

The Mental Health of Sexual Minorities



Michael King
Division of Psychiatry
Faculty of Brain Sciences
University College London Medical School

Outline

- Health of sexual minorities
 - Mental
 - Physical
 - Access to services
 - Have things changed for recent generations?
- Origins of prejudice
 - Social attitudes
 - The nature of homophobia
 - Response to homophobia

What do we know about LGBT mental health?

- It all depends on how we identify LGB and trans people
 - Questions on sexuality and gender are difficult to get right and are constantly changing...



Questions used in research

- Sexual identity/sexual attraction/sexual experience do not always overlap
- Prevalence of LGB people reported depends on the question

The question used in several surveys and considered for UK 2021 national census

Which of the following options best describes how you think of yourself?

- 1 Heterosexual or Straight
- 2 Gay or Lesbian
- 3 Bisexual
- 4 Other



Office for
National Statistics

What sort of answers do we get when we use this standard question ?

Answer	Per cent	
Heterosexual or Straight	90.4	
Gay or Lesbian	1.1	Not heterosexual 1.6
Bisexual	0.5	
Other	3	
Refuse or do not reply	5	

Question used in the 2007 Adult Psychiatric Morbidity Survey in UK

Please choose the answer below that best describes how you currently think of yourself...

1. Completely heterosexual
2. Mainly heterosexual
3. Bisexual
4. Mainly gay or lesbian
5. Completely gay or lesbian
6. Other

Question used in the 2007 Adult Psychiatric Morbidity Survey in England

Not completely heterosexual:

6% men

7.1% women

However public concepts are involving fast

- 2015 YouGov Poll in Britain..



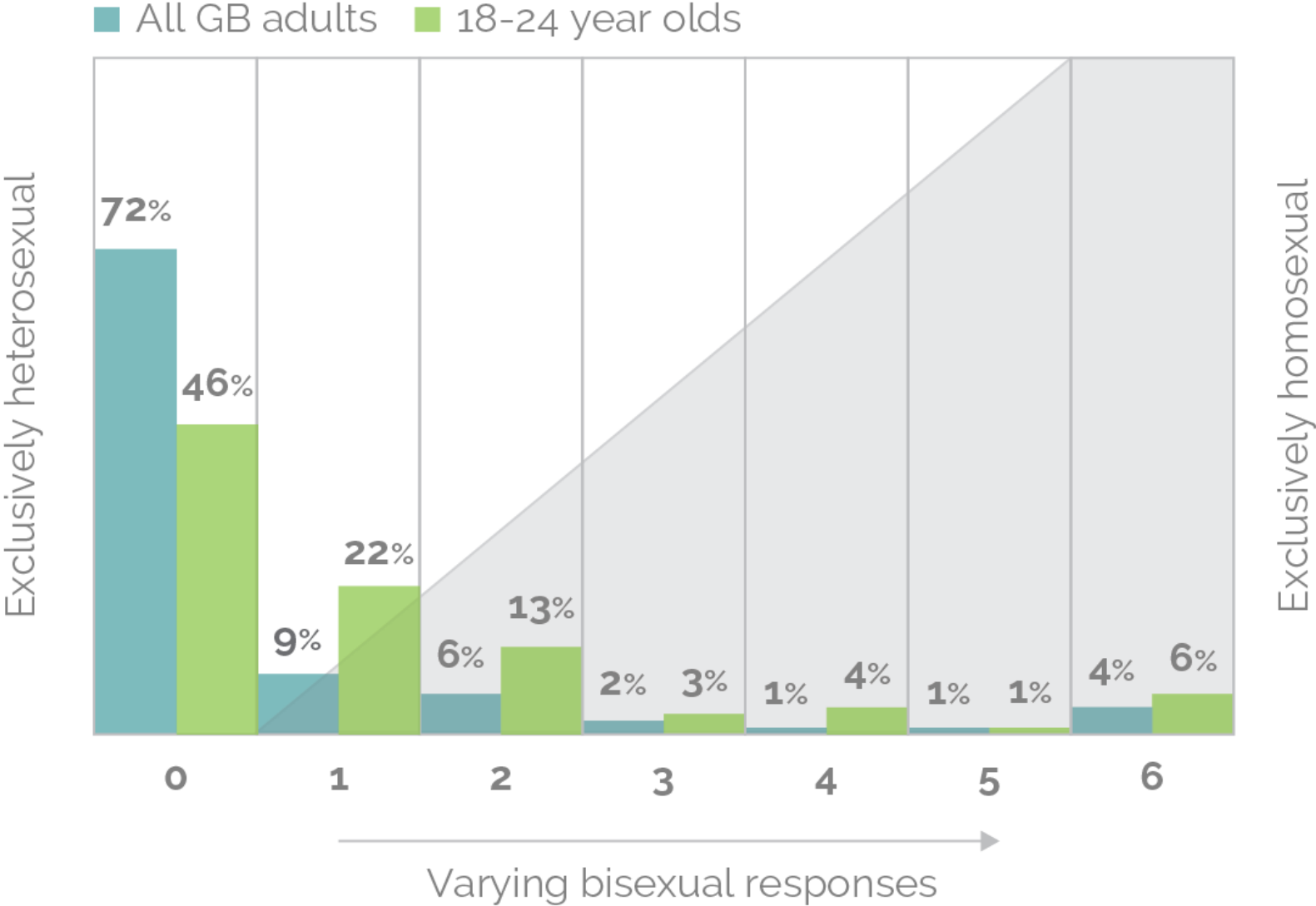
1 in 2 young people say they are not 100% heterosexual



