

**SUICIDE, SELF-HARM AND MENTAL HEALTH:
THE EXPERIENCES OF LGBT PEOPLE IN FIFE**

APRIL 2007

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EXECUTIVE SUMMARY

This report presents the findings of research carried out in Fife in 2006/2007 to examine mental health issues affecting lesbian, gay, bisexual and transgender (LGBT) people. The research brought together a review of literature relating to issues faced by LGBT people, and the findings of a small scale qualitative study in Fife. It was commissioned by the Fife Men Project on behalf of the Choose Life Group. The study was carried out by Reid-Howie Associates as part of the "Choose Life" initiative, which involves national and local work to prevent suicide in Scotland.

The research involved: an examination of relevant literature; in-depth interviews with 5 LGBT organisations in Fife; in-depth interviews and examination of the views of 17 individual LGBT people in Fife; a postal survey of other relevant service providers in Fife; 9 further detailed face to face interviews with other services; and face to face interviews with 4 key national LGBT organisations in Scotland.

The research identified some of the mental health issues faced by LGBT people, some of their experiences (in the community and in using services) which are seen to impact upon mental health, and some of the ways in which these could be addressed. The suggestions which are made can provide the basis for action which could have a positive impact upon mental health for LGBT people, in the prevention of mental health problems and the provision of appropriate services and support.

The findings will be of relevance to all of those involved in providing services in the statutory, voluntary and private sectors in Fife (and in Scotland). The issues raised in the report also have important implications for the wider community.

THE KEY FINDINGS

One of the key overarching issues to emerge from this research was the consistency between the issues arising for LGBT people in Fife, and the issues identified more widely in the findings of national and other literature. It is clear from the findings that many LGBT people experience mental health problems, some of which can be linked to the discrimination and prejudice which they experience in the community, and to the barriers which they face in accessing services and support.

Mental health issues for LGBT people

It is not currently possible to provide a definitive figure for the prevalence of suicide, attempted suicide, self-harm and other mental health issues amongst LGBT people, but there appear to be significant issues in relation to their experiences of these. For example:

- It has been suggested that the risk of suicide is higher for LGBT people than is the case in the general population.
- There is considerable research suggesting a higher rate of attempted suicide and "suicide ideation" (considering suicide) amongst LGBT people than in the wider community.
- Some studies have found a higher rate of self-harm, and a higher prevalence of some other mental health problems amongst LGBT people compared to the wider population.

- Nearly three quarters of individual respondents in the Fife study had considered suicide, and almost all had personal experience of some form of mental health issue.
- LGBT organisations in Fife identified a high prevalence of mental health issues amongst their service users.

There are likely to be around 15,000-20,000 LGBT people in Fife. The findings from relevant literature, coupled with the experiences of individual LGBT people and organisations, suggest that many will have problems with suicide, attempted or contemplated suicide, self-harm or other mental health problems at some point in their lives. The identification of the day to day experiences of LGBT people helps to identify some of the factors which may contribute to this pattern.

The experiences of LGBT people in the community

LGBT people in Fife experience a range of issues in the community which can have a negative impact upon their mental health. There is considerable evidence that they experience discrimination and prejudice as part of their day to day living in Fife, and almost all of the individual respondents in this study had personal experience of this. Findings include that:

- Violence and fear of violence have an impact on the lives of many LGBT people. Many experience harassment, bullying, abuse and hate crime, which constrain their participation and increase their isolation.
- Many LGBT people experience negative reactions from their families and friends, and two thirds of respondents to this study had experienced such problems.
- Particular forms of discrimination affect individual groups of LGBT people, such as: lesbians, gay men, bisexual people and transgender people; younger and older LGBT people; LGBT people in other equalities groups; people living with HIV/AIDS; LGBT people in rural areas. There are also issues for those close to LGBT people.

All of these issues impact upon the general quality of life of LGBT people in Fife and may affect suicide, self-harm and mental health. Links have been made between experiences of homophobia, prejudice, stigma, bullying, harassment, coming out, HIV diagnosis / post-diagnosis, and mental health issues amongst LGBT people. Some of the coping strategies which LGBT people have adopted (e.g. increased use of alcohol and / or drugs) also have implications for their health and mental health.

The experiences of LGBT people using services

LGBT people were found to experience a range of barriers and problems in accessing services, and gaps in service provision to meet their needs. Common cross-cutting barriers in general services were found to include a lack of: knowledge, training and appropriate attitudes; appropriate policies (although some progress was noted); recognition of LGBT issues; consultation and involvement of LGBT people (despite progress); monitoring and information about service needs and use; appropriate information about services; provision to rural areas.

As well as the cross-cutting issues, some additional barriers and gaps were also identified in particular services. Although there were some examples of progress, there were also some examples of problems with the following:

- Police services (e.g. difficulties in reporting crime; perceptions of police responses).
- Criminal justice services (e.g. reluctance to disclose sexual orientation; problems for LGBT people as perpetrators).
- Housing services (e.g. prevalence of homelessness and housing crises; difficulties in the housing allocated; safety fears and harassment from neighbours; other issues).
- Education (e.g. homophobic bullying and lack of action to tackle this; lack of discussion of LGBT issues in schools).
- Employment (e.g. discrimination and harassment; inappropriate responses; lack of specific support).
- Social work services (e.g. lack of awareness of services; issues with residential care; other concerns).
- Health services (e.g. issues with disclosure; inappropriate advice or treatment; difficulties with access to some forms of support; other aspects of healthcare provision).
- Mental health services (e.g. inappropriate provision or lack of services to address the needs of LGBT people).

The research also suggested a lack of specialist support to LGBT people in Fife.

RECOMMENDATIONS

All of these findings suggest that a number of forms of action could have a positive impact on some of the issues identified. The research suggests that there is a need for action to:

- Address prejudice and discrimination in the community.
- Ensure that LGBT people can access general services and provide integrated specialist support through mainstream services.
- Develop specialist support through LGBT organisations.
- Provide appropriate support to LGBT people who have mental health problems.

In order to achieve this, a large number of recommendations are made in the main report, which should be considered in detail by all of the relevant service providers, and are summarised below.

In terms of the need to **address prejudice and discrimination in the community**, the research includes recommendations relating to the need for:

- Addressing public attitudes through national campaigning work, local awareness raising and public education.
- Work with children and young people.
- Work with the local media to promote well-informed reporting and positive images of LGBT people.

- A robust approach to tackling hate crime and other forms of harassment and abuse.

In terms of the need to **ensure that LGBT people can access general services**, the research includes recommendations relating to the need for:

- Training for staff and key stakeholders at all levels.
- Examination of services, by all providers in Fife, to ensure that they prevent discrimination and address the needs of LGBT people.
- Specialist provision in mainstream services of particular relevance to LGBT people, or groups of LGBT people.
- Promotion of services' accessibility to LGBT people.
- Development of the national policy context.

In terms of the need to develop **specialist support through LGBT organisations**, the research includes recommendations relating to the need for:

- Development of support to particular groups of LGBT people and development of particular forms of work, taking a strategic approach in Fife.
- Promotion and publicity for existing and new LGBT organisations.
- Promotion of good practice in LGBT organisations.
- Development of the capacity of LGBT organisations.
- Funding to support developments and to ensure their sustainability.

In terms of the need for **appropriate support to LGBT people who have mental health problems**, the research includes recommendations relating to the need for:

- Ensuring that all mental health services are accessible and available to LGBT people, by examining existing services and addressing gaps and barriers.
- Development of information and collection of data about the prevalence of mental health problems and specific aspects of these problems amongst LGBT people.
- Awareness-raising of mental health issues affecting LGBT people, ensuring that these are reflected in all aspects of health promotion and preventive work, including at a strategic and operational level.
- Addressing existing barriers to access to mental health services for LGBT people who experience mental health problems.

There is clearly a need for a range of organisations to consider the content of the full report, and all of the recommendations, in detail. The information in the report should help to inform the way forward, to address some of the issues relating to suicide, self-harm and mental health affecting LGBT people in Fife and more widely.

SECTION 1: INTRODUCTION AND BACKGROUND

1.1 This report presents the findings of a piece of research undertaken by Reid Howie Associates for the Fife Men Project from May 2006-March 2007. The research examined some of the mental health issues affecting lesbian, gay, bisexual and transgender (LGBT¹) people in Fife, aspects of current support provision, and some of the changes which may prevent and address some mental health problems.

THE RESEARCH

1.2 This was an in-depth, qualitative study of some mental health issues facing LGBT people (particularly in Fife, although it was recognised that the findings are of broader relevance). The research involved a range of methods and gathered a large amount of detailed qualitative information which is presented in this report along with material from other literature.

Aims and objectives of the research

1.3 The overall aim of the research was identified as being:

“To examine issues relating to suicide and para-suicide in LGBT communities in Fife, and to examine the support needs of people affected by this in order to enable planning developments in health and community development”.

1.4 The related objectives were to:

- Examine and review literature relating to mental health, self-harm and suicide in LGBT people, both in general and relating specifically to Fife.
- Engage with LGBT individuals, and groups and organisations offering support to LGBT people, to identify and examine the issues affecting LGBT people in Fife and the perceived impact of these on mental health.
- Identify the needs of those who have experienced mental health issues relating to self-harm and suicide, and whether or not these needs are being met.
- Identify the views of service providers about the needs of LGBT people using their services, their policies and practices and the nature of services used by LGBT people.
- Suggest areas of action based on emerging findings, to inform the Fife Men Project and raise awareness more generally about changes required, the types of support seen to be appropriate, and issues for wider planning developments.

¹The term LGBT is generally used in this report, although it is recognised that there is variation in the groups which are included in some of the studies which are referenced.

Methodology

1.5 In summary, the methods used were:

- Review of some of the relevant literature.
- Examination of the views of LGBT organisations in Fife through in-depth face to face interviews.
- Examination of the views of individual LGBT people through detailed interviews and a self-completion questionnaire².
- Examination of the views of other relevant service providers in Fife through a postal survey and detailed face to face interviews.
- Examination of the views of key national LGBT organisations in Scotland, through detailed face to face interviews.

Full details of the methodology are provided in Annex A.

The report

1.6 This report is in five sections, as follows:

- Section 1 describes the overall policy context and identifies some material relating to the prevalence of mental health issues amongst LGBT people.
- Section 2 examines the experiences of LGBT people in the community, and factors which impact upon their mental health.
- Section 3 identifies the experiences of LGBT people in using services, gaps in support and suggested developments.
- Section 4 identifies changes which are seen to be required to promote positive developments to mental health and support for LGBT people.
- Section 5 presents the key conclusions and recommendations from the data.

The report brings together the findings in Fife and the wider literature, in a qualitative account of these issues³.

THE POLICY CONTEXT

1.7 This work was linked to the “Choose Life” initiative, which involves national and local work to prevent suicide, and was launched by the Scottish Executive in December 2002. There is a National Strategy and Action Plan to Prevent Suicide in Scotland, with a goal of reducing the suicide rate by 20% by 2013 through a 10-year plan. The Scottish Executive has

² It was always intended that the research would involve a relatively small number of in-depth discussions. A study of this size could never gather views from a representative sample of lesbians, gay men, bisexual people and transgender people (nor did it set out to do so). Most respondents came forward via the Fife Men Project, and the focus was largely upon common barriers. The inclusion of a number of expert LGBT organisations and other material also helped to ensure that the broadest range of issues was covered.

³ The presentation of the findings from Fife respondents reflects the qualitative, in-depth nature of the data, which explores the range and details of issues and provides examples of the issues raised, rather than providing statistical material or “weighing” responses (which would clearly be inappropriate in a study of this scale).

allocated funding to complement and support national and local actions and each local authority, in conjunction with the health authority, has produced a detailed suicide action plan as part of the community planning process. Funding has been allocated to support the development of local links, better co-ordination and innovative local community and self-help initiatives.

1.8 There are five principles which underpin the implementation of the National Strategy and Action Plan, which focus on: shared responsibility (and partnership working); effective leadership; a person-centred approach (recognising individual experiences); a focus on priority groups; and continuous quality improvement (monitoring, evaluation and learning from findings).

1.9 The Action Plan has seven objectives, covering:

- Early prevention and intervention: to reduce the risks.
- Responding to immediate crisis: providing support and services.
- Longer term work: providing on-going support and services.
- Coping with suicidal behaviour and completed suicide: providing effective support to those affected by suicidal behaviour or a completed suicide.
- Promoting greater public awareness and encouraging people to seek help early: ensuring greater public awareness and encouraging people to seek help.
- Supporting the media: ensuring sensitive depiction of a completed suicide or suicidal behaviour.
- Knowing what works: improving the quality, collection and availability of information.

1.10 The initiative has a number of priority groups, recognising that some face specific issues. Some of these priority groups are particularly relevant to this research and include: young people (especially young men); people with mental health problems; people who attempt suicide; people affected by suicide or suicidal behaviour; people who abuse substances; and people in rural communities.

1.11 At a local level, there is a Choose Life Working Group in Fife which considers local developments which are consistent with the national focus and contribute to the goals of the strategy. A local Choose Life Plan Action Plan was launched in December 2003, and, since that time, the multi-agency group has met to take the work forward. A good deal of work has been developed, including work targeted at specific groups (for example both younger and older people, drug misusers, people with a history of self-harm and homeless people), the development of additional support for those bereaved as a result of suicide and support for families living with a member seen to be at a significant risk of completing suicide. There has also been a wide range of training, awareness raising and information-sharing activities.

1.12 This research is also part of the Choose Life work, and will provide information to the Working Group about some of the issues which may impact upon the mental health of LGBT people in Fife, as well as highlighting some suggested actions which may help to prevent suicide and promote positive mental health.

THE NEED FOR RESEARCH

1.13 The need for this research was identified by the Fife Men Project, as a result of anecdotal information which they received about the high number of LGBT people locally experiencing mental health problems, or facing issues relating to self-harm or suicide. This was supported in material from other studies, which identified a high prevalence of attempted and completed suicide amongst LGBT people. It was also recognised that LGBT people face specific issues which may impact upon their mental health and their risk of suicide, parasuicide and self-harm. All of these factors helped to highlight the need for work to explore these issues further⁴.

Prevalence of mental health issues amongst LGBT people

1.14 There have been many studies investigating rates of suicide, attempted suicide and self-harm amongst LGBT people, and some of the overall findings and patterns are explored below, to set the research in context. It should be recognised, however, that this is not a comprehensive literature review of all relevant studies, as this was outwith the scope and scale of this research. Some of the findings which have been identified, however, are discussed, and some examples given⁵.

1.15 It should be acknowledged at the outset that there are considerable technical difficulties in providing data about the prevalence of suicide, self-harm and mental health problems amongst LGBT people, and these have been well-recognised by authors in this field. There is an overall lack of data, as well as problems with the “hidden” nature of the issues and methodological difficulties in carrying out such research. It has also been noted that LGBT people (particularly young people) at risk of suicide are, for a range of reasons, amongst those least likely to identify their sexual orientation, whether to medical or psychological practitioners, or their families.

1.16 The effect of this is that the sexual orientation of an individual is, in many cases unknown and, even where it is known, it is not generally recorded on a death certificate. Even where there is a more detailed assessment of the wider circumstances of an individual’s suicide, unless there has been prior contact with mental health services, or some other evidence is available, it is generally impossible to determine whether or not an individual’s sexual orientation played any part in their actions. There is, therefore, a current lack of definitive results and it is recognised that the findings of some studies are limited by the methodological issues and the time elapsed since some research (although there is also considerable recent material). Some of the evidence is drawn from US studies, although there is also now considerable UK material, and some focusing specifically on Scotland.

1.17 Within these parameters, it appears from the literature and from the discussions held as part of this research that a high proportion of LGBT people in Fife experience mental health problems at some point in their lives. Although the prevalence of suicide, attempted suicide, self-harm and other mental health issues amongst LGBT people cannot be measured

⁴ It should be stressed that this report inevitably focuses upon problems and barriers which LGBT people face. It is not suggested, however, that mental health problems and the experience of barriers are an inevitable consequences of being LGBT, nor that all the experiences of LGBT people are negative.

⁵ Many of the references provide fuller accounts and give further examples of relevant studies.

statistically (and this report does not set out to do so), there are many findings which suggest that there may be an increased risk for LGBT people than in the wider population⁶.

Suicide

1.18 It has been suggested by a number of authors that, overall, the suicide rate amongst LGBT people is higher than is the case in the wider community, although the rate of actual completed suicide amongst LGBT people is perhaps the most difficult issue to examine, as there is no means of identifying the sexual orientation of those who have carried this out. There are, however, many studies which suggest that the “risk” of suicide is higher amongst LGBT people than the wider population, and some of this material is considered below. Mind (undated), for example, note that:

“There is strong evidence to suggest that gay men and lesbians have higher rates of suicide and attempted suicide than the general population.”

