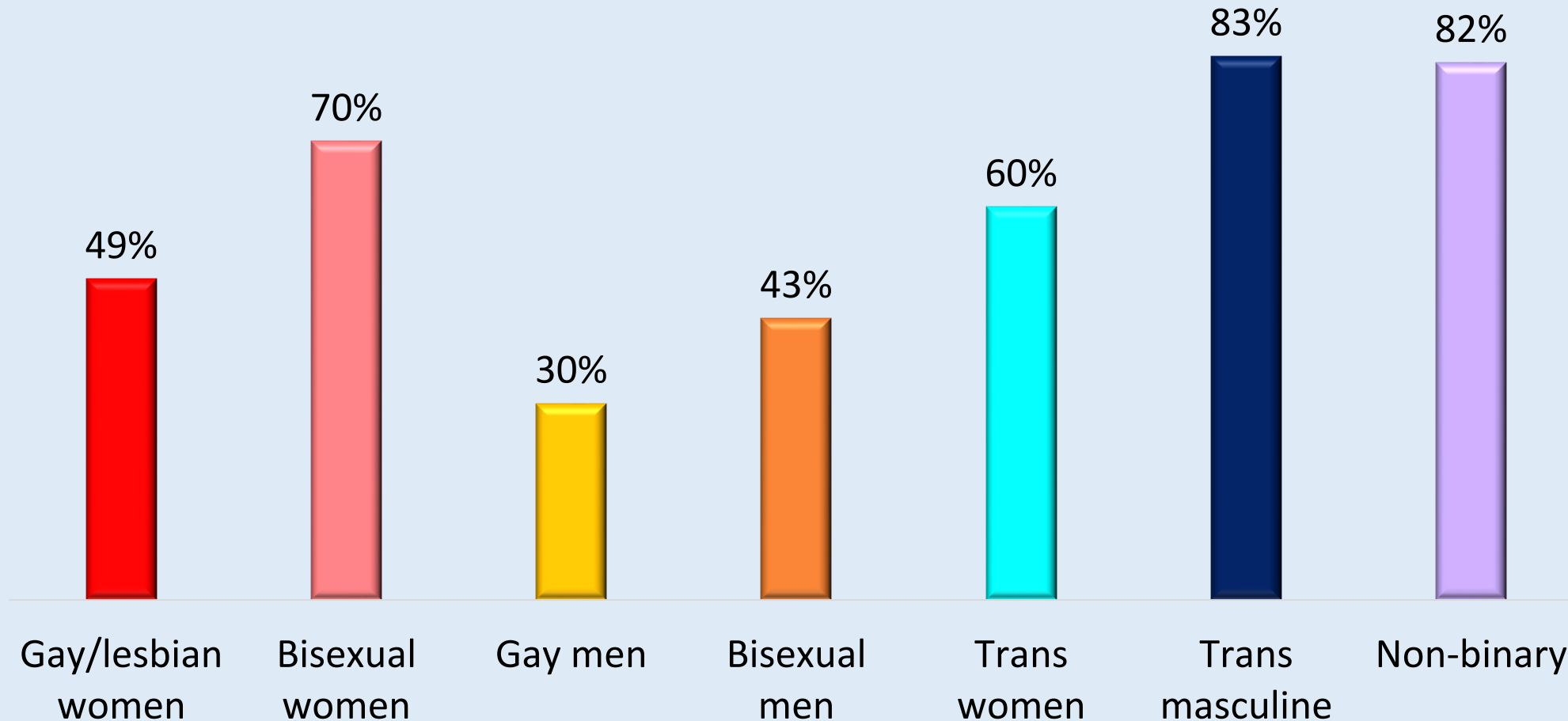
Proportion with a mental health problem (e.g. depression, stress, anxiety)