Asked to plot themselves on a 'sexuality scale', 23% of British people choose something other than 100% heterosexual – and the figure rises to 49% among 18-24 year olds

1 in 2 young people not 100% heterosexual

British adults were asked to place themselves on the Kinsey scale, ranging from 0 (completely heterosexual) to 6 (completely homosexual)



YouGov survey in Britain 2015

- 72% of the British public place themselves at completely heterosexual end of the scale,
- 4% at the completely homosexual end
- 19% somewhere in between:
 - classed as bisexual in varying degrees by Kinsey



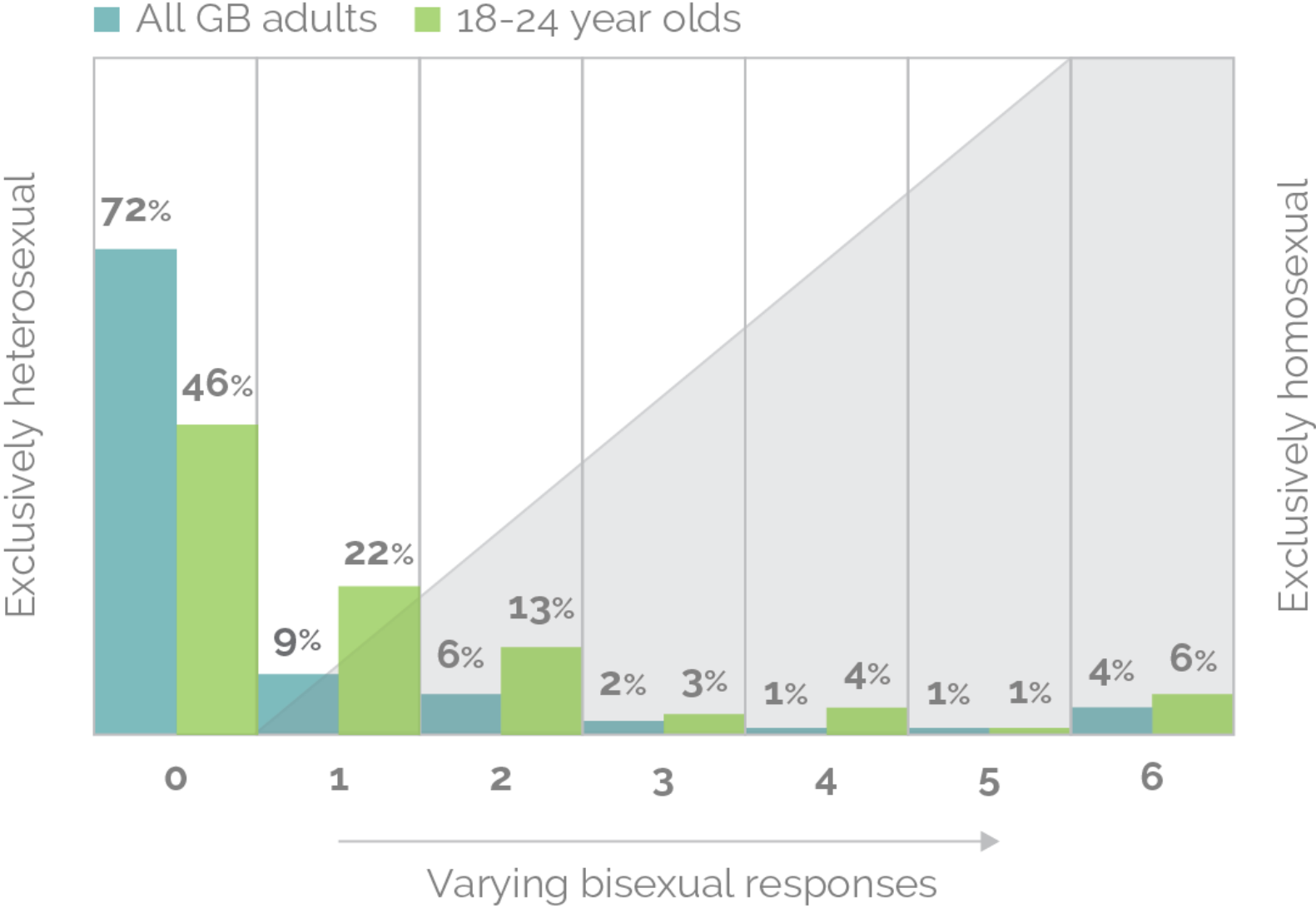
..somewhere in between...