Hutchison et al (2003), in a study in Edinburgh also state that research consistently shows gay and bisexual men to be at a higher risk of suicide than is the case for the general population.

1.19 There is also some material relating to young LGBT people, and Gibson (1989), in a study which has been widely cited, identified that gay young people may account for up to 30% of all suicides amongst young people in the USA. Remafedi et al (1991) identified that lesbian, gay and bisexual teenagers made more “lethal suicide attempts” than their heterosexual peers.

1.20 There is also some evidence relating to suicide amongst people with HIV and AIDS, and Marzuk et. al. (1988), for example, identified that the rate of suicide for people with AIDS was much higher than that for the general population. More recently, Komiti et al (2001), in a review of literature, identified that studies suggest an increased rate of suicide ideation, attempts and completed suicide in individuals with HIV/AIDS. They concluded that the increased rate of suicidal behaviour amongst those with HIV was consistent with findings relating to other groups with chronic, life-threatening disorders.

1.21 It is recognised, however, that the material on completed suicide is limited, and there is considerably more information about attempted suicide and suicide “ideation”, where there are survivors whose accounts can form the basis of research studies.

Attempted suicide

1.22 Many authors have identified higher rates of attempted suicides amongst LGBT people, including amongst particular groups of LGBT people. Pringle (2003), for example, stated that, overall:

⁶ Bridget (2001) in presenting a wealth of research findings to support this assertion, notes that there has, in the past, been a lack of recognition of these issues, with criticisms of some of the research. Although she notes that research which addressed the criticisms identified similar findings, it is important to acknowledge the differences of view about these issues. It is outwith the scope of this report to reach a definitive conclusion, but it is fair to say that a number of studies support the contention that LGBT people experience high levels of suicide, attempted suicide and self-harm.

“Studies suggest anywhere between 20 - 50% of LGBT people attempt suicide”.

1.23 Although the figures vary between studies, (as do the methods used), and the suggested proportion is sometimes lower than the 20% quoted, there are many findings which suggest that there is, nonetheless, a higher rate of attempted or contemplated suicide amongst LGBT people than amongst other members of the community.

1.24 In terms of examples of studies involving particular groups, Mind (2003) identified that gay men, lesbians, and bisexual men and women are more likely to consider or attempt suicide than other groups in the population. In studies involving gay men, some of the findings are as follows:

- Dotinga (2002) identified gay men as at least 3 times more likely to plan or attempt suicide (or both) than heterosexual men.
- McAndrew and Warne (2004) suggested that gay and bisexual men were four times more likely to seriously attempt suicide than heterosexual men.
- Herrell et al (1999), in a study of pairs of twins, found that the men with same sex partners were 6.5 times more likely than their co-twins who did not report same sex partners, to have attempted suicide.
- Bagley and Tremblay (1996) identified celibate and sexually active gay men together as 14 times more likely to have made a life-threatening suicide attempt at some point in their life than heterosexual men.

1.25 Bridget (2001) also identified that lesbians were more likely than heterosexual women to attempt suicide, noting that, although there has been more research about gay men and suicide, there are also many issues for women. Additionally, Koh and Ross (2006) reported that lesbians and bisexual women who were not out were much more likely to have attempted suicide than heterosexual women. Mathy (2002) found that transgender people were more likely to attempt suicide than heterosexual males and females and Clements-Nolle et al (2006) found that the prevalence of attempted suicide amongst their sample of transgender people was 32%.

1.26 Amongst young people, too, various studies have suggested that the prevalence of suicide attempts is higher for LGBT young people than is the case for heterosexual young people. Although there are variations in the specific figures cited in different studies, a number of authors have identified a rate of around 30% for LGBT young people⁷ and the rate amongst LGBT young people has been estimated to range from around 21%-35%. This has been compared to a rate of around 4%-14% amongst heterosexual young people⁸.

1.27 Findings from some specific studies include that:

- Rosario et al (2005) found that 35% of lesbian, gay and bisexual young people in their study had attempted suicide and another 23% had seriously thought about suicide.

⁷ For example, Bagley and Tremblay, 1996; Remafedi et al, 1991.

⁸ For example, Faulkner and Cranston, 1998; Fergusson et. al., 1999; Garofalo et. al., 1999; Remafedi et. al., 1998.

- The Committee on Adolescence (2000), in the USA, suggested that the rate of suicide attempts was three times higher amongst gay and bisexual adolescents than amongst other adolescents.
- Garofalo et al (1999) identified that LGB young people had a higher rate of suicide attempts than heterosexual young people.
- Hutchison et al (2003), in an Edinburgh study, found that more than a quarter of young gay and bisexual men had attempted suicide, compared to 4% of the general population, making them 6.7 times more likely to attempt suicide.
- The Lesbian Information Service (cited by Mind, undated), suggested that lesbian and gay young people may be up to six times more likely to attempt suicide than heterosexual young people.
- Bridget (2001) identified a range of studies in the US and UK identifying high rates of suicide attempts amongst lesbian and gay young people.
- Cull et al (2006), in a study of homeless LGBT young people in Brighton, found that over two-thirds of respondents had a history of suicide attempts.
- Coia et al (2002) found a much higher rate of attempted suicide amongst LGB young people than in the general population, with 32% of women and 19% of men having attempted this.

1.28 There may also be implications of suicide attempts for future behaviour, and Nicholas and Howard (1998) found that lesbian, gay and bisexual teenagers who had previously attempted suicide had higher rates of further attempting suicide than was the case amongst heterosexual teenagers. Bridget (2001) also identified that there are more suicide attempts among lesbian and gay people who are “multi-oppressed”, with the highest rates amongst those isolated from support.

Suicide “ideation” and contemplated suicide

1.29 It has also been suggested that suicide “ideation”⁹ is more common amongst LGBT people than in the wider population. Coia et al (2002) found that, amongst LGB people, 50% of men and 80% of women reported having suicidal thoughts at some time, a figure which is 8 times higher for women and 6 times higher for men than in the general population. Koh and Ross (2006) found that bisexual women who were out were twice as likely to report suicide ideation than heterosexual women.

1.30 Some research has also identified a greater likelihood of contemplated suicide amongst people with a cross-gender role¹⁰ and Street and Kramrey (1995) identified that “cross-gendered” people had higher levels of suicide ideation than others in the population. Fitzpatrick et al (2005) also found that those with a cross-gender role showed a significantly greater number of suicidal symptoms.

1.31 Studies have also found that LGBT young people have higher rates of suicidal thoughts and ideation than other young people. Suggestions for the rate of ideation range from 31%-68% of LGBT young people (compared to rates often closer to a fifth for heterosexual young people)¹¹. Hutchison et al (2003) found that over half of the young gay

⁹ considering suicide.

¹⁰ i.e. personality traits associated with the opposite sex.

¹¹ For example, Faulkner and Cranston, 1998; Fergusson et. al., 1999; Rosario, Schrimshaw and Hunter, 2005.

and bisexual men in their Edinburgh study had seriously considered committing suicide, compared to a figure of 13% in the wider population, leading to their conclusion that gay and bisexual men were more than 4 times more likely than those in the wider population to consider suicide.

1.32 There have also been found to be high levels of suicidal thoughts amongst people with HIV. Kelly et al (1998b) suggested that HIV positive participants had higher levels of suicide ideation than HIV negative men. Perry et al (1990) found a high level of suicide ideation in one-third of patients who presented for an HIV test, and there remained a high level of this amongst those who were later diagnosed as being HIV positive.

Self-harm

1.33 In terms of self-harm, some authors have also suggested a greater likelihood of this amongst LGBT people than in the wider population. Bagley and Tremblay (1996) found that, amongst respondents who were sexually active, gay and bisexual men were three times more likely to self-harm than sexually active heterosexual men. Laird and Aston (2003) also found that self-harm was “significant” for both male to female and female to male transsexuals. Bridget (2001) also identified studies showing that a high proportion of LGB people had self-harmed.

1.34 Amongst young people, Coia et al (2002) in a study of the health needs of young lesbian, gay and transgender people in Glasgow identified that 29% of men and 65% of women in their sample had self-harmed, and 58% of those reporting self-harm attributed it to their sexual orientation. Hutchison et al (2003) found that 28% of respondents had self-harmed without wanting to take their own life and Johnston (2005) in a Scottish study of homophobic bullying, also suggested that one-third of LGBT young people had self-harmed. Hutchison et al (2003) compared their findings to a figure of 2% for men in the general population from the Office for National Statistics (2002) and identified that young gay and bisexual men were 14 times more likely than men in the general population to injure themselves deliberately. Coia’s figures suggest that this is also a key issue for young LGBT women.

Other relevant mental health issues

1.35 When other relevant mental health issues are considered, many studies also suggest a higher prevalence of various mental health problems amongst LGBT people than in the wider community. Generally, The Terrence Higgins Trust (2005) identified that:

“Services around the country have seen an increase in LGB young people who have been identified by workers as suffering from depression, eating disorders, self-harm and suicidal feelings.”

1.36 Townley (2003) suggested that two thirds of LGBT people experience psychological distress (such as depression, self-harm or suicidal thoughts) and Coia et al (2002) identified that rates of depression were seven times higher in lesbian, gay and bisexual women and eight times higher in gay and bisexual men than was the case in the general population. Bridget (2001 and 2003) detailed a range of studies identifying a higher rate of mental health issues for lesbians and gay men than for heterosexual people, including a study by John and

Patrick (1999) in Glasgow, which found that 66% of respondents had experienced depression. Koh and Ross (2006) found that lesbians were 56% more likely to have been treated for depression than heterosexual women, and that bisexual women who were out were twice as likely to have an eating disorder than was the case amongst heterosexual women. Newfield et al (2006) identified that female to male transgender participants had a lower quality of life than the general population, particularly in terms of their mental health.

1.37 Amongst LGBT young people, Bagley and Tremblay (1996) found that lesbian, gay and bisexual young people were 2-3 times more likely than the general population to feel stressed or anxious. Fergusson et al (1999) identified that LGB young people were significantly more likely to experience psychiatric disorders than others in their study, and the Committee on Adolescence (2000), in the USA, identified higher rates of depression amongst gay and bisexual adolescents. Pringle (2003), reporting work in Scotland, noted that low self-esteem, anxiety and depression were common amongst LGBT young people, and Koh and Ross (2006) identified higher rates of teen stress and suicide attempts amongst lesbians than heterosexual women.

1.38 Several authors have also suggested that high rates of psychiatric consultation are required for people with HIV or AIDS¹². Kelly et al (1998b) found that almost a third of participants in their study met the criteria for Post-Traumatic Stress Disorder in response to an HIV diagnosis, and Schonnesson and Ross (1999) identified that depression rates amongst those with HIV were comparable to those for people with cancer.

The situation in Fife

1.39 In terms of the specific situation in Fife, this is again impossible to determine definitively, for a number of reasons which will be outlined, although it seems reasonable to assume from the studies cited that many LGBT people will face issues with suicide, self-harm and mental health. It is acknowledged, however, that it is very difficult to determine the overall number of LGBT people in Fife (or elsewhere), making it impossible to identify prevalence data. There was no question on sexual orientation in the 2001 Census, and early indications from ONS is that there will be no question in the 2011 Census, as a result of methodological and definitional concerns¹³. ONS acknowledge that there is no other source of information, and intends to introduce a programme of work to identify appropriate methodologies (and ultimately statistics).

1.40 In terms of available information, the DTI, in 2004 (as part of work to estimate the impact of Civil Partnerships) estimated that 6% of the UK population was LGBT, based on a literature review of research carried out over 15 years. This figure was accepted by Stonewall as accurate, and is now being used as a broad benchmark. It is, however, unlikely to be accurate in Fife, or to equate to the number of service users, as the national (UK) figure of 6% includes areas such as London, Glasgow, Edinburgh and Brighton, where it is acknowledged that the proportion of the population represented by LGBT people is much higher. It is also unlikely to equate to the number of people who seek services as LGBT people, as there is a wide range of evidence to suggest that LGBT people are far more likely to be out to colleagues and service providers in city areas. A survey for Count Me In in

¹² For example, Buhrich and Cooper, 1987; Dillely et al, 1985; Sno et al, 1989.

¹³ This decision was taken despite clear evidence of demand for information from health, local authority, central government and voluntary sector sources.

Brighton (in 2000) suggested that, even there, only about 40% of women and 55% of men were likely to be out. The figure in Fife is likely to be a good deal lower than this.

1.41 On the basis of the national population percentage, however, the figure would indicate that around 21,000 people in Fife are LGBT, and it is suggested that it is perhaps reasonable to assume that the number of LGBT people in Fife is likely to be in the range of 15,000 to 20,000.

1.42 In terms of suicide figures, in Scotland, in 2005, there were 763 deaths by intentional self-harm and undetermined intent. This equates to 14.6 per 100,000, the lowest level since 1991. While the overall rate of completed suicides is declining, as will be set out later, it remains a significant concern, and it is clear from evidence available that some groups are at a much higher level of risk than others. A total of 55 people died as a result of intentional self-harm and undetermined intent in Fife in 2005. Of these, 40 were men and 15 were women and this gender balance is similar to Scotland as a whole. The overall rate per 100,000 in Fife is lower than in Scotland as a whole, and is lower for men, although similar for women. The differences are not, however, statistically significant. The overall number of completed suicides varies over time, and since 2000, the highest number in any one year was 68 (in 2002), the lowest 40 (in 2003). The proportion of suicides by LGBT people in Fife (in common with other areas) is, however, unknown.

1.43 Generally, only about a quarter of men and women completing suicide will have had recent contact with mental health services, although more are likely to have seen their GP in the immediately preceding period. There is no way of knowing how many men and women who completed suicide did so in circumstances where their sexual orientation was a significant factor, and the proportion of completed suicides among LGBT people with prior contact is also unknown.

Mental health issues faced by research respondents

1.44 Despite the lack of definitive statistics, however, it seems clear that there is a high prevalence of mental health issues amongst LGBT people. Amongst participants in this study, nearly three quarters of individual respondents had considered suicide, and more than a third had attempted suicide (most commonly by overdose). Some described having had “no hope”, or feeling that there had been no-one there to help them. Others stated that they had simply “had enough”.

1.45 As well as individuals’ experiences, several LGBT organisations in Fife also identified a high prevalence of mental health issues amongst their service users or clients. These organisations have regular contact with LGBT people, and there was a general sense that this was a common experience, with one for example, noting that they:

“... can’t think of many of our clients who haven’t had experience of being down and depressed”.

Another stated that:

“almost every gay man I know has been treated for depression, had a nervous breakdown, or attempted suicide”.

1.46 The national LGBT organisations, on the basis of their experience, also recognised that large numbers of LGBT people experienced mental health problems.

1.47 In terms of self-harm, it was found that around a quarter of the individual respondents in this study had self-harmed, and two others had considered this, without carrying it out. Where individuals had self-harmed, examples included: inflicting physical pain on themselves; using painkillers in a harmful way; cutting themselves with razor blades; putting their hands through glass; and, in one case, deliberately taking risks when having sex, in order to become infected with HIV.

1.48 More generally, almost all of the individual respondents had personal experience of some form of mental health issue. Examples which were identified included, for example: depression (the most common issue highlighted); anxiety; stress; agoraphobia; night terrors and post-traumatic stress disorder¹⁴. Almost half of the respondents still experienced mental health problems.

OVERVIEW

1.49 It is clear from this section that suicide, attempted or contemplated suicide, self-harm and other mental health problems are part of the experience of many LGBT people (in Fife and more widely). Whatever the actual prevalence, and whatever the comparison to the wider population, it is evident that there are significant issues which impact upon LGBT people's mental health and this is sufficient to form the basis of the remainder of this report, which focuses on some of the issues which may impact upon this, and some of the ways in which they may be addressed.

1.50 Within this overall context, the collection of detailed information about the day to day experiences of LGBT people is an important part of identifying some of the factors which may contribute to this pattern. It is also vital in identifying issues which can be addressed in the future as part of a broader programme of suicide prevention. As such, the findings presented in Sections 2 and 3 will help to highlight the key issues facing LGBT people in Fife which may impact upon their risk of suicide, para-suicide and self-harm, and upon their mental health more generally, and should help to inform the Choose Life initiative in relation to their needs. The material in Sections 4 and 5 can also inform developments and changes to address these issues, and to work towards achieving equality for LGBT people in Fife.