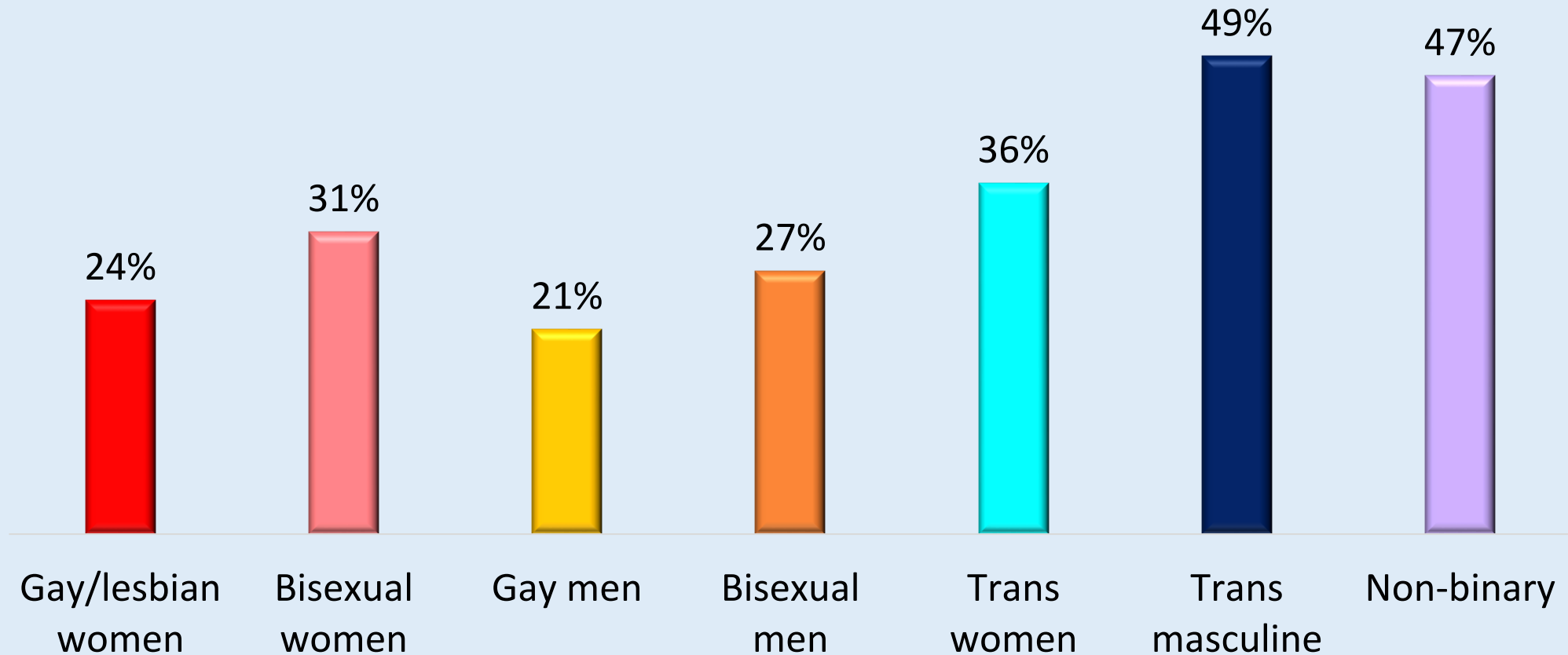
Proportion with PHQ-2 Scores Indicating Depression