- Younger people much more less “categorical”



1 in 2 young people not 100% heterosexual

British adults were asked to place themselves on the Kinsey scale, ranging from 0 (completely heterosexual) to 6 (completely homosexual)



The results for 18-24 year-olds are striking

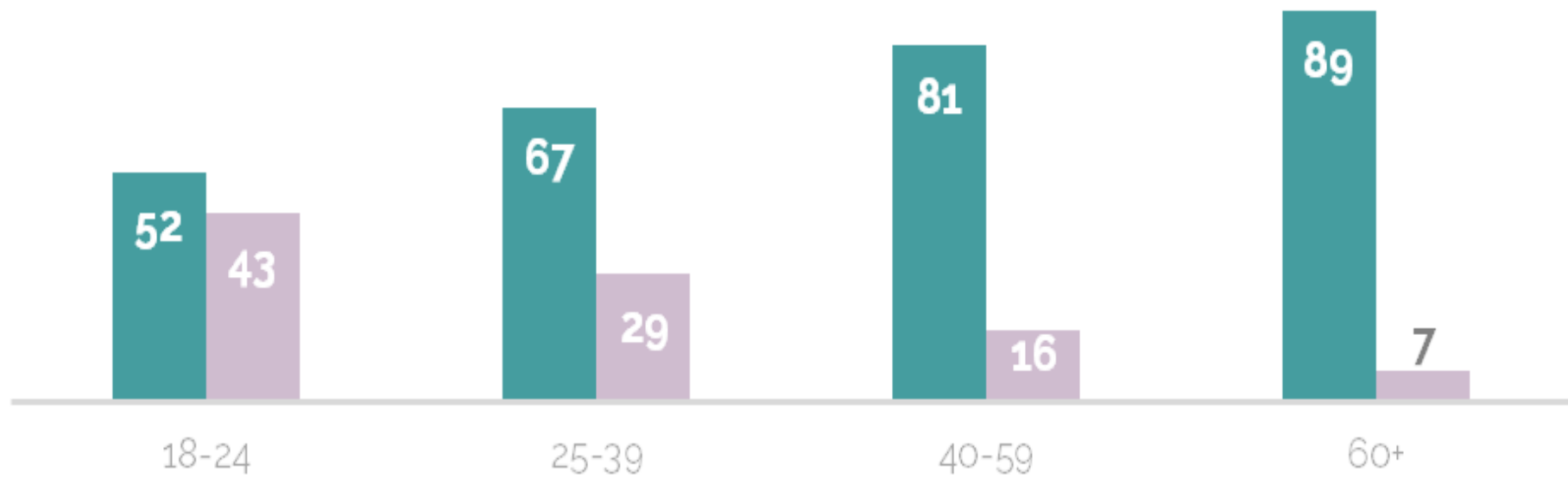
- 43% place themselves in the non-binary area between 1 and 5 and
- 52% place themselves at one end or the other of these,
 - 46% completely heterosexual
 - 6% as completely homosexual.
- This is very different for older age groups...



Shades of bisexuality by age

British adults were asked to place themselves on the Kinsey scale, ranging from 0 (completely heterosexual) to 6 (completely homosexual). %

- Completely heterosexual or homosexual (0 or 6 on Kinsey scale)
- Varying degrees of bisexuality (1-5 on Kinsey scale)



Concepts of trans changing even more rapidly

- Growing acceptance of self- identification.
- Surge in referrals to gender identity clinics
- Presentation at ever younger ages
- We know little about the trajectory of trans children



So given all this - what is the evidence on mental health?

Systematic reviews - objectives

- Two systematic reviews
 - risks of mental disorder, substance misuse, suicide, suicidal thoughts, and deliberate self-harm in LGB people
 - King et al *BMC Psychiatry* 2008
 - Plöderl & Tremblay *International Review of Psychiatry* 2015

Psychological health and well-being

- LGB people have higher rates (up to 6x) of
 - Disorders of depression and anxiety
 - Substance misuse
 - Deliberate self harm
 - Suicide
- Bisexuals most at risk in both reviews

- What about completed suicide?

Completed suicide

- Denmark
 - Suicide for women in registered domestic partnerships
 - No difference
 - Suicide for men in registered domestic partnerships
 - **eight times greater** than for men in heterosexual marriage
 - almost **twice as high** as men who had never married
- Sweden
 - same-sex married women
 - completed suicide **2.5 times more often** than different-sex married women.
 - same-sex married men
 - completed suicide **2.9 times more often** than different-sex married

Trans people - review

- Parallel findings
 - 2-4 times the expected risk for mental disorder and self harm
- No differences between male-to-female or female-to-male
 - Reisner et al. *Journal of Adolescent Health* 2015

What about recent studies?