¹⁴ These findings should not be taken to indicate prevalence, as it is likely that people with experience of these issues are more likely to have had an interest in this study and to opt-in to interviews, but it does indicate that the views expressed and the evidence presented have a sound basis in direct personal experiences.

SECTION 2: ISSUES FOR LGBT PEOPLE IN THE COMMUNITY

2.1 The findings of Section 1 suggest that it is important to identify those aspects of the experiences of LGBT people which may have a negative impact upon their mental health and contribute to issues with suicide, self-harm and other mental health problems. While it is recognised that a range of factors (which will vary from person to person) affect an individual's mental health, some of the barriers and issues experienced by LGBT people are seen to have a particular impact. These relate to personal experiences in the community and experiences of accessing services. This section focuses upon some of the issues affecting LGBT people in the community, and their potential impact, before Section 3 considers access to services.

GENERAL BARRIERS AND PROBLEMS FACED BY LGBT PEOPLE

2.2 There is considerable evidence to suggest that LGBT people face a range of types of prejudice and homophobia in the community (from the general public and also, in some cases, from their relatives and peers). Respondents of all types in this study (including LGBT organisations, other service providers and individuals) were clear that discrimination is common, and one service provider suggested that LGBT people in Fife face "stronger prejudices" than some other equalities groups. There is also evidence to suggest that some groups of LGBT people face particular issues.

The community

2.3 Bromley and Curtice (2003) found that people in Scotland were more likely to express discriminatory views about LGBT people than some other equalities groups, and Reid-Howie Associates (2006), in research conducted for the Scottish Parliament, found a range of examples of such negative views. In Fife, almost all of the individual respondents in this study identified having had personal experience of negative treatment, as a result of other people's attitudes.

Negative views of LGBT people

2.4 The examples identified by individual respondents, which are reflected in other studies, highlight a general undermining of LGBT people, and negative attitudes to them and their life experiences. Individual respondents in Fife made frequent references to stigma and ignorance amongst members of the general public, which often had become an expected part of their day to day living, with one summarising the nature of this as involving:

"Everyday stuff. People being narrow minded bigots."

2.5 A number of LGBT organisations and other services identified the generally homophobic nature of society and the consequent treatment of LGBT people. One of the national LGBT organisations stated that "Scotland is a homophobic society", and cited a study which found that respondents expressed as similar level of concern about having a gay person as a neighbour as someone with a criminal record¹⁵. A number of Fife-based respondents suggested that that the culture in Fife's communities is not tolerant of LGBT

¹⁵ This refers to a study for Glasgow City Council "Sectarianism in Glasgow" (2003), NFO Social Research.

people, with problems of ignorance and “traditional” views. One individual respondent suggested that young people are “being taught to be bigoted”, through the negative attitudes of their parents and others, and one organisation highlighted the use of the term ‘gay’ as an insult, suggesting that LGBT people may come to feel that “what they are is an insult”. The legacy of Section 28 was also suggested to have contributed to negative views of LGBT people.

2.6 There is similar evidence from other studies. For example, Valentine and McDonald (2004) in an English study, found that there was only “grudging and conditional acceptance” of lesbians and gay men, and Stonewall (2003) found that 17% of respondents in another English study cited gay or lesbian people as a group they felt less positive about. Over a quarter said they would be uncomfortable with a gay or lesbian GP and 39% would feel uncomfortable going to a pub where most of the customers were gay or lesbian.

2.7 Bromley and Curtice (2003) found that, in Scotland, 26% of respondents considered that a gay man or lesbian would be “very” or “fairly” unsuitable as a primary school teacher, and 8% of people stated that they would prefer an MSP who was not a gay man or a lesbian. A study in Glasgow (NFO Social Research, 2003) also found that a significant minority of respondents expressed concern about homosexuals becoming their neighbours. Reid-Howie Associates (2006) highlighted evidence from other studies of negative views about gay and lesbian couples having the right to marry, about their ability to be good parents, and about their relationships.

2.8 The role of the media in the negative portrayal of LGBT people has also been identified (RHA, 2006) and this was highlighted by a number of respondents in this research (particularly LGBT organisations and individuals). It was suggested that this has a harmful impact upon LGBT people, and can have a particular impact upon young people coming to terms with their sexual orientation.

Harassment, abuse and violence

2.9 As well as these general negative experiences, there is also ample evidence to suggest that LGBT people experience harassment, bullying, abuse and hate crime in Fife, and more widely. Violence, fear of violence and other forms of abuse were identified by most individual LGBT people in Fife, and a number of individual respondents stated that they feared physical attack. One noted that they had never felt safe in their own home town, and another stated that: “I’m different, therefore I’m a target”. One respondent suggested that some areas of Fife were more problematic than others (particularly coastal or former mining towns), while another highlighted that harassment and abuse were a particular problem for those who were visibly recognisable as LGBT people.

2.10 LGBT organisations and some service providers also recognised these issues, with the suggestion that hate crime is a major issue affecting LGBT people in Fife. It was noted, for example, that intimidation, harassment and verbal abuse are common, with some LGBT people experiencing physical assaults and damage to their property. Individuals provided examples of such experiences (and other types of harassment, such as the receipt of hate mail and verbal abuse). One of the LGBT organisations and a number of individuals suggested that fear had a major impact on the lives of LGBT people in Fife, and a number of LGBT organisations identified that fear of harassment led people to hide their sexual orientation, and to be unable, for example, to undertake activities such as demonstrating affection in public,

talking about their partners, attending events together etc. This, in turn, was seen to compound the isolation experienced. One respondent also suggested that, as the gay community in Fife becomes more visible, further safety issues may arise.

2.11 These findings are supported in other research, in Fife and elsewhere. In the results of a Fife Men Project survey 2000/2001 (Ramsay, 2001) many respondents had been a victim of, or a witness to, a variety of homophobic crimes. For around a fifth of respondents, worry about abuse affected their day-to-day lives and almost a third always concealed their sexuality. Around a further third sometimes concealed their sexuality and some avoided, for example, kissing or holding hands in public or other activities, because of safety concerns.

2.12 A study carried out in Edinburgh identified that over half (57%) of gay men had experienced some sort of harassment in a year (a figure 4 times the national average when adjusted for gender and age). Beyond Barriers (2003) found that 68% of respondents in Scotland had been verbally abused or threatened by someone who assumed that they were LGBT and almost a quarter had experienced a physical assault. Pringle (2003) identified UK research which indicated that 34% of LGB men and 24% of women had experienced violence because of their sexuality and Townley (2003) identified that 68% of gay men and lesbians surveyed had experienced verbal harassment in past 5 years. Figures from police forces in Scotland also identify a rise in homophobic crime in many parts of Scotland (RHA, 2006) and there is a wide range of supporting evidence from many other studies of verbal and physical abuse and harassment.

Family and friends

2.13 As well as issues within the wider community, it has been identified that LGBT people may also face inappropriate attitudes and responses from those closest to them, including their families and friends (e.g. Pringle, 2003). It was widely recognised by respondents to this research that LGBT people might experience such problems. While a small number of the individual respondents reported positive reactions from their family towards their sexual orientation, almost two thirds had experienced some problems. Several identified problems with particular family members, and one noted that they had had to move away from their home town as a result of the negative reaction, which had included threats. Even where respondents had not experienced particular difficulties, there was often a general lack of understanding from family members, and the feeling that, for example, “my parents aren’t that thrilled about it”. A number of respondents stated that they had been unable to disclose their sexual orientation to at least some members of their family.

2.14 Similar issues have been raised in other studies, and D’Augelli and Hershberger (1993), for example, found that more than half of the young people in their study feared disclosure of their sexual orientation to their family. The US Committee on Adolescence (1993) identified that parents of LGBT young people may react to them with a range of responses, which might include shock, anger and/or guilt, and Rosario and Scrimshaw (2005) identified that people close to LGBT people may respond negatively, or even violently, when they become aware of their status. In terms of experiences of such reactions, Smith and Drake (2001) noted a 1995 study which found that 40% of LGB respondents had experienced verbal abuse from family members, with one in ten having experienced physical assaults. More recently, Balsam et al (2005) identified that LGB young people may be specifically targeted for abuse in families.

2.15 There are also issues relating to responses from peers and friends, and several individual respondents in Fife identified concerns with this. Some noted that they had lost friends, or experienced negative reactions from them, for example:

“A lot of friends abandoned me. I have no friends from my previous life.”

One respondent explained that, once they were in a relationship, they had “pushed friends away” to avoid having to come out.

2.16 Again, other research identifies similar concerns, with responses from peers having been found to include, for example, name-calling, ostracism and physical abuse. D’Augelli and Hershberger (1993), identified that a third of participants feared that they would lose friends on disclosure, and almost half (46%) reported that they had lost friends. Remafedi (1987b) identified that 41% of a sample of gay male adolescents reported receiving a strong negative reaction from their friends in relation to their sexual orientation and Savin-Williams (1994) provided considerable evidence of experiences of peer harassment, from a range of studies.

ISSUES AFFECTING PARTICULAR GROUPS OF LGBT PEOPLE

2.17 As well as these experiences, a number of specific issues have also been identified for particular groups of LGBT people¹⁶, and almost all of the respondents of all types recognised the existence of such issues.

Lesbians, gay men, bisexual people and transgender people

2.18 All of the LGBT organisations, most of the other services and almost all of the individuals in the Fife study identified particular issues which impact upon lesbians, gay men, bisexual men and women, and transgender people. While it is impossible to detail all of these (as there will be a wide range of experiences between and within groups), some examples are provided.

2.19 Valentine and McDonald (2004) noted that there can be gender differences in views of lesbians and gay men, suggesting that there is less concern about lesbianism as a public issue than male homosexuality. Robinson and Williams (2003), in a study of LGBT people in Wales, found that men were more likely than women to experience dismissal from their jobs, to be prevented from accessing their children, to be evicted and to experience harassment from the police. A number of respondents in this study also suggested that there was more acceptance of lesbians than of gay men in Fife¹⁷, although there were mixed views of this, and both groups were seen to experience problems with the attitudes of others.

2.20 One of the general services noted that risky sexual behaviour could be a particular issue for some gay men, although one national LGBT organisation suggested that the focus of funding upon sexual health projects for gay men has led to the impression that gay men are

¹⁶ It should be stressed that each of these areas could comprise an area of study in their own right, and it is impossible to provide a comprehensive review of the issues in each case. The information provided, however, reflects the main issues raised in Fife, coupled with other examples from the wider literature.

¹⁷ It should be borne in mind, however, that the highest proportion of respondents to this research were male, and other authors have indicated that there are significant issues for women.

“very sexualised”. One respondent also identified that the possibility of physical attack was a particular issue for gay men.

2.21 It has also been suggested, however, that lesbians also experience prejudice, with lesbian relationships often devalued by society. One national LGBT organisation noted that there is not a visible lesbian community, nor specific social events for lesbians and this was also identified as being the case in Fife, with less specific provision for lesbians than gay men, and the suggestion that there may be little awareness amongst services of the issues which they face. The lack of access to appropriate services was also identified by the Sandyford Initiative (2004), which highlighted a range of specific health issues for lesbian and bisexual women.

2.22 Klein (1993) identified specific issues for bisexual people, with suggestions that they are unable to reveal their sexual orientation in either the heterosexual or homosexual community, with both viewing them with suspicion. As a result, they may feel rejected by both communities (a finding that was also recognised by some of the respondents in this research). Laird (2004) also suggested that there can be inappropriate assumptions made about bisexual people and some of these were identified by individuals and LGBT organisations in Fife, including that:

- Bisexuality is not accepted as a sexual orientation, with bisexual people perceived as sexually greedy, promiscuous or actually gay.
- Bisexual people are often viewed as being “in transition”.
- Bisexual people tend to be perceived as gay when in a same-sex relationship, and heterosexual when in an opposite-sex relationship.

2.23 A number of issues were also identified for transgender people in Fife, including a high level of stigma, a lack of understanding, and a perception by some that services are less accepting of this group. It was also suggested that cross-dressing people and transgender people can be subject to persecution, as a result of confusion by members of the public who come into contact with them (and it can be more difficult to conceal their gender identity). Clements-Nolle et al (2006) also identified that transgender people may experience more intense discrimination and victimisation, suggesting that this may be because they challenge gender and sexuality norms. Amongst Fife respondents, it was also suggested that transgender people can experience discrimination within the LGBT community.

2.24 Other issues affecting transgender people which were identified in this, and other research, included that:

- Transgender people tend not to be referred to separately, despite their needs differing from gay men, lesbians, and bisexual people.
- Fear of rejection is an important issue, and they can also experience guilt and shame (e.g. Neal and Davies, 2000).
- Expressed attitudes to transgender people can be similar to those relating to disabled people, often involving “tolerance born out of pity” (Steffens, 2005).
- Transgender people also face practical issues, such as the cost of dressing appropriately.

2.25 A range of other issues have been identified (e.g. Laird and Aston, 2003). A number of individual respondents in Fife also suggested that perceptions of issues for individual groups can lead to “in-fighting” and discrimination within the LGBT community.

People in different age groups

2.26 There was also widespread recognition amongst respondents in this study, borne out in other literature, that there are particular issues for LGBT people in specific age groups.

Young people

2.27 One of the main issues faced by young LGBT people was found to be the coming out process, and some of the potential reactions from loved ones and peers have already been noted. Respondents to this research identified a range of problems with the coming out process and its impact, and this was the age-related issue raised most frequently by individual LGBT people. Coia et al (2002), also identified problems for LGBT young people with this process.

2.28 A further key issue for young people was found to relate to their school experiences, and the difficulty of being openly gay at school. Many respondents in Fife (and other authors) have identified homophobic bullying and other problems (which are discussed in more detail in Section 3 in relation to education), although a small number of individual respondents suggested that there had been some improvement to the acceptance of LGBT young people. One LGBT organisation noted, however, that young LGBT people often have to cope with issues affecting all young people, as well as with LGBT issues. It has also been noted (e.g. Smith and Drake, 2001) that many young people try to hide their sexual orientation when they see how other LGBT people are treated, and may live with the constant fear of being “outed”.

2.29 There were also seen to be gaps in support and information for young people in Fife, and specific difficulties in accessing social opportunities (which emerged repeatedly and are discussed further later).

Older people

2.30 A number of issues were also identified for older LGBT people, and a number of themes emerged frequently. There was an overall suggestion by a number of respondents that there is less acceptance of older LGBT people than other groups, as well as, at times, ageism within the gay community. It was also noted that, although older people are more likely to be out, they are less likely to feel able to come out if they have not done so by that stage.

2.31 Problems were also identified by some respondents with the provision of appropriate support and services to older LGBT people, with concerns about a lack of appropriate care services and a lack of facilities for older LGBT people (both of which were also identified by Beyond Barriers, 2003, and are explored further in Section 3). Mind (undated) has noted that some service providers (such as sheltered housing or care homes) may not consider that service users may not be heterosexual, and Hubbard and Rossington (2005), in a study of housing and support needs of older lesbians and gay men identified concerns that they would experience a poorer quality of service if service providers found out they were gay.

Additionally, past experiences of discrimination were seen by some to impact on older people, and a small number of respondents suggested that these experiences, or feelings of guilt, were common amongst older gay men. One LGBT organisation in this research also noted, however, that many older LGBT people are now challenging inappropriate service provision.

2.32 Issues were also raised relating to limited opportunities for social contact amongst older LGBT people, with a suggestion that older LGBT people may be more likely to hide their sexual orientation (and hence less likely to be involved in community activities). This was also found by Robinson and Williams (2003) in a study in Wales, and Mind (undated) suggested that the gay scene is usually geared to younger people.

2.33 A further common issue amongst respondents in Fife was that inappropriate assumptions are often made about older LGBT people, including that they do not have a sexual identity because of their age (a finding which was also identified by Hubbard and Rossington). It was suggested that this can lead to a lack of focus on pertinent issues, such as their sexual health.

Other equalities groups

2.34 Almost all of the respondents to this research recognised that LGBT people face additional issues when they are in other equalities groups. One individual noted that this has the effect of “multiplying issues incredibly”, with discrimination on the basis of a number of factors. Some gender and age issues have been discussed above, and some issues for other equalities groups were also identified.

LGBT people from ethnic minority communities

2.35 A number of respondents (and other research) have noted that LGBT people from ethnic minority communities face specific issues, including that:

- Ethnic minority LGBT people experience “double oppression”, and may face both homophobia and racism (e.g. Mind, undated).
- The culture of some communities does not accept LGBT people, leading to their isolation and exclusion (respondent).
- People from ethnic minority communities can face difficulties in developing a strong ethnic identity and a strong gay identity, and they may believe that they have to choose between the gay culture and ethnic minority culture (e.g. Mind, undated).
- For people who are cut off from their family and community support, an important support network can be lost (e.g. Mind, undated).
- There can be racism within the LGBT community (respondent).