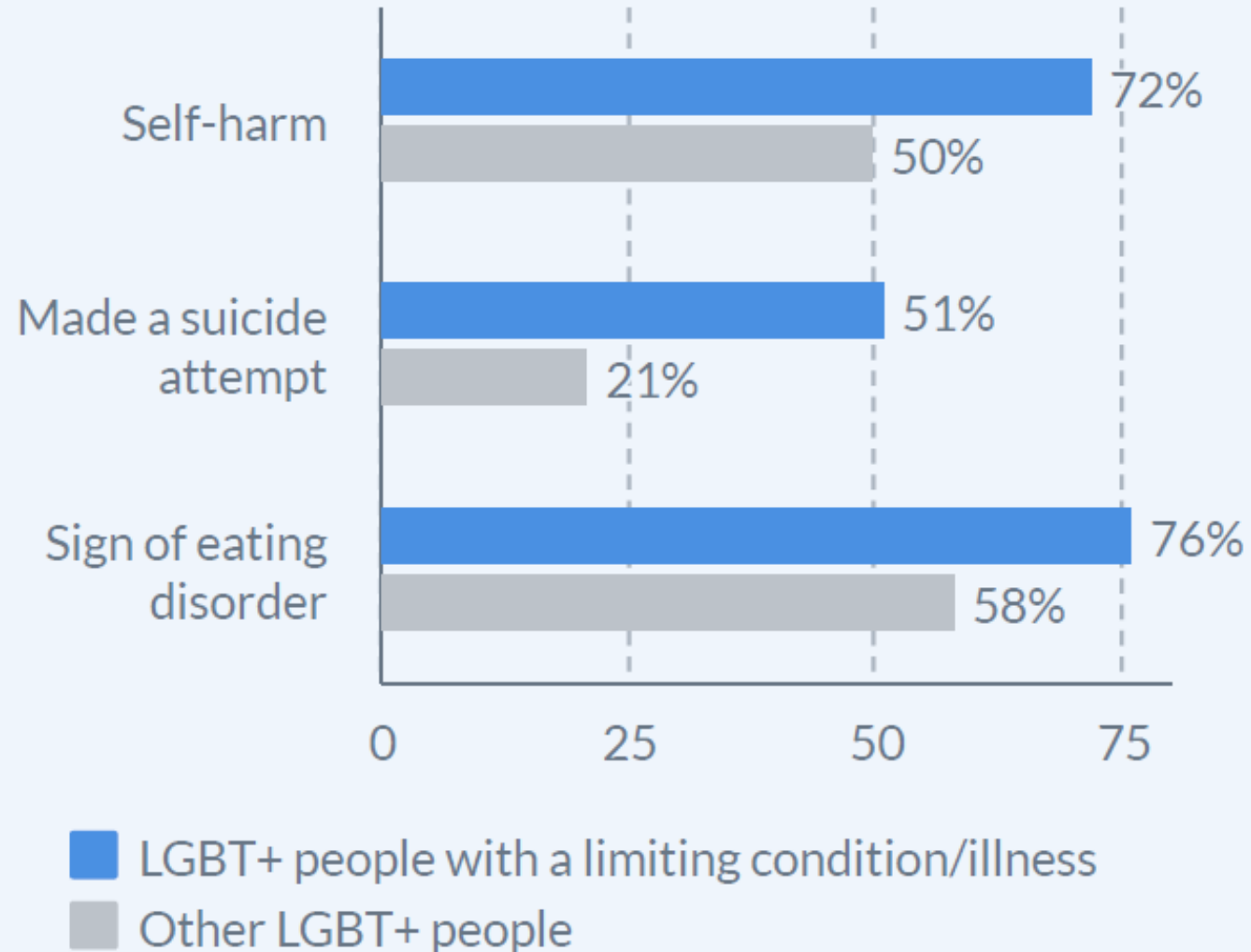
Proportion who had ever deliberately harmed themselves



Proportion who had ever attempted suicide



Self harm, signs of **eating disorders** and **suicide attempts** were all more prevalent for those with a limiting condition/illness