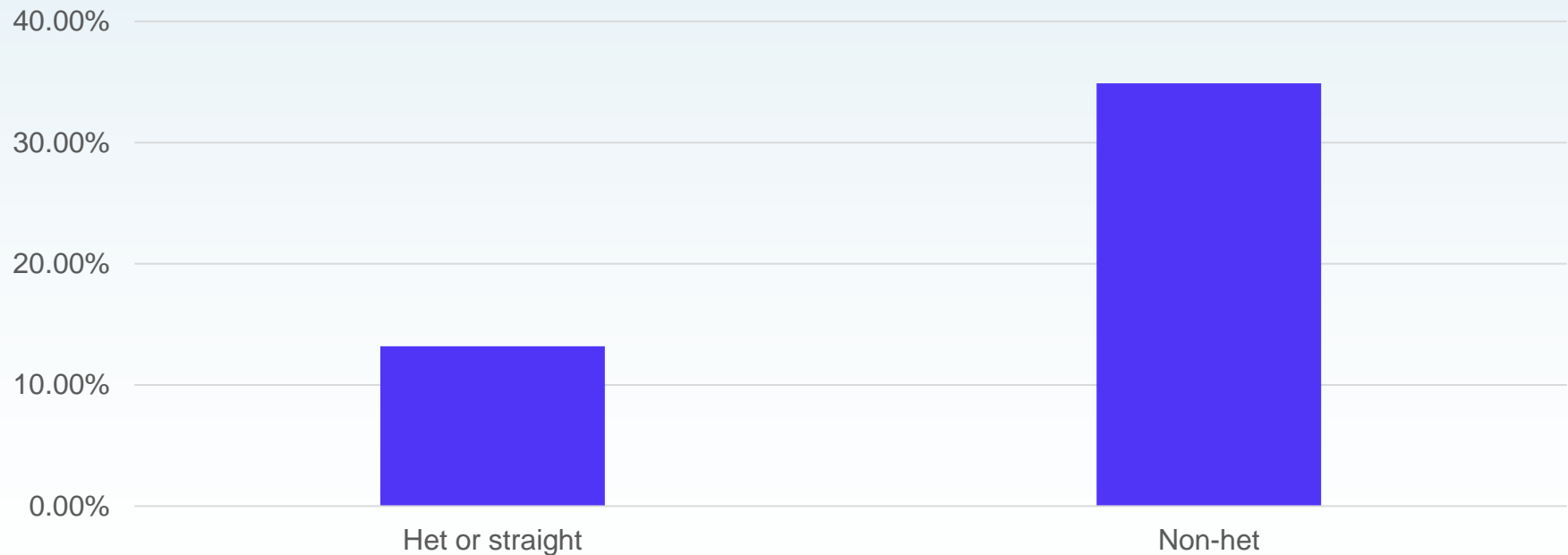
Mental Health of Children and Young People in England, 2017 (NHS Digital)

Category	Per cent
Heterosexual	10.2
Lesbian or gay	1.7
Bisexual	6.3
Other	2.2

14 to 19 year olds

Mental Health of Children and Young People in England, 2017 (NHS Digital)

Any mental disorder



Longitudinal research - sexual minority versus heterosexual adolescents

Longitudinal research - sexual minority versus heterosexual adolescents

- Avon Longitudinal Study of Parents and Children-ALSPAC birth cohort
- 4828 adolescents reported sex orientation age 16
- Mood and feeling between 10 and 21
- Self harm at 16 and 21



Longitudinal research - sexual minority versus heterosexual adolescents

- More depressive symptoms at age 10
- Increase at each time point more than heterosexual
- Over 4x more likely to report self harm at age 16 and 21
- Lewis et al (in press)



What is known about the **physical health** of LGB people?

General health of LGB people

- People registered with NHS general practice
 - 5.56 million randomly sampled adults
 - 27,497 gay, lesbian, or bisexual.
-
- Elliott et al J Gen Int Med 2014

Physical health of LGB people

- Confirmed that LGB 2-3 x more likely to have longstanding psychological problem
- Somewhat poorer levels of reported fair/poor general health...

Report fair/poor health (adjusted %)

	Heterosexual	Gay/lesbian	Bisexual
Men	19.6	21.8	26.4
Women	20.5	24.9	31.6

Linked to healthcare experiences

- Trust and confidence in the doctor
- Communication with doctor
- Communication with nurse
- Overall satisfaction

Negative healthcare experiences

- Sexual minority patients reported negative experiences about 1.5x as often as others
- Equivalent for gays and lesbians
- Differences generally largest for nurse communication

Similar findings in the US



Barriers to accessing health care in USA

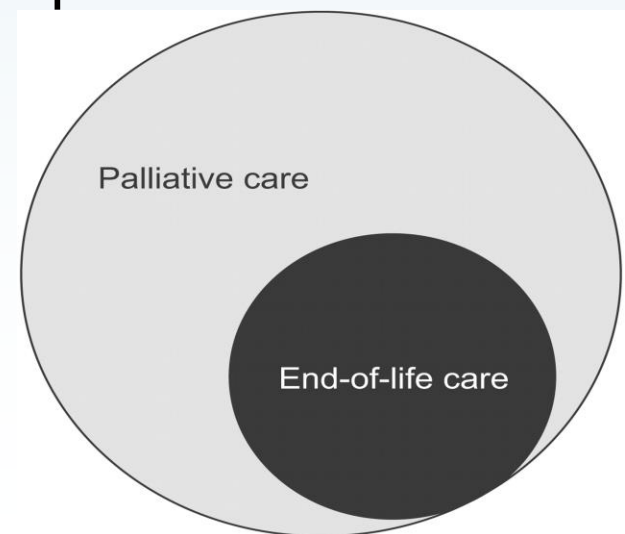
- National Health Interviews across the US
 - 736 LGB vs 25,149 heterosexual adults
- Relative to heterosexuals:
 - LGB more likely to delay or not receive care
 - Gay men more likely than straight men to report trouble finding a provider

Transgender physical health and services

- Less research but similar findings
- Quality of physical health care received linked to the **provider's comfort** with TG issues

What about end-of-life care for LGBT people?

- Systematic review (Katherine Bristowe et al. 2015):
- Additional barriers and stressors reported for LGBT people:
 - homophobia
 - failure to acknowledge the relationship
 - additional legal and financial issues
 - the ‘shadow’ of HIV or AIDS.