Disabled LGBT people

2.36 Similarly, many respondents (and other research) have recognised issues for disabled LGBT people, including that:

- Disabled people can experience discrimination on the basis of their impairment and their sexual orientation (Stonewall, undated).
- There can be specific problems of access to services (e.g. The Sandyford Initiative, 2004).
- The lack of access to LGBT venues can lead to particular isolation (Stonewall, undated).
- Small numbers of disabled LGBT people can contribute to their isolation, and there may also be problems in finding a partner (respondent).
- People with mental health problems can face particular discrimination, compounded for LGBT people with mental health problems (respondent).
- There can be negative attitudes about people with learning difficulties exploring their sexual orientation, and, more generally, inappropriate assumptions about disabled people's sexuality (e.g. Savarimuthu and Bunnell, 2003; Mind, undated).

LGBT people in religious / faith groups

2.37 For religious and faith groups, issues identified included that:

- Some religious / faith groups have a negative view of homosexuality (e.g. Wikipedia, undated) and have taught that LGBT people are inferior (e.g. Mind, undated).
- There can be difficulties in disclosure for LGBT people in some religious / faith groups, who may fear rejection (respondent).
- People can face pressure difficulties in disclosure to their families where they hold some religious views (e.g. Coia et al, 2002).
- Sexuality can conflict with some religious beliefs, which can be difficult for LGBT people from, for example, a Catholic or Muslim background (e.g. McFarlane, 1998).
- The disapproval of condom use can lead to risk-taking amongst some Catholic people (respondent).
- Rejection by a religious / faith group, or personal conflict between religious beliefs and the need to explore sexual orientation can be painful and difficult for LGBT individuals¹⁸ (respondent).

People affected by HIV / AIDS

2.38 Almost all of the respondents to this research identified particular issues and barriers for LGBT people living with HIV/AIDS.

Attitudes

2.39 The additional stigma and discrimination experienced by people with HIV/AIDS was identified by most respondents as affecting this group, and many identified widespread

¹⁸ One respondent noted that they had come into contact with people who had been “destroyed” due to their church's stance on LGBT people.

ignorance in the community and amongst service providers. One individual respondent stated that:

“When you say you’re positive you get a negative reaction right away.”

2.40 Others suggested that people living with HIV / AIDS are often “degraded and treated as second rate”, in the general community, in some services, and sometimes within the LGBT community. One of the general service providers suggested that some may “blame” people for contracting HIV or AIDS, and another that HIV is often seen as only affecting gay people or intravenous drug users, with related negative images about both. The National Aids Trust (2006) has also highlighted a common view that there remains a great deal of stigma about HIV and AIDS.

2.41 It was also suggested that this can be reflected in service provision, and there were examples of what were seen to be direct discrimination and inappropriate responses, as well as some gaps in provision. One HIV positive respondent described a range of inappropriate behaviour by service providers, which included a home care assistant who wanted to wear rubber gloves to carry out ironing. A wide range of service-related issues are addressed in more detail in the following section.

Issues at various stages

2.42 A number of concerns were also identified for people affected by HIV / AIDS at various stages, including pre and post-test¹⁹. Although not exhaustive, the issues identified in this research pre-test included:

- The difficulty of the decision about whether or not to have a test.
- A potential reluctance to be tested for HIV.
- A false perception that HIV/AIDS no longer poses a major risk (which is seen to put people’s health at risk).

2.43 Again, although not exhaustive, post-test issues identified included:

- A lack of preparation in some cases for a positive result.
- A lack of discussion, where there is a negative result, about how to maintain this, which can lead to people feeling “invincible”, or immune to HIV (which can lead to risk-taking).
- Difficulties of coming to terms with HIV status.
- Experience of a range of emotions upon diagnosis.
- Concerns about disclosure and confidentiality of HIV status (e.g. to service providers, prospective partners and loved ones).
- Isolation of people who are unable to disclose their HIV status and feelings of being abandoned or socially excluded.
- Concerns about health implications, uncertainty about the nature and progression of an individual’s illness where they have AIDS, and uncertainty about treatment.

¹⁹ These issues were distilled from interviews with expert organisations, service providers and users, and many are supported in wider literature.

- Difficulties for people affected by HIV who are concerned with keeping themselves healthy, given the alcohol-driven nature of the commercial LGBT scene.
- Distress and fear of being identified on the basis of physical symptoms.
- Pressure upon people living with HIV or AIDS to give up sexual relationships.
- Gaps in the provision of support, discussed further in Section 3.

People in rural areas

2.44 Most respondents also indicated that LGBT people living in rural areas faced particular problems, with the rural nature of much of Fife highlighted. The main issues identified related to community attitudes and difficulties in accessing support and services, and consequent isolation. Isolation was the most common issue identified in the research for people in rural areas, and many individual respondents and LGBT organisations contrasted the experiences of LGBT people in Edinburgh and Fife. There was seen to be a lack of access to peers and role models in Fife, with the absence of an LGBT community in rural areas, and a lack of social and other support. One respondent noted that the gay community in Fife was “dotted all over the place”, making it difficult to arrange convenient meeting places (although one respondent suggested that the increasing acceptance of LGBT people meant that they were more able to socialise in “straight” venues without fear of repercussions).

2.45 It has been suggested that the problems for LGBT people in rural areas can lead to their leaving these areas, and Dunne et al (2001) and O’Connor and Molloy (2001) noted that a number of LGBT young people go to cities and urban areas, where there are visible and well-developed LGBT communities. One individual respondent noted that several of their friends had moved from rural areas to cities to have greater contact with other LGBT people, and one LGBT organisation suggested that LGBT people might leave their communities rather than cause problems for their families.

2.46 A further common issue raised by respondents related to the prevalence of inappropriate attitudes in rural areas, and the impact of these. Similarly, a focus group in Scotland reviewing housing standards (LGBT Housing Project, 2006²⁰) identified a perception that homophobic attitudes were more prevalent in rural areas and areas outwith cities. Consequently, one of the individual respondents noted that, since moving to Fife, they had taken steps to “restrict” how they acted in public, and a number noted differences between being in cities where “(you) can be yourself”, and the isolation and “fear of being yourself” associated with some smaller towns in Fife.

2.47 Linked to this, there were issues about a lack of anonymity and confidentiality. It was suggested that the small, rural nature of many areas made it difficult for LGBT people in parts of Fife to be open about their sexual orientation, as they could not remain anonymous. One of the service providers likened living in rural communities to “living in a goldfish bowl” and one individual suggested that, in Fife: “*everyone knows everyone else’s business*”,

²⁰ This project is a collaboration led by the LGBT Centre for Health and Wellbeing, also involving the Scottish Federation of Housing Associations and Stonewall Scotland. Its aim is to tackle homophobic discrimination in housing services and to help to ensure that LGBT people feel safe in their homes.

and being gay leads to “*gossip and scandal*”. It was also noted that difficulties with anonymity might discourage some LGBT people from accessing services.

2.48 A further common issue raised was a lack of provision of services and support in rural areas, as well as the level of understanding amongst service providers in Fife of LGBT issues. These issues are discussed further in Section 3.

Other groups

2.49 Respondents identified a small number of other groups of LGBT people who may face additional issues, and these groups were seen to include:

- People working in certain careers, such as doctors, teachers or people working in the Church.
- People in industries with a predominantly male culture.
- LGBT people who are parents.

Issues for families, partners and carers

2.50 As well as issues for individual LGBT people, most of the respondents to this research, and a number of authors, identify some issues faced by the families, partners and carers of LGBT people.

Families

2.51 The main issue identified for families was coming to terms with their family member’s sexual orientation. For some parents, for example, this may involve identifying the best way to support them, while for others, the concerns may relate to their own views of LGBT issues. It has been suggested in wider literature that parents of LGBT people can experience a range of emotions, and Goldfried and Goldfried (2001) identified that these can include: fear for the child’s welfare; guilt; conflicting feelings; anger; blame; worry about what others will think; shock; denial; confusion; and feelings of loss.

2.52 Parents themselves may also have to ‘come out’ to colleagues and friends, and can themselves experience discrimination. Some respondents provided examples of this (including incidents of vandalism as a result of a family member being gay) and one service provider described this as “discrimination by association”. Two LGBT organisations and one of the general services identified that parents must also come to terms with the longer term implications of their child’s sexual orientation, and may have to change their assumptions about the future.

2.53 It was also suggested that it may be more difficult for parents in rural / isolated communities in Fife, where they may be particularly concerned about what their neighbours will think, or in some religious / faith groups, and one service provider gave an example of a client whose Catholic grandparents could not accept that they were gay, and had tried to alter the person’s sexual orientation (which caused a great deal of stress). One service provider suggested that older family members might have difficulties due to the ‘traditional’ views they might hold.

2.54 One individual respondent suggested that, even where a family member appears not to have a problem with their loved one's sexual orientation, they may not be equipped to support them, with the result that the subject is not discussed and they do not access information (an issue which was also recognised by LGBT organisations). One LGBT organisation also identified that many families do not know where to access information, and that many families' information about the LGBT community has come from negative portrayals in the media. Several identified that parents may have misconceptions about what it means to be LGBT, which are seldom positive.

2.55 It was also suggested that there can be issues for the children of LGBT people, and one of the LGBT organisations identified that they may also experience a lack of understanding and discrimination. The specific need for adjustment by children of transgender people to one of their parents changing gender was also highlighted.

Partners

2.56 One of the national LGBT organisations identified a wide range of difficulties for the partners of LGBT people, many of which link to the stigma and prejudice noted above, and will not be reiterated in detail here. At the most fundamental level, however, there can be problems in having relationships recognised (e.g. when using services etc.). Additionally, the general pressures on LGBT people can put extra pressure upon relationships. One LGBT organisation also identified difficulties for a heterosexual partner of an LGBT person upon learning of their partner's sexual orientation, and one service provider suggested that the partners of bisexual people may face specific issues where that partner is exclusively heterosexual, or exclusively gay.

Families, partners and carers of people living with HIV and AIDS

2.57 Issues have also been identified for the families, partners and carers of people living with HIV and AIDS. It has been identified that partners and friends are often the main source of support and primary care givers for people living with HIV and AIDS (Bor et al, 2004). Land et al (2003) identified that more than half of gay and bisexual men in urban areas may have provided care to a lover, friend or relative with AIDS, making this a major issue, with support including, for example: housekeeping; self-care; meal preparation; administering medicine; and emotional support. Where the caregiver is also HIV positive, they also need to attend to their own health and medication, and may see the deterioration of their partner or friend's illness as a precursor to their own (Land et al, 2003).

2.58 One of the LGBT organisations in Fife identified that those close to people affected by HIV or AIDS must initially deal with the diagnosis (and emotions such as shock, sadness, fear, confusion, disappointment and disbelief) and then seek support to care for their loved one appropriately. In some cases, they may have to deal with their own, and their partner's diagnosis. It has also been identified that the provision of care can have an impact upon the relationship in a number of ways including:

- An emotional impact which can be exhausting, both physically and mentally (Catalan, 1999).
- An impact upon the sexual relationship between partners, with discomfort about being both a carer and a sexual partner (Bor et al, 2004).

- Difficulties in adjusting to the role of caregiver (Bor et al, 2004).

2.59 One of the service providers noted that the family of people with HIV and AIDS can find it difficult to cope with their loved one's deteriorating health, and may worry a great deal about their morbidity. It has also been noted that a partner may feel left out and unsupported by a patient's biological family, and may be treated as less important. There can also be issues at the end of their partner's life, when they may be excluded from the funeral and may lose their home and other joint possessions (Catalan, 1999). This can also be the case where an individual dies of other causes.

THE IMPACT OF THESE EXPERIENCES

2.60 It is not surprising that it has been suggested that all of these issues can have a negative impact upon LGBT people, in terms of their general quality of life and, in some cases, upon suicide, self-harm and mental health.

General impact

2.61 There was a clear recognition in this research amongst respondents of all types that these experiences have an impact upon LGBT people, both generally and upon their mental health, and this is supported in wider literature. The general impact of the types of experiences identified includes, for example: low self-esteem; perceptions of vulnerability and limited personal safety; and experiences of rejection, loneliness and isolation. Many authors have identified these (e.g. Savin-Williams, 1994; Pringle, 2003), and it has also been noted that LGBT people lack positive role models and participation in the "rites of passage" enjoyed by others. Such issues can impact on many aspects of individuals' lives and on their overall quality of life. They can also have an impact upon other experiences such as, for example, economic and social participation, school attendance, homelessness etc.

Impact on mental health, suicide and self harm

2.62 As well as the general impact, however, one of the key issues for this research is the identification of specific links between these experiences and mental health, suicide and self-harm amongst LGBT people. Several individual respondents who had experienced mental health problems perceived that there were clear links between the experiences they had as a result of their sexual orientation and their mental health problems. Some studies of the prevalence of mental health issues cited in Section 1 also suggest the impact of sexual orientation upon these issues.

2.63 It is recognised that a complex range of factors can impact upon mental health, and these vary for individuals. It is also recognised that it is difficult to identify specific causality in relation to mental health problems. All of the LGBT organisations and individuals in this study, however, indicated that the barriers and discrimination experienced by LGBT people had a negative impact on their mental health. This was borne out by the personal experiences of many of the individual respondents, and the impact of isolation arose repeatedly as one of the main problems. This is supported more widely (e.g. Pringle, 2003) and some of the more detailed issues raised are discussed below.

Homophobia, prejudice and stigma

2.64 Some direct links between homophobia, prejudice and stigma and mental health were identified by respondents in this research. More widely, it has been found that:

- Homophobia, social exclusion and heterosexism have a large impact on the mental health of LGBT people (Pringle, 2003). This was supported by one of the key service providers in Fife working in the area of mental health.
- Experiences of homophobia can be strongly related to suicide ideation (Romero, 1999).
- In the USA, the Committee on Adolescence (1993) identified that stigma, hostility, hatred, and isolation could impact on the “psychosocial problems” of gay and lesbian young people.
- Social stigmatisation can lead to a greater risk of psychiatric disorders and mental health issues, including suicide attempts (Cochran and Mays, 2000) and Smith and Drake (2001) made links between discrimination and mental health issues such as depression and anxiety, and other factors contributing to a decision to attempt suicide.
- Pressure to conform to heterosexual roles and values, along with homophobia can lead to depression, low self-esteem and isolation.
- Internalised homophobia (such as feelings of self-loathing and worthlessness) can be linked to, amongst other effects, unsafe sexual practices (Shidlo, 1994); and suicide (Pilkington and D’Augelli, 1995; Rivers, 2004).
- Self-esteem and positive social relationships can have a positive impact upon the risk of suicide and psychological distress (Rosario and Scrimshaw, 2005).

2.65 The impact of “internalising stigma” upon psychological distress for both LGBT young people and adults has been identified by a range of authors (e.g. Bridget, 2003; The Terrence Higgins Trust, 2005; Wright and Perry, 2006), and Pringle (2003), stated that:

“Anxiety, depression, self-harm, suicide and attempted suicide have all been linked with the combined effects of the experience of prejudice and discrimination and internalised negative feelings.”

2.66 This was well-recognised by many of the services and LGBT organisations in Fife, and several individual respondents suggested difficulties “accepting who they are”, and feeling “out of the norm”. This was also linked to feelings of isolation. Low self-esteem and lack of confidence were also identified by several individual participants in Fife as contributory factors to their mental health problems, as well as a lack of coping mechanisms.

2.67 Many authors have highlighted the negative impact of LGBT people having to hide part of their identity (e.g. Brown, 2002) and two service providers in this research also identified this. One of the individual respondents described the onset of their own mental health problems as having happened at the time when they realised they were gay. They were unable to disclose their sexual orientation, and did not receive appropriate help to address their depression nor to accept their sexual orientation, and believed that this had led to subsequent problems.

Bullying and harassment

2.68 Particular links have also been made between the experience of homophobic bullying and mental health issues. Many individual respondents in this study identified some aspects of the effects of bullying and harassment, and one LGBT organisation identified the impact on members, with feelings of isolation again common. Morrison and MacKay (2000) also identified that the consequences of violence and harassment included disempowerment, fear, anxiety and nervousness.