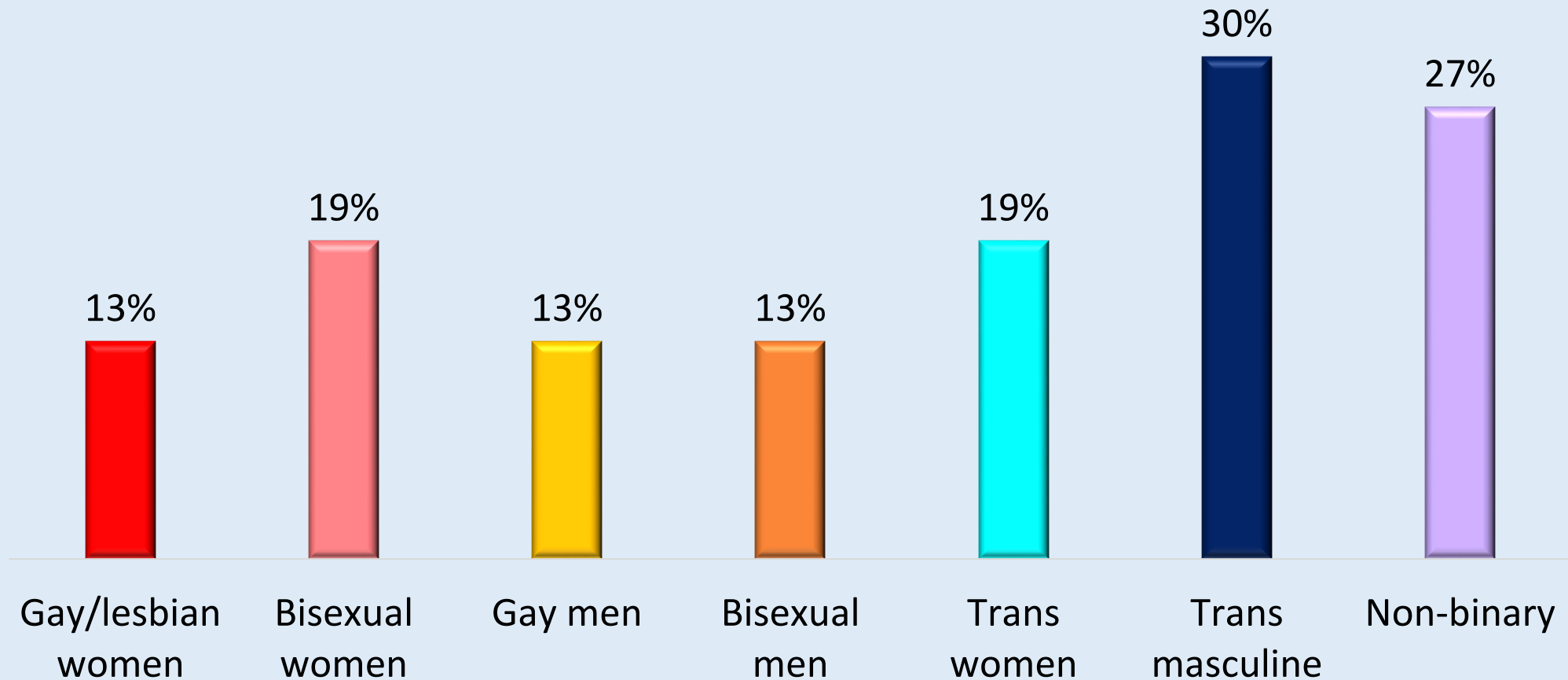
Behaviours Impacting Wellbeing

- Alcohol
 - Many had excessive or problematic alcohol use
 - 'Self medicating' for mental health problems
 - Gay scene focusses on alcohol
 - Used for losing social and sexual inhibitions
- Drugs
 - Links with mental health (as a cause and consequence of drug use)
 - Prevalence and normalisation of drugs on the gay scene

Financial Wellbeing

- More likely to have difficulty meeting living expenses, experience food insecurity and live in area of multiple deprivation
- More likely to leave home before financially secure if in non affirming household
- 1 in 8 ever experienced homelessness
- Some older gay men with HIV made no financial plans for older age

Food Insecurity in last 12 months



General Health Services

- 88% positive about last consultation with GP
- 65% say staff demonstrated appropriate understanding of LGBT+ issues
- heteronormative assumptions
- GPs misdiagnosing people through assumptions made about their sexuality or gender identity,
- inadequate knowledge about some identities,
- some concerns around confidentiality
- 1 in 3 trans masculine and non-binary people did not attend for cervical screening

Mental Health Services

- Huge concerns around the waiting times for mental health services
- Frustration at the lack of early intervention or lower tier services for LGBT+ people
- 12% felt treated unfairly due to LGBT+ status

Older People's Care

"In my experience, when you get to a certain age it is assumed that your gender, sexual orientation or queer identity doesn't matter – you're just a pensioner now.