This and other evidence led to influential Lancet review in January 2016

- Call to meet the health care needs of LGBT people around the world

particular country or community

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Editorial

Meeting the unique health-care needs of LGBTQ people

The Lancet

Altmetric 116

DOI: [http://dx.doi.org/10.1016/S0140-6736\(16\)00013-1](http://dx.doi.org/10.1016/S0140-6736(16)00013-1)[Article Info](#)

Summary

Full Text

Tables and Figures

2015 was a landmark year in the USA for lesbian, gay, bisexual, transgender, and queer (LGBTQ) civil rights. In June, the US Supreme Court *Obergefell vs Hodges* decision upheld marriage equality for same-sex couples, suggesting a nationwide move toward the rejection of stigma associated with LGBTQ sexuality. In December, the US Department of Health and Human Services (HHS) released

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[Health equity for LGBTQ people through education](#)

What is behind the poor mental and physical health and why is it not improving?

What is behind the poor mental and physical health and why is it not improving?

- Social attitudes are changing
- But this varies around the world

British Social Attitudes Surveys

Table 1.7 Views on homosexuality, 1983–2012

	83	84	85	87	89	90	93	95	98
Sexual relations between two adults of the same sex	%	%	%	%	%	%	%	%	%
Always wrong	50	54	59	64	56	58	50	44	39
Mostly wrong	12	13	10	11	13	11	14	11	11
Sometimes wrong	8	7	7	8	9	8	7	10	11
Rarely wrong	4	2	4	2	4	4	5	7	8
Not wrong at all	17	16	12	11	14	15	18	22	23
<i>Weighted base</i>	1719	1645	1769	1391	1469	1353	1493	1180	1079
<i>Unweighted base</i>	1761	1675	1804	1437	1513	1397	1484	1172	1075

	99	00	03	05	06	07	10	12
Sexual relations between two adults of the same sex	%	%	%	%	%	%	%	%
Always wrong	38	37	31	27	24	26	20	22
Mostly wrong	11	9	9	12	9	10	10	6
Sometimes wrong	9	9	9	8	11	7	8	7
Rarely wrong	7	7	7	9	11	10	8	10
Not wrong at all	27	34	37	37	38	39	45	47
<i>Weighted base</i>	1056	3426	2148	2101	1089	1042	1083	1099
<i>Unweighted base</i>	1052	3426	2139	2102	1093	1030	1081	1103

Current British attitudes (Natsal 2010-2013) show variation by sex

Same-sex partnerships are not wrong at all - % agree

Gender	Male same-sex	Female same-sex
Women	59.8 (40.3)	59.6 (39.3)
Men	41.0 (21.1)	45.2 (24.4)

(n) % in > 65 year-olds

The rest of the world



JUNE 4, 2013



The Global Divide on Homosexuality

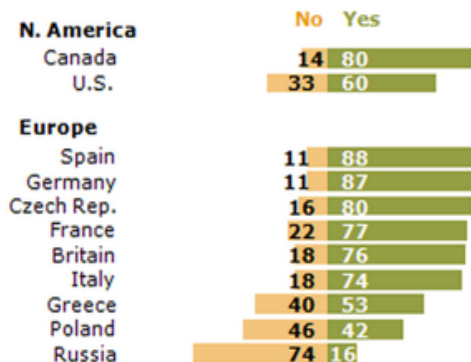
Greater Acceptance in More Secular and Affluent Countries

Overview

As the United States and other countries grapple with the issue of same-sex marriage, a new Pew Research Center survey finds huge variance by region on the broader question of whether homosexuality should be accepted or rejected by society.

The survey of publics in 39 countries finds broad acceptance of homosexuality in North America, the European Union, and much of Latin America, but equally widespread

Should Society Accept Homosexuality?