2.69 Links have also been made between these experiences and suicide, self-harm and mental health (including by some of the individual respondents), and Romero (1999) suggested that, amongst a range of other risk factors²¹, victimisation can lead to lower self-esteem, with low self-esteem being a predictor of consideration of suicide. Rivers (2004) also identified some of the effects of bullying, and reported that some research suggests that the effects of bullying, alienation and difficulty accepting sexual orientation can be correlated with the onset of mental health problems among LGB young people. Savin-Williams (1994) also identified that verbal and physical abuse are detrimental to mental health. Hutchison et al (2003), in an Edinburgh study, also stated that:

“many young gay and bisexual men may experience increased suicidal feelings because of homophobic bullying, rejection and hostility when they come out, the stress of remaining ‘closeted’ or of not being comfortable about their sexual orientation.”

The impact of hate crime on psychological distress has also been noted.

Coming out

2.70 It has also been suggested that there can be “prolonged psychological problems” with the coming out process (e.g. Bagley and Tremblay, 1996), and a number of individual respondents to this study highlighted the difficulties of coming out and coming to terms with their own sexual orientation. One organisation noted that many LGBT people fear rejection and that this can cause anxiety and impact upon their mental health, and a number of individuals mentioned the loneliness which they had experienced personally.

2.71 Links to mental health issues have again been identified, including:

- Fitzpatrick et al (2005) identified that people were more likely to experience a suicidal crisis at the time of coming out.
- Remafedi et. al. (1991) identified that suicide attempts are often linked to “sexual milestones”, including self-identification as gay, coming out to others and family problems.
- Hershberger and D’Augelli (1995) identified that the reaction from the family to disclosure of sexual orientation, or fear of the consequences of

²¹ A number of authors identify that the risk of suicide is not uniformly distributed amongst LGBT people, but is linked to a range of other risk factors (e.g. Remafedi, 1994).

disclosure can be a source of stress and this was supported by some respondents in this research.

- LGBT young people may experience a loss of control in coping with issues which they face, which, in turn can lead to mental health problems such as self-harm and eating disorders (national LGBT organisation).

HIV diagnosis and post-diagnosis

2.72 A further issue with a specific impact upon mental health has been identified as being HIV diagnosis and post-diagnosis. Some of the issues which face people living with HIV and AIDS were discussed earlier, and there are a range of findings (including perceptions of some of those involved in this research) which suggest that these issues have an impact upon mental health. For example:

- Two of the LGBT organisations working with people affected by HIV and AIDS in Fife suggested that mental health issues were part of the experience of a high proportion of LGBT people using their provision, and one suggested that as many as 80% of their service users had experienced mental health problems. Another indicated that around 50% of their members had considered suicide.
- Research has identified that the waiting period for test results is stressful (Schonnesson and Ross, 1999).
- Kelly et al (1998b) noted that a positive diagnosis is a traumatic incident which may lead to PTSD, and Catalan (1999) identified this as a time when mental health problems were likely to occur. One individual respondent in Fife identified that their own mental health problems began upon diagnosis of HIV and one described how they felt there was “no point in living” following diagnosis.
- The response to the diagnosis from others can lead to isolation and mental health problems, and one individual noted that their isolation was exacerbated by the way services were provided, with the use of masks and gowns by hospital staff and a general feeling of lack of control.
- When physical symptoms develop or worsen for people living with HIV, this can be linked to depression and psychological distress (Catalan, 1999). Carvajal et al (1995) identified that the timing of self-harm could centre around the onset of AIDS, as well as at times of recurrent illness and starting new HIV treatment.

2.73 Although it has been suggested that HIV can increase “suicidality”, however, it is important to note that a range of other factors have also been found to increase the risk of mental health problems amongst people with HIV (such as, for example, earlier psychiatric history and previous receipt of in- or out-patient psychiatric care). Komiti et al (2001) note that it is difficult to assess the direct effect of HIV/AIDS on suicidal behaviour, because of methodological limitations of many studies.

Other issues

2.74 Other issues have also been identified which link the experiences of LGBT people to some mental health problems. For example, it has been recognised that a link can be made

between the effects of homelessness (in terms of low self esteem, feelings of worthlessness etc.) and self-harm and suicidality, as well as depression and anxiety (O'Connor and Molloy, 2001). Corliss et al (2002) suggested that LGBT people experience a higher risk of childhood abuse, which is also associated with mental health problems and suicide ideation. One of the service providers identified the negative impact of "multiple discrimination" upon mental health. A range of authors have also identified specific factors amongst particular groups of LGBT people which may also link to mental health, suicide and self-harm (such as drug use; age of self-identification as gay; whether someone is out; gender conformity; membership of other oppressed groups; level of support; experience of sexual abuse; conflict with religious beliefs etc.)²².

Mental health issues for families, partners and carers

2.75 It has also been identified that there can be specific mental health issues facing families, partners and carers of LGBT people, both in terms of their own mental health, and that of their loved one.

2.76 In terms of their own mental health, some of the LGBT organisations identified that they may experience similar impacts of discrimination and prejudice which have been discussed in relation to LGBT people. There are also some specific issues for the mental health of those caring for loved ones affected by HIV and AIDS and Schneider et al (1991), for example, noted that:

"Many stressors that are associated with increased suicide risk in the general population e.g. life events, depression, social isolation and cumulative stress, are seen in the partners of people with HIV."

Rosengard and Folkman (1997) identified that over half (53%) of gay or bisexual males who were caring for partners with AIDS reported suicide ideation.

2.77 In terms of the impact of their loved one's mental health problems, the provision of care and support to someone experiencing mental health problems has been found to affect families, partners and carers, both in terms of some of the stresses of undertaking this, and a lack of understanding, for some, of how to support their loved one.

2.78 It was also suggested that there is a lack of specialist support available to the families, partners and friends of LGBT people in Fife (discussed in Section 3), and the families, partners and carers of people with mental health problems. Additionally, where they need to access services, the issues relating to disclosure and identifying their family member as LGBT were again recognised. One of the national LGBT organisations also stated that, even where support exists, families, partners and carers may be unaware of this, with projects unlikely to have funding for publicity work.

2.79 When a loved one commits suicide, there are a range of specific additional issues, and the Scottish Association for Mental Health (2004) identified a range of feelings which may be experienced by people close to them, including guilt, a sense of loss, anger, confusion, isolation and sadness / depression. These issues, again, can have implications for the family, partner or carer's own mental health.

²² These, and other specific issues are not discussed in detail in this report.

COPING STRATEGIES

2.80 Although individual people respond to experiences in different ways, respondents to this, and other studies, identify a range of “coping strategies” which may be used by LGBT people, some of which also have health and mental health implications.

Identifying support

2.81 A number of respondents noted that one of the ways of coping was to try to access support from other LGBT people and around a third of the individual respondents highlighted having tried to access support such as social networks (although, as will become clear in the following section, some forms of support are not always available or accessible). A number of general services highlighted the importance of support from others in similar situations, and this was also recognised by LGBT organisations, with evidence of the positive impact which this had had on some of their members. Contact with LGBT groups was identified as a positive coping strategy, and one respondent noted that accessing the Gaydar website and contacting other LGBT people had had a positive impact on their self-esteem. One respondent also identified examples of clients getting support through alternative therapies such as meditation, reflexology, or yoga.

Alcohol and drug use

2.82 A less positive coping strategy identified more commonly by respondents in Fife was the use of alcohol and drugs. A very small number of individuals described having personal problems with alcohol, but others identified that they used this to cope (e.g. as a way to escape or to forget, or in one case, to give them the confidence to participate in the gay scene), without considering that they had a problem with alcohol. An organisation working with drug and alcohol users in Fife suggested that there had been an increase in the number of individuals accessing their service due to problems with alcohol use linked to their sexual orientation.

2.83 These issues are borne out in wider literature. Cull et al (2006) found that half of the respondents in their study of homeless LGBT young people had misused alcohol or drugs. Cochran and Mays (2000) noted that the experiences of LGBT people put them at greater risk of drug and / or alcohol abuse and McFarlane (1998) stated that:

“Alcohol abuse is particularly prevalent amongst lesbians and gay men”.

A range of other authors have identified similar findings (e.g. McKirnan and Peterson, 1989; Abbott, 1998; Creith, 1994; Inclusion Project, 2003).

Risk-taking

2.84 A closely linked issue is that some people become involved in risk-taking as a means of coping, and some of the LGBT organisations in Fife and nationally identified an increased likelihood of risk-taking behaviours (e.g. casual sex). A small number of individual

respondents and one organisation also identified self-harm as a coping mechanism, and a means of taking back control.

2.85 Catalan (1999) identified some coping strategies amongst people with HIV, noting that:

“Anger is a common response to having HIV. People with HIV may turn their anger on themselves and exhibit self-destructive behaviours...not taking their medications as prescribed, not taking care of themselves, not sleeping adequately, or indulging in excessive alcohol or drug use.”

2.86 Acquire (2004) also identified that alcohol can have a role in risk-taking in sex.

Other coping strategies

2.87 A small number of other coping strategies were highlighted by respondents. Several individuals indicated that they had coped with their experiences by isolating themselves and hiding their sexual orientation, and it was noted that some people could “lead two lives”. One suggested that denying their sexual orientation and “suppressing sexual desires completely” was their means of coping. A small number of services also identified that some people may withdraw and isolate themselves to avoid situations where their sexual orientation might become an issue. Shannon and Woods (1991) also suggested that there can be a link between compulsive patterns of eating to cope with shame or anxiety, and to gain control.

OVERVIEW

2.88 These findings suggest that LGBT people face a range of issues in their daily experiences which can impact upon their quality of life and their mental health and well-being. In addition to these experiences, it has also been suggested that gaps and barriers in services can compound and exacerbate these problems, and these are explored in the following section.

SECTION 3 EXPERIENCES OF SERVICES

3.1 This section examines some of the issues which LGBT people face in using services in Fife, some of the perceived gaps in the provision of support, and ways in which these issues may impact upon their quality of life and mental health.

SERVICE PROVISION TO LGBT PEOPLE

3.2 LGBT people come into contact with a range of services in daily living, including general services, LGBT organisations and, for those with mental health problems, services providing mental health support.

General services

3.3 Access to general services in the community is an important part of day to day experiences and, in common with other members of the population, LGBT people may require input from a range of these, and some may have particular relevance to them for a variety of reasons. These may include, for example: police, criminal justice, community safety and victim support services; housing; education; employment; social work; health and mental health services; drug and alcohol services; rights services; services aimed at particular groups (such as older people, bereaved people etc.) and a wide range of others.

3.4 Statutory, voluntary and private sector organisations are involved in making relevant provision, and these services are generally available to all members of the community in Fife. A small number make specific provision for LGBT people, have LGBT people as a significant proportion of their users, or have specific staff with a remit for LGBT issues. Examples of such services in Fife which were highlighted in this research included:

- An HIV housing support service (providing practical and emotional support to people with HIV and other blood-borne viruses to help to maintain their tenancies).
- Fife Positive Support (which is part of the social work service, and provides support to people with blood-borne viruses).
- An LGBT liaison officer within Fife Constabulary.
- A member of staff responsible for equalities issues in Fife Council.
- A member of staff responsible for equalities issues in the NHS.
- A Safer Communities Task Group in Fife Community Safety Partnership focusing upon issues affecting equalities groups.
- An officer in UNISON with responsibility for equalities issues, and a specific group for LGBT people.
- A Diversity Worker in the Safer Neighbourhoods Team.

Specific support

3.5 As well as general services in Fife, some specific LGBT organisations were identified in the research. These include:

- The Fife Men Project (including the “Simply Being Me” and “3Gs” groups) carrying out a range of work on LGBT issues.
- LGBT Youth Fife, a social support group for LGBT young people.
- Fife FLAGS, a social support group.
- University and college LGBT societies, providing social networks for LGBT students.

3.6 At a national level, a number of organisations which are relevant to LGBT people Scotland-wide were also highlighted by participants, including:

- Parents Enquiry Scotland.
- The Equality Network.
- Stonewall Scotland.
- The Inclusion Project.
- HIV Scotland (including Healthy Gay Scotland).
- Gay Men’s Health.
- SOLAS HIV Support.
- PHACE Scotland.
- Terrence Higgins Trust.
- LGBT Youth Scotland.
- LGBT Health and Wellbeing Centre.
- Body Positive.
- Lesbian Mothers Group.
- Sandyford Initiative.
- Transmen Scotland.
- Switchboards.
- ROAM (a sexual health project for men who have sex with men).

3.7 Whilst it is not suggested that these lists are exhaustive, and it is not intended to provide an audit of services, these organisations were identified by respondents to this study. The main types of specific support available to LGBT people in Fife were found to involve the following:

- Support with HIV, blood-borne viruses and sexually transmitted infections (via the Fife Men Project, Fife Positive Support, the HIV housing service, the health service and some national organisations).
- One-to-one support (via the Fife Men Project; Fife Positive Support and a small number of national organisations).
- Practical support, such as condom distribution (via the Fife Men Project, Fife FLAGS, a college and the health service).
- Group support (via the Fife Men Project; LGBT Youth Fife; Fife FLAGS; the student organisations and UNISON).
- Information (via most of the groups and organisations).
- Counselling (via the Fife Men Project, Fife Positive Support and a small number of national organisations).
- A “buddy service” (via the Fife Men Project).

- Helpline and switchboard provision (via a homophobic hate crime helpline operated by the Fife Men Project, and a small number of national organisations).
- Training and / or awareness raising work (via the Fife Men Project, a college which had been involved in campaigning, and some of the national organisations).
- Multi-agency working and liaison with other services (via the Fife Men Project and through some of the national organisations).
- Referral to other services and organisations where LGBT people identify needs (via most of the groups and organisations).
- Support and information to those close to LGBT people (via the Fife Men Project; the HIV Housing Support Service and national organisations such as: Parents' Enquiry Scotland; HIV Family and Carers Support project; Gay Dads Scotland; Lesbian Mothers Group; Rainbow Families; and Broken Rainbow).

Mental health services

3.8 It was found that a number of the LGBT organisations (at a national and local level) also provide some form of support (often informal support) to service users or members who have mental health problems (and, in some cases, those close to them). Respondents also identified a range of other forms of mental health support in Fife (and nationally), and while this complex area of service provision cannot be detailed fully here, the broad types of services highlighted included:

- A wide range of statutory mental health services in Fife (including psychological services, psychiatric services, support groups etc.).
- Other local support organisations in the voluntary sector, such as the Express Group, Penumbra and Barony Contact Point.
- National helplines, such as the Samaritans, Breathing Space and Childline.
- National support organisations such as the Scottish Association for Mental Health (which one respondent noted was developing anti-bullying work in partnership with LGBT Youth Scotland) and Mind.

GAPS AND BARRIERS IN SERVICES

3.9 Despite the existence of these services, however, a range of gaps and barriers in provision have been identified, and there is considerable evidence of LGBT people facing discrimination in the use of many services. A report by the Inclusion Project (2003) identified that a quarter of LGBT respondents in a survey in Scotland had experienced inappropriate advice or treatment due to their sexual orientation or gender identity, and, in a needs assessment of young LGB people, NHS Greater Glasgow identified that 80% of the sample had experienced discrimination.

3.10 The majority of individual respondents in this research and all of the LGBT organisations felt that there were gaps in access to services. Most of the individual respondents had personally experienced barriers to services and around half of the services in the postal survey acknowledged that this might be the case in their own provision. Where individuals had not experienced barriers, several stated that this was because they had never

felt able to disclose their sexual orientation to services and, despite some service developments, two thirds of the providers in the postal survey indicated that there were gaps in their provision to LGBT people. Some of these gaps and barriers were seen to be common to a wide range of services, and the cross-cutting issues highlighted most frequently are discussed below.

Attitudes of service providers

3.11 One of the problems identified most frequently in the provision of services in Fife was the attitudes to LGBT people amongst some service providers. Service providers' attitudes clearly reflect those in the wider community, and experiences of heterosexism and homophobia were seen by many respondents to be common. There was also seen to be a widespread assumption that service users are straight, or non-transgender. A report by the Inclusion Project (2003) also identified that around a quarter of LGBT respondents had experienced homophobic staff, and there are similar examples from a range of other research, with more specific examples in particular services provided later in this section. The lack of appropriate training for staff in LGBT issues was identified frequently as a major contributory factor to these inappropriate staff attitudes and responses.

Training

3.12 The lack of understanding and knowledge amongst some service providers about LGBT issues in Fife (with some acknowledged exceptions) was identified by many respondents to this research (including service providers themselves). There was also seen to be a lack of training on LGBT issues, and a lack of integration of this into professional training and continuing development. One organisation suggested that some providers in Fife did not even know the meaning of the acronym LGBT, and one of the services in the postal survey noted the "minimal" delivery of equality training to staff. Such a lack of training and knowledge was seen to lead to discrimination and inappropriate responses, and one provider noted that services may consequently be concerned that they are unaware of how to deal with LGBT service users, and concerned about offending people.