You're either a male pensioner or a female pensioner and that's what room you get in the care home. There is a lack of understanding that this is part of your identity when you go into care".

Gay/lesbian woman

"The only area where I'm not out is - there are support workers who come to help me with housework or things in the home and I'm not necessarily out to them because their chat about other things makes me think they might not be open minded. That's somebody who's in your home, so it's quite a vulnerable position. You don't want to open yourself up to the possibility of a hostile reaction".

Gay/lesbian woman

“My real concern is that the gay population is aging and most of the NHS budget is going into people who are aging. The problems of being older and needing care and being gay are not really being looked at yet. You see these articles about the arc of coming out and growing confidence and then isolation and going back into the closet again. If you end up needing care from people, you probably don’t want to let them know you’re gay – particularly if the service providers in social care come from different religious faith backgrounds. You’re going to lie and you’re going to feel isolated, and your mental health is going to suffer. I think it’s important that care givers recognise the potential for you to be gay – it’s up to you whether you choose to come out”.

Gay man

Intersections: Asylum Seekers

- Severe mental health problems, associated with:
 - Very traumatic experiences in home country
 - Ingrained sense of shame/reluctant to be open about identity
 - Separation from family and culture
 - Unknown future, fear of being sent back to country of origin
 - The long, traumatic and invasive asylum seeking process
- Suicide attempts very common

"What people tell us – there is a huge desire for specialist services, not because people particularly want to focus on their LGBT identity, but they want that to be understood. What people tell us is that when they go to mainstream services that often one of two things happen–

either the service provider will really focus in on their LGBT identity as somehow being the cause of their mental health issues (that's particularly true for trans people, but not only so), or

there will be an attitude of 'this is not an issue for this service' and they'll skirt over it rather than saying ok, you're LGBT what does that mean for your relationships with your family, what does that mean for your intimate relationships, what does that mean for your employment, your relationship with your neighbours, are you the victim of hate crime – all of these things that we absolutely talk about daily and understand within the LGBT context".

Service provider

Wish List

- 1. LGBT+ Spaces for socialising without a focus on alcohol
- 2. LGBT+ Education in schools
- 3. Training for health and other staff
- 4. Mental health waiting lists and appropriate services
- 5. Improvements to the GIC
- 6. More services being visibly LGBT+ inclusive
- 7. Support for LGBT+ victims of domestic abuse and sexual violence
- 8. Provision of inclusive facilities and opportunities for sport and physical activity
- 9. Provision for asylum seekers

Our Population

| | Female | Male | Trans/Non-Binary |
|---------------------|--------|--------|------------------|
| East Dunbartonshire | 2,300 | 2,100 | 500 |
| East Renfrewshire | 2,000 | 1,800 | 450 |
| Glasgow City | 19,100 | 18,300 | 5,300 |
| Inverclyde | 1,700 | 1,500 | 380 |
| Renfrewshire | 3,900 | 3,600 | 900 |
| West Dunbartonshire | 1,900 | 1,700 | 430 |
| NHSGGC | 30,900 | 29,00 | 7,960 |

What does this mean for us?

- Glasgow has many of the most deprived neighbourhoods in Scotland also impacted by 13 years of austerity, Brexit, the COVID 19 pandemic, the cost of living crisis and the climate emergency
- With the issues of being LGBT compounding this LGBT+ people in Glasgow arguably have some of the poorest outcomes in Scotland
- The scale of adverse outcomes requires a substantial response
- Tackling individual health issues while useful will not address the fundamental causes
- Where and how does the city plan and respond to this?

HSCP Response

- Third Sector Provision
- Equalities Group
- Leadership for Change
- Mandatory Training for all staff
- Visibility of Inclusion

LGBT Summit

- The city needs to co-produce its response – how do we bring together LGBT+ people with businesses, the council, the health service, and other statutory partners and stakeholders to drive real change?