Middle East

REPORT MATERIALS



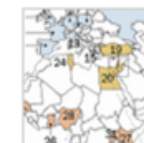
Complete Report PDF



Topline Questionnaire PDF



Regional Categorization



Country Coverage:
Spring 2013 Survey

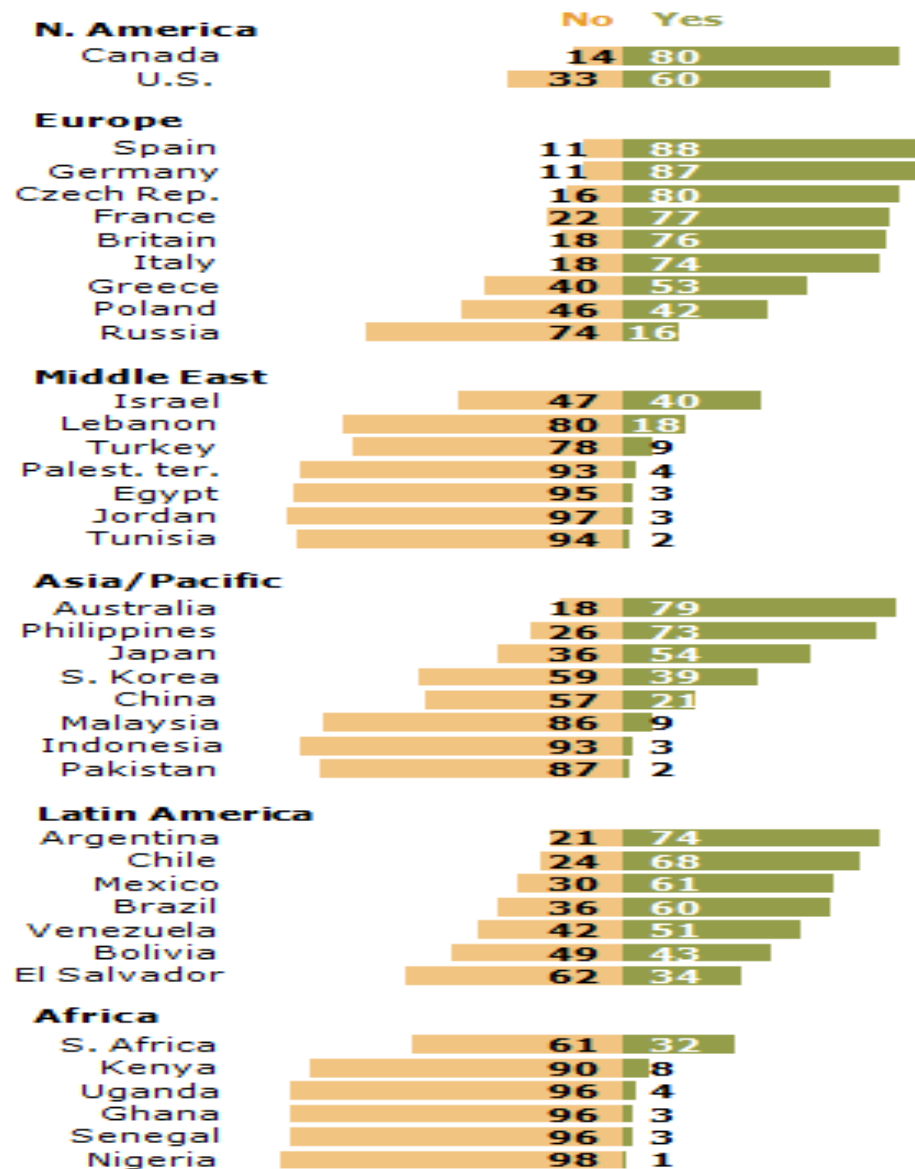


Map: Global
Acceptance of
Homosexuality



Related: A Global

Should Society Accept Homosexuality?



Public attitudes in Russia

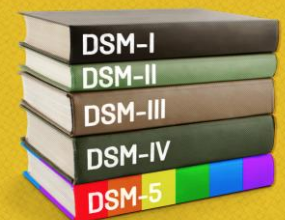
- The 2013 Pew survey found that 74% of Russians said homosexuality should not be accepted by society (up from 60% in 2002)
 - Pew Research Global Attitudes Project.

Explanations for higher rates of distress over latter 20th and early 21st century

- Growing up/living in intolerant societies (homophobia)
 - history of homosexuality as a medical diagnosis
 - conversion therapies have driven the stigma
- Daily stresses of “varying” openness
- Lack of social support for relationships
- Difficulties establishing stable partnerships
 - but improving with legal changes in EU & US

The muddle of the changing ‘diagnosis’

- DSM-I (1952): Sociopathic: lack of distress
- DSM-II (1968): Non-psychotic Mental Disorder, with sexual deviations
- DSM-III (1973): Removed, but Ego-Dystonic Homosexuality added
- DSM-III-R (1986): EDH removed; mentioned in Psychosexual Disorders, NOS
- ICD-10 1992: F66.1 Egodystonic sexual orientation
- ICD11 planned for 2017: recommends removal of all such categories
(<http://www.who.int/bulletin/volumes/92/9/14-135541.pdf?ua=1>)



Conversion therapies

- Lack of evidence and ethical objections have led to a decline in practice – at least in the ‘west’.
- Increases stigma in the public mind
- **Memorandum of Understanding** on conversion therapy in UK – released by DH in Jan 2015

Memorandum of Understanding on Conversion Therapy in the UK



A revised Memorandum of Understanding

- Published in October 2017
- Includes trans people

Trans: systematic review of conversion therapies and barriers to transition related health care

- Little evidence of widespread conversion therapies on a parallel with LGB
- But evidence of delays and barriers to transition related care
 - Health professional's attitudes and beliefs.
 - Wright et al (in press) BMJ Open

Why does mental distress persist when social attitudes in UK have improved?

- Earlier coming out?
- More disclosure meets more discrimination?
- Continued lack of role models
- Institutional discrimination persists
- Rigidity of attitudes to gender atypical behaviours persists
- Parental attitudes are key

Gay youth coming out earlier

Year	Mean age at coming out
1970s	20
1990	16
2000	14

Russell and Fish, Ann Rev Clin Psychol 2016

Gay youth still in difficulty

- Younger adolescents may be developmentally more susceptible to social exclusion and attitudes
- Older youth can make more sophisticated evaluative judgments about human rights, fairness, and prejudice
 - Russel & Fish Ann Rev Clin Psychol 2016

Why does mental distress persist when social attitudes in UK have improved?

- Earlier coming out?
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Parental attitudes can be vital

For LGB people

For those who discriminate



Systematic review of parental influences on health of LGB people aged 10-24 (Bouris et al 2010)

Two dimensions of parenting are important - but hardly surprising

- emotional qualities of parent–child relationship,
 - support, caring, and parent–child connectedness
- parents' knowledge of and responses to their child's sexual orientation

BUT, many LGB youth are reluctant to engage parental support in the first place

Possible explanations for higher rates of distress

- Society (particularly in schools and colleges) is not as accepting as we might imagine
- Exclusion by most world religions continues
- In short - homophobia is still alive and well

Stonewall UK surveys in 2008, 2013, 2017

- Hate crime or incident due to their sexual orientation and/or gender identity in the **last 12 months**
 - **16%** LGB people (up from **9%** in 2013)
 - **41%** trans people
- **4 in 5** did **not** report crime to the police (3 in 5 crimes normally reported to police – Brit crime survey).