3.13 While most of the services in the postal survey provided examples of staff, management committee or volunteers having undertaken some general equality training (most of which made some specific reference to LGBT issues), only two had undertaken specific LGBT equality training. Additionally, a small number noted that they had involved LGBT people in the training (although in some cases the means of doing so was unclear). Only one service, however, was able to indicate the actual number of staff who had received either general equality training or training on LGBT issues and, on this basis, it is difficult to assess the coverage of training and the types of service providers who have received this. From the qualitative information provided, however, it was evident that there has been a low level of specific training, and it seems that organisations working in the general area of community safety are perhaps more likely to have had some input of this type than others. Several services acknowledged that there remained gaps in staff training on LGBT issues.

3.14 Fyfe et al (2006) in their survey of local authorities in Scotland, also identified that training and awareness on LGBT issues was "patchy" with slow progress being made in relation to this.

Policies

3.15 It has also been identified that services often lack policies relating to the prevention of discrimination for LGBT people, with a lack of reference to sexual orientation and gender identity in wider equalities statements. Fyfe et al (2006) identified that LGBT issues are not often clearly stated in equality policies (in local authorities) and that their effectiveness for LGBT people is rarely monitored. They also identified that LGBT issues are often not included in key plans and strategies. It has also been suggested that there are few examples of policies dealing with specific issues, such as bullying of LGBT people and, at a wider level, it has been suggested that there is a lack of anti-discrimination legislation to protect LGBT people²³.

3.16 It was found in Fife, however, that there is some evidence of LGBT issues being reflected in some areas of policy and strategy, with developments in a small number of key services. For example, Fife Community Safety Partnership makes reference to LGBT people in the Fife Community Safety Strategy, and Fife Constabulary has force policies referring to LGBT people. The local housing strategy also makes reference to LGBT people, and the council has an overall equality and diversity strategy.

3.17 Additionally, all of the service providers identified having equal opportunities policies, all of which cover employment, and almost all of which also cover service delivery. Most were found to make specific reference to LGBT people, although only one service identified having a specific LGBT policy. Around half also identified making reference to LGBT issues in other relevant policies (such as, for example, bullying and harassment and domestic abuse policy documents)²⁴. One service noted that it proofed all policies to ensure that they reflected LGBT issues, although there was little evidence of the systematic consideration of LGBT issues across services in the development of policy and services. Overall, therefore, the findings appeared to suggest that, while there has clearly been some progress, there also remain some gaps in policy. One of the LGBT organisations also identified an overall lack of an LGBT strategy in Fife.

Lack of recognition of LGBT issues

3.18 A further issue, which is closely linked to the lack of training, is the suggestion that, in general, many services do not respond to LGBT people in an appropriate way (and this, too, was recognised by some of the service providers in Fife). The Inclusion Project, reporting a stocktake of NHS services, noted that few policy and planning areas target the needs of LGBT people, and those that do are generally those relating to sexual health, men's health, and HIV (although it was noted in Fife that there is also some housing and community safety work focusing on LGBT issues). Generally, however, targeted approaches are relatively uncommon, and only one individual respondent to this survey suggested that, when they had made a service provider aware of their sexual orientation, the service had made an effort to take a positive approach to meeting their needs. Pringle (2003) suggested that:

²³ It should be noted, however, that The Equality Act (Sexual Orientation) Regulations 2007, which became law at the end of April 2007, prohibit discrimination on the grounds of sexual orientation in the provision of goods, facilities and services, education and public functions, and the legislation is made under powers granted by the Equality Act 2006.

²⁴ There was no indication, however, of whether issues for LGBT people are identified in health or education policy documents, as neither service responded to the postal survey.

“What is most remarkable ... is the extent to which [the needs of LGBT people] have, to date, been effectively ignored or neglected by public sector policy, planning and provision of services.”

3.19 There are also concerns about the low level of priority given to LGBT issues, and a 2005 stocktake of Scottish local authorities found that, of the six “equality themes”, sexual orientation was ranked the lowest priority (Fyfe et al, 2006). One of the large service providers in Fife also acknowledged that, in their service, LGBT issues appeared to be treated as a lower priority than race or disability issues.

Lack of consultation and involvement of LGBT people

3.20 A further common barrier identified in the literature is the lack of consultation and involvement of LGBT people in service planning, provision and review and Morrison and MacKay (2000), for example, noted that there was little done to build links with the gay community, with a lack of consultation on gaps in provision. The Inclusion Project, reporting a stocktake of NHS services, also suggested that there can be a lack of knowledge on how to engage people effectively.

3.21 In Fife, however, there was evidence of some of the key services undertaking some consultation with LGBT people, and the majority of services responding to this survey suggested that they took some steps to identify their needs. Most were aware of local LGBT organisations (although two mentioned organisations that are no longer operational) and examples of types of work included that:

- Fife Council seeks to engage with LGBT people through the Equality and Diversity Strategy.
- The Fife Men Project has recently become involved as a participant in the Equality Forum, with LGBT Youth Fife also involved.
- The Housing Service is taking part in an LGBT Housing Project pilot aiming to put processes in place for identifying needs.
- A number of community liaison groups involving the police were highlighted, chaired by the Force LGBT Liaison Officer. There is an LGBT reference group, with representation from LGBT organisations, and direct links between the police and Fife Men Project relating to third-party homophobic hate crime reporting and other information sharing.
- A survey of experiences of crime and fear of crime amongst LGBT people which was carried out in Fife in order to tailor training was identified as an example of good practice in involvement.
- At a national level, there is an ACPOS²⁵ LGBT group, which allows police forces to identify emerging concerns and share good practice.
- The development of a Safer Communities Task Group through the Community Safety Partnership in Fife provides further opportunity for engagement with LGBT people.

²⁵ The Association of Chief Police Officers in Scotland.

- The Fife Health Alliance considers the health needs of LGBT people, although it was suggested that there was no formal identification of the needs of LGBT users.

3.22 Several services, however, noted that they did not take any specific steps to identify the needs of LGBT service users, although a small number identified that they hoped to develop this in the future. Some constraints to inclusion were also highlighted, and one of the service providers, for example, suggested that a lack of private meeting facilities can constrain this (and two of the LGBT organisations identified difficulties of getting private spaces, with examples of LGBT people being asked to discuss personal issues in public areas). As will become clear later, there are also capacity issues within LGBT organisations which constrain their participation in consultation, and only three services were found to provide funding to LGBT groups (with this funding most often relating to specific initiatives).

Lack of monitoring and information gathering

3.23 A closely linked issue is the lack of monitoring of service use by LGBT people. Amongst the services in this study, it was found that, even where consultation took place, most providers did not gather information on service use by LGBT people (with the main recording of this relating to experiences of crime). Some indicated that this information gathering may develop in the future, but most considered that they did not have enough information on LGBT service users. (One suggested that there could be suspicion of services which monitor the sexual orientation of service users). Fyfe et al (2006) also identified that local authorities lacked basic information about LGBT people in their areas.

3.24 A number of authors have also suggested a lack of more general research information about the experiences of LGBT people (although there have clearly been a number of studies in recent years) and Beyond Barriers (2003), for example, stated that:

“There is little significant evidence about the needs, concerns and experiences of LGBT people in Scotland.”

3.25 In the context of this study, there also appears to be a lack of definitive information relating specifically to mental health issues (discussed later) and particularly the prevalence of these issues and their link to sexual orientation.

3.26 Several types of additional information were identified by respondents to this research which it was suggested would be useful. These included: detailed information about the concerns of LGBT people in Fife; levels of victimisation and harassment; levels of need; uptake of services; barriers experienced in accessing services; and details of referrals on issues relating to sexual orientation.

Gaps in information to LGBT people

3.27 It has been also been suggested that there are often gaps in information provided by services to LGBT people, both generally and about particular issues, such as sexuality for young people (Mind, undated) health information for young women (LGBT Youth Scotland,

undated), health promotion / information on certain conditions or health issues of particular relevance to LGBT people (Inclusion Project, 2003).

3.28 Most services in Fife responding to this study stated that they did not make specific reference to LGBT people in their publicity material, and only three took steps to publicise their service to LGBT people. One stated, however, that it included images in all materials which “recognise the diversity of the population in Fife”. However, one LGBT organisation highlighted the general use of heterosexist material by services (and in the media) and the lack of positive or inclusive images and language in such materials. Two national LGBT organisations identified a lack of available information for bisexual people which may result in their having to “pick out” relevant information from information to heterosexual and gay people.

Rural issues

3.29 A further cross-cutting issue constraining provision and access to services in Fife was seen to be the rural nature of much of the area (discussed in the previous section). This, coupled with the difficulties facing LGBT people in rural areas (also highlighted in Section 2) was seen to lead to the further exclusion of some service users.

GAPS AND BARRIERS IN SPECIFIC SERVICES

3.30 As well as these cross-cutting issues, there is also evidence to suggest that LGBT people can face barriers in using specific services, although there was also evidence of some progress in Fife in some provision.

Police

3.31 Many comments were made about the police response to LGBT people in Fife. There was a general recognition by LGBT respondents that there has been some progress, with efforts by the police to promote inclusion and one respondent noted that Fife Constabulary actively tries to be accessible to LGBT people. It was also widely recognised by most respondents, however (including all of the LGBT organisations), that there remain some difficulties.

3.32 A common issue identified was the attitudes of some police officers (reflecting the general issue of staff attitudes discussed earlier). It was suggested that not all police officers’ attitudes are appropriate and positive, and the high-level commitment to work with LGBT people does not always filter through to front line officers. One LGBT organisation identified some “entrenched ideas” within the force, while another noted that individual officers sometimes allow their personal values to influence their actions. One individual respondent identified their experience of particularly inappropriate attitudes from some younger officers, and two LGBT organisations noted experiences of their members of “name-calling” and “homophobic comments” by police officers.

3.33 A number of respondents identified that many LGBT people in Fife do not want to disclose their sexuality to the police, because they are concerned about the consequences of this, and one organisation identified that some LGBT people have a fear of being “registered” with the police as being gay.

3.34 There are also issues relating to the reporting of crime, and the Inclusion Project (2003) identified that a 1999 UK National taskforce report on policing lesbian and gay communities found under-reporting of homophobic incidents to the police. Similarly, a study of homophobic hate crime in Fife (Ramsay) found that 68% of incidents were not reported, and it was suggested in this research that there remains under-reporting of LGBT incidents in Fife.

3.35 A number of reasons have been suggested for this, including perceptions of the consequences. For example, Beyond Barriers (2003) stated that, where people experienced physical violence:

“it was considered to be a waste of time, not serious enough or the police would not do anything about it.”

Similarly, Morrison and MacKay (2000) in a study in Edinburgh, identified reasons for non-reporting as including that: the issue was too trivial; the police would not do anything; there was a dislike or fear of the police; the respondent was embarrassed; they had had a previous negative experience or did not wish to disclose their sexual orientation. One respondent in Fife added that there was often a view that reporting an issue would not make a difference to the problem.

3.36 Where people did report incidents to the police, it has been suggested that these are not always seen to be dealt with appropriately, and there is evidence of mixed views of police responses (e.g. Beyond Barriers, 2003; Morrison and MacKay, 2000). One service provider in Fife suggested that crimes against LGBT people tended to be minimised, with harassment not always taken seriously, while another suggested a tendency to blame the victim (with the assumption, for example, that people who “flaunt” their sexual orientation should expect negative reactions). One LGBT organisation suggested that domestic abuse within same-sex relationships might not always be treated in the same way as domestic abuse within opposite-sex relationships (although it was noted that police officers received training on this issue) and a national LGBT organisation suggested that policies relating to transgender people can be inappropriate. One respondent also suggested that there was a continuing lack of an adequately resourced and monitored reporting system.

Although, therefore, it was acknowledged that there have been developments to police responses to LGBT people, and particularly to hate crime in Fife, there were seen to remain some perceived problems.

Criminal justice

3.37 A number of issues were also raised in relation to concerns with the criminal justice process, both for LGBT people as victims of crime and, in some circumstances, as perpetrators. As with the police, it was noted that there had been some recent improvements to the approach of the criminal justice process to LGBT issues, but some problems were also identified. One LGBT organisation suggested, for example, that the criminal justice service generally was not perceived to be “gay friendly”, with issues relating to a lack of awareness and training on LGBT issues again raised. It was recognised by some of the LGBT organisations that there is often a fear of discrimination or homophobia when accessing the criminal justice system.

3.38 Where LGBT people are victims of crime, some of the issues which were raised in relation to under-reporting were again seen to be relevant. For example, Morrison and MacKay (2000) noted that:

“Gay men are scared of going to court and having to talk about their sexuality or what went on before and lawyers will pull them apart. They’d rather accept their wallet getting stolen or a slap in the face.”

3.39 One of the national LGBT organisations also noted that, although the police are now unlikely to arrest a gay man for cruising, an individual’s past experiences may mean that if they become a victim of crime whilst cruising, they may fear the consequences for themselves of reporting this. Another raised a concern with current sexual offences law and the current definition of rape (with rape involving a male victim considered to be a different offence, with different punishments for the perpetrator).

3.40 There were also seen to be issues relating to evidence-giving. For example, it was suggested that LGBT people who were not out would be less likely to engage with the criminal justice system than others. This was seen to lead to a situation where only LGBT people who were out would be willing to give evidence in cases of homophobic hate crime, and to difficulties in evidence-gathering and prosecution. Robinson and Williams, in a study of LGBT people in Wales, also found that half of respondents felt the law did not go far enough to protect them, and a number of authors have highlighted the lack of law and policy to protect LGBT people.

3.41 At the time of the research, there was a high profile example of a court case involving a person infected with HIV by a partner who did not disclose their status, and one respondent suggested that there were likely to be more such court cases like this, which might have a negative impact on LGBT people.

3.42 There was limited discussion by respondents of issues for LGBT people as perpetrators of crime, but one service identified that there may be a tendency for the criminal justice system to view LGBT people as “victims”, while there may also be issues for them as perpetrators. It was suggested, for example, that there may be potential difficulties for LGBT people in prison (e.g. bullying and rape).

Housing

3.43 There is also evidence that LGBT people may face a range of housing issues, although again it was suggested that there had been some positive developments in Fife in recognising and addressing some of these, and participation in the LGBT Housing Project pilot was noted. It was also suggested that some problems of the past have been (or will be) addressed through civil partnerships (such as obtaining joint tenancies or loss of a home where one partner dies). It was also suggested, however, that there remain other problems. A focus group in Scotland reviewing housing standards (LGBT Housing Project, 2006) identified a range of housing difficulties which LGBT people faced, and a number of housing problems were highlighted in responses to this research. Again, as with other services, the overarching issue of the attitudes of some housing service providers was identified as problematic for some LGBT people, and a number of other issues were highlighted.

Housing crises and homelessness

3.44 It was suggested that LGBT people may experience housing crises and homelessness, and one of the Fife service providers identified that young people may be forced to leave home when they come out, leading to a range of housing difficulties. O'Connor and Molloy (2001) also noted a finding from the Scottish Federation of Housing Associations (1997) that one third of lesbian and gay people interviewed had had to leave home as a result of family finding out their sexuality.

3.45 There is evidence from many other studies of LGBT people experiencing housing crises and homelessness, with findings including that:

- Trenchard and Warren (1984) estimated that 11% of young lesbian and gay people experienced a housing crisis.
- Rees and Stein (1999) noted that sexuality had been mentioned by homeless young people as a possible cause of homelessness.
- Cull et al (2006) identified that sexual orientation or gender identity was a factor (directly or indirectly) in the cause of homelessness for most respondents.
- Roche (2005) suggested that up to 30% of homeless people in urban areas in the UK are LGBT.
- Mullen (1999), in a study of young LGB people, found that 13% were homeless or had been homeless at some time.

3.46 Where people do become homeless, the services provided may not always be appropriate, and Cull et al (2006) reported that people's experience of housing services suggested that, when making homelessness applications, their needs were not recognised. Roche (2005) suggested that the assumption of heterosexuality by service providers may have a negative impact on a homeless person and can isolate them further. Additionally, homelessness services do not generally monitor sexual orientation or, where this does take place, it sometimes relates to negative issues such as sexual risk behaviours or substance misuse.

Housing circumstances and allocation

3.47 There can also be problems with housing which is provided to LGBT people. One of the national LGBT organisations, for example, suggested that LGBT people may be housed in homophobic areas, and this has been identified in other work (e.g. O'Connor and Molloy, 2001). Independent Research Solutions (2001) also noted that transgender people felt that they were put in danger by being housed in unsuitable areas. One of the Fife LGBT organisations suggested a tendency for the housing service to "ghettoise" LGBT people, by allocating housing within the same areas of Fife and even the same blocks of flats. Another suggested that LGBT young people may be allocated housing in poor areas, with a lack of support to them. Again, this is suggested in other work, and Cull et al (2006) noted that many LGBT young people felt unsafe in temporary or supported housing, with experiences of harassment from other residents and a lack of appropriate action from staff. It has also been suggested that mainstream hostels may not be safe places for LGB young people (Dunne et al, 2001).

Neighbour and community issues

3.48 A very common issue, raised by many respondents of different types, was problems with neighbours and the local community, with the main issues relating to safety fears and harassment. Some of the individual respondents identified their own experiences of harassment in their local areas. Additionally, for older people, Hubbard and Rossington (2005) cited a survey of wardens of sheltered housing complexes where a number stated that same sex couples would face “considerable antagonism”.

3.49 Where problems with neighbours arise, one of the Fife service providers noted that the housing service might not respond appropriately in terms of addressing neighbours’ behaviour, or rehousing the individual. The LGBT Housing Project (2006) noted that focus group participants were not confident that housing associations would be able to deal with homophobic incidents / harassment effectively or appropriately where these occurred.

Other housing issues

3.50 Other housing issues identified included:

- Confidentiality issues when disclosing personal information, including sexual orientation, to housing services (identified by some individual respondents).
- The imposition of a condition requiring gay men to have an HIV test before being granted a loan or mortgage (identified by an LGBT organisation).
- A gap in housing geared to addressing the needs of people who are HIV-positive²⁶ (identified by an LGBT organisation).
- Housing problems and a lack of support for LGBT people escaping domestic abuse (Steel, 1998).
- Problems for first year students sharing rooms in halls of residence where they may be unsure about whether to reveal their sexual orientation, and how their room-mate will react (identified by an LGBT organisation).

Education

3.51 As noted previously, several individual respondents reported poor experiences in education, particularly as a result of bullying and harassment. It was suggested that, as in other areas, there is a high level of this in Fife and there is considerable evidence from other studies of experiences of this behaviour in Scotland. Pringle (2003), for example, noted significant levels of homophobic bullying, which included both verbal and physical abuse. Johnston (2005) reported research by LGBT Youth Scotland which identified that homophobic bullying and discrimination were “widespread”, with negative attitudes amongst other students and some staff members, and a range of effects, including impaired academic performance and truancy. Townley (2003) identified that more than half of gay men and lesbians surveyed had been bullied at school, while Faulkner and Cranston (1998) identified that students who reported same-sex behaviour were more likely to miss school because they did not feel safe, and more likely to be threatened or injured at school, than their heterosexual

²⁶ Although the provision of the HIV housing support service was also noted.

peers. Smith and Drake (2001), in discussing the experience of being an LGB teenager in school, identified that:

“For many it is a life of disapproval, rejection, isolation, discrimination and abuse”.

3.52 As well as the prevalence of bullying, national and local LGBT organisations suggested that insufficient action is taken to address this. Again, this has been identified in other work, and Human Rights Watch (2001), for example, noted that teachers, administrators and other staff can fail to protect young people from harassment, with some involved in perpetrating this. Johnston (2005) also suggested that schools were not doing enough to tackle homophobic bullying, and to make schools safe for LGBT students, and Pringle (2003) noted that few schools target homophobia explicitly in their bullying policies, with a lack of appropriate guidance for teachers.

3.53 A further issue raised was the lack of discussion of LGBT issues within schools, and several LGBT organisations identified the lack of inclusion of LGBT issues in the current school curriculum, particularly sexual health education, with one adding that this put young people at risk. One local organisation suggested that the approach to LGBT issues in schools in Fife was “reluctant and unhelpful”. The lack of LGBT material and images within schools and libraries was also noted, with young LGBT people seen to have little access to relevant information. More widely, Johnston (2005) identified that the majority of respondents in a study of young people in Scotland stated that LGBT issues had not been discussed in their classes, noting that:

“young LGBT people are being denied their right to health and social education relevant to them, e.g. sex education, mental health and LGBT social issues.”

Dunne et al (2001) raised similar issues, and identified examples of inappropriate assumptions and attitudes amongst staff and other pupils.

Employment

3.54 LGBT people have also been found to face barriers to employment, and one of the LGBT organisations in this study identified persistent low-level, subtle discrimination against LGBT people in some workplaces. One service provider suggested that they had anecdotal evidence of verbal abuse, harassment, and discriminatory practices in workplaces in Fife. Additionally, a number of LGBT organisations were aware of issues which their members had faced at work, and one suggested that incidents of bullying and harassment of LGBT people in the workplace had increased.

3.55 A small number of individual respondents gave examples of their own experiences (in two cases, verbal harassment, and in one case also involving threats and damage to their vehicle). One transgender respondent described harassment which she had experienced in a former job, where her boss had continued to refer to her as “he”, and her transgender status was not kept confidential. The more general lack of confidentiality of sexual orientation in the workplace was also highlighted by two LGBT organisations, one of which gave an example of a member whose manager had shared information about the individual’s sexual orientation with the rest of the team.

3.56 As discussed in the previous section, LGBT people in particular occupations were also seen to face specific issues, and it was noted that, in the absence of legislation, employers are not held accountable when homophobic discrimination takes place.

3.57 Again, such findings are supported in wider research. Reid-Howie Associates (2006) for example, identified that many LGBT people face a hostile working environment and this was also noted by Beyond Barriers (2003), with the identification of fears of prejudice and a concern about the impact of being ‘out’ at work. Examples of additional findings relating to discrimination and harassment at work include that:

- Some people are unwilling to disclose their sexuality at work, as they believe that this would lead to dismissal, or would prevent promotion (Coia et al, 2002).
- Fears about their career progression, a lack of visible senior LGB staff, previous negative experiences and issues with the attitude and behaviour of colleagues can all prevent disclosure (Wright et al, 2006).
- In a study in Wales, a quarter of respondents stated that they had been dismissed from a job because of their sexuality (Robinson and Williams, 2003).
- In their Edinburgh study, Morrison and MacKay (2000) identified the workplace as the setting for many gay men’s experiences of violence and harassment, and Townley (2003) also identified experiences of bullying and harassment in the workplace.
- One of the national LGBT organisations in this study identified issues for transgender people in the workplace, including being prevented from using particular bathrooms and changing areas, and other forms of harassment. It was also noted that it is difficult to work whilst undergoing hormone treatment.
- One specialist organisation suggested that people affected by HIV find it difficult to secure employment.

3.58 Where problems do occur, it has been suggested that support is not always available. Amongst the Fife service providers, only two postal survey respondents noted that they made some form of provision of support to LGBT staff (in one case, referral to an employees’ organisation, and in the other, the provision of information on local services available and access to employee assistance). Four others identified the existence of more general support mechanisms for all members of staff, and several identified policies such as a “Fair Treatment at Work” or “Dignity at Work” which would apply to inappropriate behaviour towards LGBT staff.

3.59 Only two postal survey respondents in this study indicated that they took positive steps to recruit LGBT people, and none collected information on the number of LGBT employees within their workforce. One of the general service providers (a large employer in Fife) noted that the culture within the organisation was not sufficiently supportive for disclosure.

Social work

3.60 Although social work was identified as one service in which a number of respondents believed that there may be fewer difficulties for LGBT people, and the positive impact of the work of the specialist social work service for people affected by HIV was identified, most of the LGBT organisations also noted some particular issues which may be faced in accessing social work services. As with other services, this included a lack of understanding by some social work staff of the needs of LGBT people (and variation in staff attitudes), alongside the suggestion that some LGBT people may not be aware of what they could expect from social work provision.

3.61 A more specific issue, raised by a number of respondents, related to difficulties with the provision of social care. For example, it was suggested that difficulties with families may mean that older LGBT people have no-one to care for them, and that organisation suggested that LGBT people who must move to a care home feel they “have to go back into the closet” to do so. Other studies have raised similar issues, and ODS and Stonewall Scotland (ODS, 2005) found that around half of their respondents felt that there may be barriers to residential care. Roberts (2006) also identified concerns about identifying care homes which understand issues for lesbians and which are not homophobic, and Hubbard and Rossington (2005) suggested that facilities often promoted themselves in heterosexist way.

3.62 Other issues raised by respondents included examples of inappropriate provision, with one LGBT organisation, for example, stating that people had been asked for irrelevant information in order to receive services, such as having to disclose their HIV status in order to receive home care. It was also suggested that social workers were sometimes unaware of when and where to make onward referrals. One organisation also identified that LGBT people may fear that they would be denied access to their children following the break up of a heterosexual relationship.

Health

3.63 A number of issues were also identified in relation to health services, and this was the type of service identified most frequently by individual respondents as one in which they had experienced problems.

Staff attitudes and understanding

3.64 Again, the issue of staff attitudes and understanding of LGBT issues amongst health professionals arose, with respondents of different types highlighting this. Again, this is supported in other work and a study reported in Nursing Times (1994) showed that: 10% of nurses believed that gay men with HIV ‘deserved it’; 10% were less tolerant of gay men; and 43% would not condone homosexual practices. A 1993 UK study of medical students found that 1 in 2 considered ‘homosexual activity’ to be unacceptable in terms of lifestyle. Agnew (2006), however, in a study reported in the Nursing Standard, found that respondents (with some exceptions) were in favour of equal rights for gay colleagues and patients, although there was some evidence of small numbers with inappropriate views. LGBT Youth Scotland (undated) suggested that health service providers can be unsure about how to approach LGBT issues and the Inclusion Project (2003) highlighted a lack of understanding amongst GPs

about transgender issues. The related lack of training amongst many medical staff in LGBT issues was also identified, as was the use of inappropriate language.

Disclosure

3.65 The issue of disclosure was also considered to pose difficulties for LGBT people in Fife, and some individual respondents identified that accessing health services (e.g. the GUM clinic) could be “daunting”. One noted that their local sexual health clinic tended to assume that all clients were heterosexual (making it necessary to come out in order to receive appropriate advice) and a wider issue related to the need for LGBT people to “out” themselves again to health care staff. For example, one LGBT organisation suggested that:

“embarrassing problems are made more embarrassing by saying you’re gay”.

3.66 Linked to this, given the high turnover of health staff in some disciplines, disclosure may be required on repeated occasions. Some respondents were also concerned about the likely impact of disclosure on the service received, and issues of confidentiality were also a common worry, particularly in terms of record-keeping.

Inappropriate advice or treatment

3.67 The lack of understanding noted above can clearly be reflected in a range of inappropriate health responses, and there were many examples of perceived inappropriate assumptions and inappropriate treatment of LGBT people by health services. Examples included:

- One respondent noted that a doctor had suggested that there was no need for lesbians to be screened for cervical cancer.
- Another respondent, who is HIV-positive, described a number of instances of inappropriate treatment in hospital.
- A transgender respondent reported that: “Some doctors won’t examine me, they are disgusted” and the same respondent described inappropriate treatment by administrative staff in the health service.
- One service provider noted an example of health staff wearing masks and gowns when delivering food to a client who was HIV positive.
- An LGBT organisation identified examples of healthcare staff taking blood from an HIV-positive person without wearing gloves, leaving the individual in a difficult position in relation to whether or not to disclose their HIV status.

3.68 More generally, other issues raised by respondents in this research included that:

- There can be variation in the provision of medication to people who are HIV positive between areas.
- Health service providers may focus on sexual orientation rather than the presenting medical problem.

- Health care professionals, when dealing with gay men, tend to focus on “worst-case scenarios” such as blood-borne viruses, rather than providing supportive services.
- Health services may fail to recognise an LGBT partner as family, which can have implications for their care.

3.69 Similar issues have been highlighted at a wider level in a number of studies and the Inclusion Project (2003), for example, identified that a quarter of the LGBT community had had inappropriate advice or treatment due to their sexual orientation or gender identity in the NHS, with a similar proportion having experienced homophobic staff. Beyond Barriers (2003) noted that 15% of LGBT people had experienced problems in accessing mainstream healthcare services. Laird and Aston (2003) identified that, for male to female transsexual respondents, a lack of knowledge amongst GPs and psychiatrists could lead to having to pay for services such as electrolysis.

Access to particular support

3.70 Issues were also raised relating to access to particular forms of health services, with access to GPs identified by individuals most frequently as problematic amongst health services. For example, one respondent described how they had been unable to be open with their GP about health problems they were having which related to coming out, and this was seen to have resulted in their problem not being appropriately addressed. It has also been suggested (Coia et al, 2002) that, where a GP has been the family doctor for a number of years, it can be difficult to discuss sexuality with them. One of the Fife LGBT organisations, however, also noted that moving to a new GP can lead to difficulties, where there has been no previous relationship. Cant (2006) suggested that the GP environment and information available were not gay-friendly, and identified that coming out to GPs was most often followed by a lack of communication on the part of the GP.

3.71 It has also been suggested that there are gaps in access to other forms of health support (alongside a more general lack of focus in health services on meeting the needs of LGBT people). One of the Fife service providers raised questions about lesbians’ access to fertility services, suggesting a lack of clarity about whether an individual’s sexual orientation would impact upon their likelihood of being accepted for treatment. The Inclusion Project (2003) identified that only 2 of Scotland’s 8 registered fertility clinics had been found by Pink Parenting not to discriminate on grounds of sexual orientation.

3.72 The length of time to get an appointment with some specialist health services was also identified by some individuals as having been problematic, and one respondent had waited 9 months to see a gender specialist and noted that services for transgender people were patchy in Fife. One LGBT organisation identified a gap in access to gender reassignment treatment in Fife, and one of the service providers noted a specific gap in transgender people’s access to cosmetic surgery, due to stringent criteria and funding issues.

3.73 Two individual respondents noted having waited a lengthy period to see an HIV specialist, and one national LGBT organisation identified that health services are not generally geared to the needs of people who are HIV-positive. A more general lack of health support pre and post-diagnosis in Scotland was raised by one national organisation (although it was noted that there is other specific support available in Fife through Fife Positive Support and the Fife Men Project).

3.74 There were also seen to be gaps in health information about issues of particular relevance to LGBT people and Beyond Barriers (2003) found that around a fifth of LGBT people had experienced difficulties in accessing health information. Additionally, LGBT Youth Scotland (undated) noted that the opening hours for sexual health clinics and youth services may be at times when young people have other obligations. There can also be delays and lengthy waiting times, as well as a lack of privacy.

Mental health

3.75 Some specific issues were also identified with mental health services (in addition to the issues highlighted in relation to general service provision). The majority of individual respondents identified barriers and gaps in such services, echoed by other work, such as Bridget (2003) who stated that:

“Appropriate intervention could significantly reduce the vulnerability of LGBT people to mental health problems. All too often, however, this is not available and inappropriate intervention adds to their vulnerability.”

3.76 Some of the Fife respondents highlighted their views of the nature of some of the problems.

Attitudes and understanding

3.77 The recurrent issue of the lack of understanding of LGBT issues, and the existence of inappropriate attitudes amongst some staff was raised again by respondents as a key barrier in access to mental health services, leading to inappropriate assumptions and provision. Some of the respondents to this study, for example, identified that, in their experience, mental health professionals tended to focus upon sexual orientation as the mental health problem, rather than the actual presenting issue. Hutchison et al (2003) also noted that:

“Evidence suggests that gay and bisexual men using mental health services can find that their sexual orientation is thought of as the problem instead of social oppression, personal difficulties or environmental issues”.

3.78 Similarly, Mind (undated) suggested that there was evidence to suggest that declassifying homosexuality as a mental illness had not affected the attitudes and practices of some counsellors and therapists. McFarlane (1998) identified homophobia in a variety of forms in mental health services, and Smith (1993) found that 77% of mental health nurses were moderately (57%) to severely (20%) homophobic. The lack of training was again identified in the Fife study as a key issue, and Mind (undated) have also noted a lack of training for counsellors and therapists working with LGBT clients. Similarly, Bridget (2003) identified the lack of training as an issue affecting service provision, and cited a range of studies to support this.

Inappropriate provision

3.79 There were also examples from Fife respondents of what was considered to be inappropriate mental health provision, and a number of individuals suggested that the support

they had received from mental health services had been poor. Mind (2003) also reported a study in which more than a third of gay men, more than a quarter of bisexual men, almost half of lesbians and almost two thirds of bisexual women reported negative or mixed experiences of mental health professionals when they were open about their sexuality. It was also noted that, within mental health services in Fife, there was no particular focus on the needs of LGBT people.