Discrimination and mental distress in LGBT people

- It is not only overt discrimination
- Minority stress model
 - “prejudice events” associated with a minority status
 - e.g. discrimination or expectations of prejudice

Example - English data on approx. 8500 people from random households

- Experiences of discrimination over lifetime **explained some but not all** of the excess in
 - anxiety/depression, lifetime suicidal ideation, harmful alcohol and drug use
- Limitation
 - hard to collect lifetime history of chronic, internalised experiences of discrimination and stigma
 - Woodhead et al. 2015

Tasks that heterosexuals do not face

- Awareness of orientation difference
 - Acceptance of that difference
- (Daily) decision to “come out”
 - Decide who will/should know
- Creating supports and acceptance
 - Living as a gay, lesbian, bisexual person
 - Bisexuals face may struggle for acceptance with gays and straights
 - Trans people may be excluded by LGB communities

Lack of social support for relationships

- Combined data from 35 studies of link between strength of romantic relationships and stigma
 - inverse association between social stigma and relationship functioning.
 - similar to other stigmatised groups but here the stigma is aimed at the nature of the relationship itself
 - Doyle & Molix 2015

But what exactly is homophobia?

- Homophobia across history, culture and time
- The forms it takes
- Its effects
- Its possible origins
- How it might be overcome

Homophobia

- Prejudice, stigma and discrimination against lesbian, gay, bisexual and transgender people.
 - Transgender is included because opposition contains much of the same “moral outrage” at sex and gender
 - Can be severe within families, unlike other prejudice
 - May become an “internalised” sense of shame

Shame and internalised prejudice

- Shame-proneness, guilt-proneness, internalized heterosexism
 - Linked to problematic substance use among 389 LGB men and women.
- Hequembourg & Dearing 2013

Has homophobia always been with us?

- *Homosexuality* only arose as a term in late 19th C.
 - Same sex *behaviour* previously regarded as sin
- Many religions object to the sin of same sex behaviour
 - Greatest disapproval found in the Abrahamic faiths
- But not all – e.g. Shinto is silent on homosexuality,
 - "homosexuality" is a Western concept,
 - Lack of scriptures or holy texts
- Few societies have tolerated, much less accepted as equal, homosexual relationships.

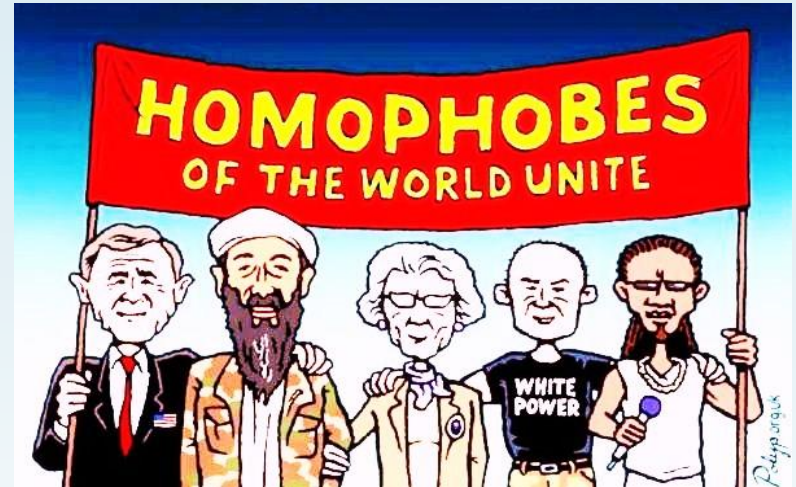
Why homophobia?



- Why are societies homophobic?
- Or rather why are (generally) men homophobic?
- Homophobia and sexism travel together

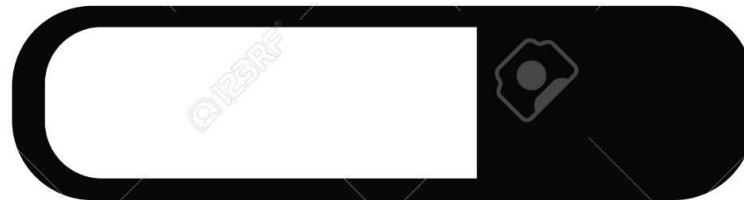
Commonest ‘reasons’

- Disgust
 - Unnatural
- Against God’s law
- Corrupting
 - Young men and women at risk
- The theory of in/out groups
 - Simply a minority
- Fear of femininity
 - Abdication of the “male role”
- Homoerotophobia
 - Potentially testable...



So how to address and reduce homophobia?

HOMOPHOBIA



uninstalling ...

Legislation across the western world

- Decriminalisation of male same-sex behaviour
- Anti-discrimination laws
- Equal rights
- Civil partnerships
- Marriage
- Education



Legislative changes in Britain

- Wolfenden report 1954
 - Decriminalisation 1965
 - Sexual Offenses Act 1967
 - Age of consent
 - 18 (1994)
 - 16 (rejected by HoL in 1999)
 - 16 (2000)
 - Repeal of ban on LGB people serving in the British Army 1999
 - Civil partnerships Act 2004
 - Equal parenthood for lesbians on birth certificate 2009
 - The Equality Act 2010
 - Marriage (same sex) couples bill 2013
-
- Section 28 1988 - appealed 2003 – David Cameron apologises 2009
 - Jan 2017 – posthumous pardons for convicted gay men

Changing attitudes and openness



Attitudes driving homophobia in students

- Negative parental attitudes
 - Pressure to prove their heterosexuality
 - Fear of being misclassified
-
- Poteat et al 2013,

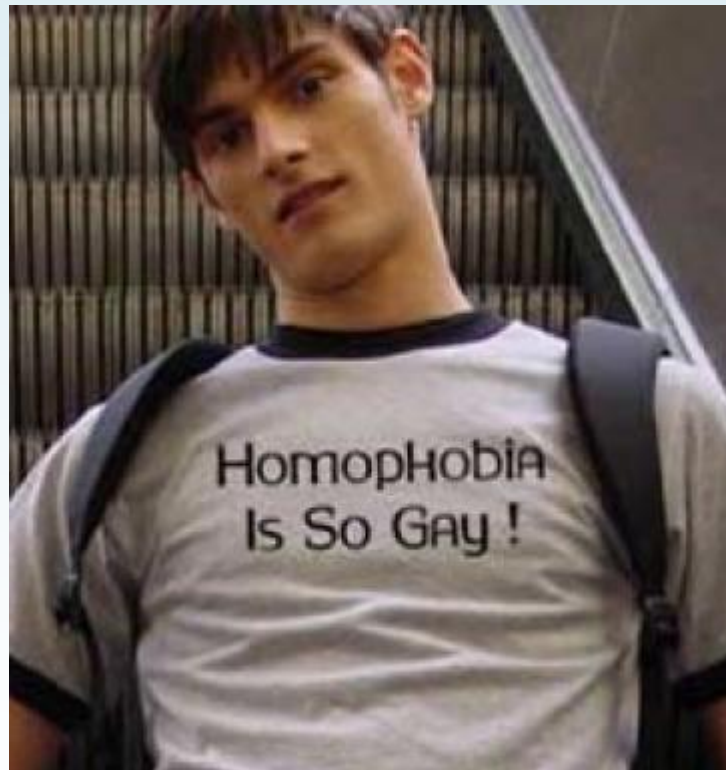
A student study

- 35 homophobic and 29 non-homophobic men (Index of Homophobia scale)
 - All exclusively heterosexual - sexual arousal and experience
- All viewed heterosexual, male homosexual and lesbian videotapes
 - **Measured: penile blood flow plus subjective ratings of arousal**
- Both groups showed equal arousal to the heterosexual and lesbian videos

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 - **Measured: penile blood flow plus subjective ratings of arousal**
- Both groups showed equal arousal to the heterosexual and lesbian videos
- Only the homophobic men showed a significant increase in penile circumference to the male homosexual video (but low subjective ratings)

So - perhaps we need more of these...



Direct attempts to change attitudes



Bartos et al. J Sex Res 2013 - review

- Mainly Nth American college campus studies
- Education, contact with gay people, and combining contact with education
 - Medium impact on reducing prejudice.
- Other promising interventions, such as the use of entertainment media to promote tolerance

Review of effective interventions in US schools (Cruz 2015)

- Gay-straight alliances (since 1988 – widespread since 2000)
 - more effective than education
 - extracurricular groups led by 2^o school students that aim to
 - create a safe and supportive space to encourage the identity development and self-esteem of LGBTQ students
 - outreach and educate heterosexual, cisgender students and teaching staff
 - fight against anti-LGBTQ violence in general

But should the intervention be earlier?

- Primary schools may be key

Alfred Salter Primary School in London

- In 2009 found that
 - 75% of pupils heard homophobic bullying/ language on a daily basis
 - 65% of staff felt the pejorative use of the word gay was **not** homophobic
 - No staff had received training to enable them to support LGBT pupils or tackle homophobia

Alfred Salter Primary School in London

- Trained (role play, resources) all staff
- Regular support and FU training of teachers
- Involvement of governors, school web site
- Outcomes - **changed attitudes and improved attendance and academic attainment**
- Training now extended to a range of schools, universities and community groups (“Inclusion for All”)

Overall conclusions

- LGBT people are at significantly higher risk of
 - mental distress, suicidal ideation, substance misuse, and deliberate self harm
- Gay men at particular risk of DSH and suicide
- Lesbians at particular risk of alcohol misuse

Evidence suggests that this arises from

- Societal rejection and prejudice
- Daily management of openness
- Lack of recognition of stable relationships
- As occurs in other settings of minority stress, one mediator may be
 - misuse of substances

Homo and trans phobia

- Closely linked to
 - attitudes to gender
 - religious belief and practice
 - cultural norms and beliefs
 - beliefs about gender
 - male dominant culture

To reduce prejudice

- Removing laws against same-sex behaviour
- Equality Acts
- Legal recognition of partnerships
- Greater understanding of sexuality
- Education
- Parental attitudes
- Interventions at the level of schools and colleges
- Promotion of inclusion by religious leaders

SUMMARY



Thank you