3.80 Several individual examples of what was considered to have been inappropriate treatment with mental health issues were given (although these did not always relate to the response of mental health services). Some related to examples of staff attitudes, but one respondent also identified that, following an overdose, their treatment in accident and emergency had been:

“Like I was wasting their time. No one took the time to ask me why I had done it.”

3.81 Another identified a “dismissive” attitude from a GP and a national LGBT organisation noted that social workers were often poorly equipped to deal with mental health issues associated with sexual orientation and coming out. Two individuals noted that they had been dissatisfied with the focus on medication to deal with the mental health issues which they faced, rather than the provision of the emotional support which they considered that they required.

3.82 Lucksted (2004) has also identified that there is little recognition of LGBT issues in most mental health settings, leading to a situation where people’s needs are sometimes unmet, with all clients being “tacitly assumed to be heterosexual”. Bridget (2003) also identified that sexual orientation is often ignored or denied in mental health provision and research. Mind (undated) identified that 25-60% of gay people seek counselling at some stage, and up to half are unhappy with the experience, with these issues undermining the effectiveness of services and treatment. Bridget (2003) also highlighted substantial research to suggest a lack of appropriate services.

Lack of specialist services

3.83 As well as some problems accessing the support which is provided through mainstream services, it has been suggested that there can be difficulties in accessing mental health services to address the specific issues faced by LGBT people. The majority of individual respondents and LGBT organisations in Fife considered that there were gaps in provision to LGBT people with mental health problems.

3.84 Several individuals made the general point that they were not comfortable accessing mainstream mental health provision. A small number of service providers and LGBT organisations also suggested that finding supportive professionals was an additional challenge for LGBT people experiencing mental health problems. Mind (undated) also identified problems accessing appropriate services such as counselling and psychotherapy, as a result of some services “pathologising” gay sexuality.

3.85 Just under a quarter of the individual respondents in this study felt they had outstanding mental health needs which had not been met, and some respondents, along with other authors, identified more specific gaps in support. For example:

- Hutchison et al (2003) in a study of suicidal thoughts, feelings and behaviours amongst young gay and bisexual men in Edinburgh found that respondents who had attempted suicide generally found little help, despite numerous approaches to professional sources of support.
- Bagley and Tremblay (1996) suggested that, despite evidence from studies, issues relating to sexual orientation were largely ignored in suicide intervention and prevention programmes and work by mental health professionals.
- One LGBT organisation suggested that there was a specific lack of mental health support to recognise issues for lesbians, bisexual women, and transgender people.
- One service provider in Fife indicated that information relating to LGBT people with mental health problems was not collected via the single shared assessment.
- One individual respondent stated that it had been difficult for them to identify a source of support with agoraphobia.
- Another noted a lack of appropriate counselling provision which could respond to the needs of LGBT people.
- A service provider noted that transgender people may have specific mental health needs requiring psychosocial counselling, but this is not available locally, making it necessary to refer people to counselling services in Edinburgh.

3.86 It is likely that there will be other gaps in support which other service users might identify, but overall views appeared to suggest a perceived general lack of recognition of the particular issues which LGBT people may face in some mainstream mental health services (although, at a national level two key voluntary sector mental health organisations, Mind and SAMH appear to recognise these issues).

Lack of information and evidence

3.87 As noted previously, it has also been suggested that there is a lack of specific information about mental health issues for LGBT people, and a lack of monitoring of service use by this group. For example, Remafedi (1994), identified a lack of information about the sexual orientation of suicide victims, as well as highlighting some of the difficulties in carrying out research in this subject area. Bagley and Tremblay (1996) suggested that professionals have often failed to recognise the importance of obtaining information about sexual orientation from surviving young people who have attempted suicide and these difficulties (including securing participation in mental health and sexual orientation studies) have been highlighted by a number of authors as constraining the recognition of LGBT issues and the development of appropriate mental health support.

Other issues

3.88 A small number of additional problems were identified, including the waiting time for provision of mental health support and capacity issues for existing service provision. This was identified by some of the individual respondents as a further barrier to support, and one suggested that mental health problems experienced by LGBT people were not taken seriously

enough “until it’s too late”. One respondent also indicated that many LGBT people are not aware of services which may be available to address their mental health needs.

Other services

3.89 Two other specific gaps in provision were highlighted by respondents, and these were:

- A lack of appropriate support for LGBT people with drug and alcohol problems.
- A lack of support to LGBT people who experience domestic abuse.

OTHER GAPS AND BARRIERS

3.90 As well as these issues with some of the mainstream services which enable participation and equality in public, economic and social life, some additional gaps and barriers for LGBT people were identified.

Specific support to LGBT people

3.91 Many respondents identified a lack of provision in Fife of services providing specific support to LGBT people. This included both the provision of specialist support by general service providers, and the availability of LGBT organisations. Although there is clearly some provision (which was highlighted at the start of this section), this was seen to be very limited, and insufficient to address the level of need. There is only a very small number of LGBT groups and organisations in Fife, and the level of support which they can provide is severely limited by their resources. It was suggested that, generally, there was very limited provision outside the two population centres of Dunfermline and Kirkcaldy (with limited provision even within these areas).

3.92 It was also suggested that the small number of LGBT organisations in Fife, the rural nature of the area, and the lack of provision in rural areas meant that the nearest LGBT organisation could be a considerable distance from the home area of some LGBT people, and may be inaccessible to them. One of the social support groups noted that some individuals travelled a very long distance to participate in that group, with additional difficulties with the accessibility of public transport in rural areas.

3.93 A number of LGBT respondents suggested that there is also a general lack of a gay scene in Fife, making it necessary for people to travel not only to access services, but also to socialise with other gay people. A number of service providers identified that the lack of services for LGBT people in Fife often resulted in referral to services in Edinburgh, but it was not always feasible to travel to such services. One LGBT organisation suggested that some people would actually move to Edinburgh to access support.

3.94 Funding for specialist LGBT organisations was seen to be low, and to be provided particularly by sources relating to HIV, resulting in a focus on sexual health issues. It was also noted that mainstream services’ resources were often stretched, and, as identified previously, only a very small number provided funding to LGBT organisations. One of the

LGBT organisations also noted that the resource limitations made it difficult for groups to work jointly to address particular gaps in provision.

3.95 The lack of resources clearly affects the capacity of LGBT organisations, and not only is there a very small number in Fife, but those which do exist were found to operate with few staff (and some with no staff), relying heavily on the involvement of volunteers. Although the level of work relating to LGBT issues is growing, and there is clearly an increased recognition of the need for training and consultation, there is also currently a lack of capacity in the LGBT community to respond to these demands. This was identified as a source of frustration to organisations, with the recognition that, without such developments, there is likely to be limited progress on developing attitudes and appropriate service provision.

3.96 One of the specialist LGBT organisations also suggested that the support which is available is not visible enough (although the respondent also suggested that advertising might also compromise members' safety).

3.97 Some specific gaps in provision to particular groups were highlighted, and these included a perceived lack of:

- Peer support for young LGBT people.
- Sufficient support for gay men.
- Support for lesbians (including specific support for older lesbians) and resources for women questioning their sexuality.
- Support for bisexual people.
- Support for transgender people.
- Provision to people over 25 but not yet included in provision to "older people".
- Translated information to LGBT people from ethnic minority communities.

3.98 There were also seen to be gaps in a range of types of work, including:

- A Fife LGBT centre.
- Information and advice.
- Counselling support.
- One to one support.
- Group support.
- Representation of LGBT people and issues.
- Campaigning and awareness raising.
- Social opportunities for all groups.
- Practical services, such as provision of free condoms.
- Specialist support to people affected by HIV / AIDS.

Support to families, partners and carers

3.99 Gaps in support to recognise and address the issues faced by the families, partners and carers of LGBT people were also identified by many of the service providers and LGBT organisations in Fife, with few organisations providing support to this group. One respondent

stated that there is an “almost complete lack of services in Fife” for them, and that their needs are effectively being ignored.

3.100 Additionally, a number of LGBT organisations noted that, where support to families, partners and carers is provided, they might not be aware of where they can access this, and it is often based in cities. One organisation also identified that parents may have difficulties in attending support groups, through fear of being identified.

3.101 A particular lack of provision was identified for the families, partners and carers of those with HIV or people with mental health problems, with little recognition of their particular needs. One of the national LGBT organisations in this research also identified a lack of support to LGBT people providing care to their elderly relatives, and a local LGBT organisation identified a lack of practical support for carers.

THE IMPACT OF GAPS AND BARRIERS IN SERVICES

3.102 The potential impact of day to day experiences of homophobia and discrimination upon the mental health of LGBT people was identified in Section 2 and will not be repeated in detail here, other than to reiterate that the problems described in this section are likely to contribute to, and exacerbate this, particularly in terms of issues relating to discrimination, exclusion and isolation. Mind (undated) state that:

“being gay is not in itself a mental health problem, but coping with the effects of discrimination can be highly detrimental to lesbian, gay and bisexual mental health.”

3.103 It has also been suggested specifically that a lack of support can impact upon issues such as suicide attempts and other mental health problems, and some respondents in this study stated that being unable to access appropriate help had, in itself, led them to consider suicide.

3.104 In addition to the general impact of these issues on mental health, it was suggested that gaps and barriers in services can lead to:

- Lack of access to services, reluctance to approach services and a lack of support to address any problems, leading to issues remaining unresolved and needs unmet.
- Delays in accessing services and support, with issues not dealt with until they are approaching crises.
- Lack of awareness by service providers of the full range of pressures affecting an individual (because of a lack of disclosure), leading to delays in recognising and diagnosing mental health problems.
- Reduced likelihood of LGBT people remaining in contact with services, due to difficulties which they encounter in dealing with them, again leaving issues unresolved and needs unmet.
- Lack of engagement with services’ written information and material which is not seen to be relevant (such as health promotion and other material) leading to a lack of knowledge and information about some key issues.

- Isolation, withdrawal and exclusion, due to the lack of appropriate support, and the feeling that there is “no-one to turn to”, potentially leading to a negative impact on mental health.
- Reduced quality of life as a result of issues such as: fear of crime and lack of reporting of crime; early school leaving and lack of qualifications; lack of employment opportunities and income; unmet needs etc.
- Use of inappropriate social venues (e.g. by young people), leading to risk.
- Mental health problems, exacerbated by anger and frustration, isolation and exclusion, harassment, negative responses, concerns about disclosure etc.
- Lack of appropriate support to address these specific problems, leading to their escalation and potentially impacting upon the level of suicide, attempted or considered suicide and self-harm.

3.105 It has also been noted (e.g. Hutchison, 2003) that the lack of identification of LGBT people as a priority group in the Choose Life national strategy and action plan is considered to be a “serious omission”.

OVERVIEW

3.106 These findings relating to service provision and use by LGBT people in Fife (and more generally) highlight some of the additional barriers which they face, which may compound the impact of the barriers identified in Section 2.

3.107 Many suggestions were made by respondents about how to address and overcome these barriers and gaps in provision, and the following section considers some of the work which it has been suggested is required. This, in turn, is seen to have the potential to impact upon the prevention of mental health problems, suicide and self-harm, and to have a more general positive impact on the quality of life for LGBT people.

SECTION 4 SUGGESTED DEVELOPMENTS AND THE WAY FORWARD

4.1 The Fife research and other studies have identified a number of aspects of good practice or suggestions for development, which link directly to the types of problems which have been highlighted throughout the report which are likely to impact on suicide, self-harm and mental health. The suggestions made fall into four broad categories, which are: addressing attitudes and the barriers in the community; developing inclusive general services; developing and providing specific support and organisations to address the needs of LGBT people; and developing and providing mental health support which meets the needs of LGBT people. The focus of much of the work which is suggested is not upon mental health services per se (although some suggestions are made), but on tackling the perceived contributory factors in the wider community and in services.

4.2 The suggestions made in each broad category are considered below. It has also been identified that, throughout all of the developments, there is a need to recognise the needs of particular groups, and the other aspects of the identities of many LGBT people. This includes, for example, issues for: people from ethnic minority communities; disabled people; younger and older people; people of different genders; and people in different faith groups. McLean and O'Connor (2003) (and some of the respondents to this research) also identified a need to recognise the particular issues facing LGBT people in rural areas in developing work. Against this background, the main areas in which suggestions were made are considered.

ADDRESSING ATTITUDES AND COMMUNITY BARRIERS

4.3 The need to address attitudes to LGBT people in the community was identified repeatedly in the Fife research by respondents of all types, with a perceived need for a range of actions and the suggestion that there is a need to ensure that “the message of inclusion reaches the wider community”. Paul et al (2002) have also identified that:

“If we cannot change some of the environment in which lesbian, gay and bisexual youths come to maturity, the alienation, isolation and victimisation they frequently encounter will continue to take their toll”.

4.4 In terms of addressing barriers in the community, the main focus amongst respondents to this research was upon identifying means of promoting appropriate public attitudes to LGBT people and challenging stigma, inappropriate assumptions and behaviour.

Public awareness raising

4.5 The need for appropriate public awareness raising and developing understanding was identified widely by participants of all types in this research, and is supported in other work. For example, Hutchison et al (2003) identified the need to develop initiatives to challenge institutional and social homophobia. Beyond Barriers (2003) also identified the need for work to change attitudes and encourage understanding. A linked issue is the need to raise awareness of the effect of behaviours on LGBT people, and Koh and Ross (2006) highlighted the need for work to inform broader society of the impact of anti-gay and lesbian discrimination.

4.6 A range of suggestions were made in Fife about the ways of increasing public awareness and understanding, and these included to:

- Develop a large scale public information and awareness campaign at a national level.
- Undertake local campaigning and awareness raising in Fife (consistent with any national work).
- Provide positive images of LGBT people and work with the media to encourage positive reporting and images.
- Develop greater visibility of LGBT people throughout society.
- Improve links between LGBT people and the wider community.
- Increase public information about specific issues (e.g. HIV and AIDS).

Education

4.7 A number of respondents also highlighted the need to ensure that children and young people develop appropriate understanding, and many suggested that work with children and young people, both in formal education and in other settings is a vital part of developing positive attitudes to LGBT people in the future. It was suggested that this, in turn, would have a positive impact on the quality of life and mental health of LGBT people. Again, this has been identified in other research, and McLean and O'Connor (2003), for example, highlighted the need for work with children and young people, and identified the importance of education relating to preventing prejudice and discrimination. Johnston (2005) identified the need to tackle the "culture of homophobia" and suggested that information could be provided in social education and sex education classes about other sexualities.

Challenging inappropriate behaviour

4.8 Alongside the need for public awareness raising, some respondents also identified the need to challenge instances of inappropriate behaviour, through "zero tolerance" of this, and a robust response from all appropriate services.

DEVELOPING GENERAL SERVICE PROVISION

4.9 The second broad area identified by Fife respondents and others was the need to develop inclusive mainstream service provision. Within these suggestions, the most frequent suggestion was the development of appropriate staff attitudes and responses to LGBT people, through staff training and awareness raising.

Staff training and awareness raising

4.10 The need for widespread training in LGBT issues arose frequently in suggestions from respondents of different types as a major strand of the way forward. It was noted that mainstreaming LGBT issues and providing appropriate services requires increased understanding amongst staff, which, in turn, requires the development of training and awareness. One of the LGBT organisations suggested that most of the problems with services could be overcome through training.

4.11 Many suggestions were made for the development of training in Fife, with the need both for general equalities training to include a focus on LGBT issues and for specific LGBT equality training. The need for such developments is supported by the findings of other work and Fyfe et al (2006), for example, in the third phase of the stocktake of local authority policy and practice in Scotland, identified the need for specific training in relation to sexual orientation and gender identity which would build upon existing equalities training. They also suggested targeting front line staff, senior managers and elected members in the first instance. Human Rights Watch (2001) have also identified that further education and professional training should include training on working with LGBT people.

4.12 As well as the identification of the general need for staff training, some particular staff groups were highlighted for whom training is particularly important, with suggestions including, for example, the need for:

- Continuing work to raise awareness and continue to challenge any inappropriate attitudes amongst police (Fife respondents).
- Training for council staff to enable them to interact effectively with the gay community (Morrison and MacKay, 2000).
- Training for social work, housing, education and local services staff (Fife respondents).
- The development of training programmes and policy frameworks to challenge homophobic bullying in schools (Hutchison et al, 2003 and Fife respondents).
- Training for teachers (Human Rights Watch, 2001; Johnston, 2005 and Fife respondents).
- Addressing discrimination in health services and training on LGBT issues and awareness raising in the NHS for all staff (NHS Inclusion Project guidance; Beyond Barriers and Fife respondents).
- Appropriate training for mental health workers (Hutchison et al, 2003 and Fife respondents).
- Training for staff in other relevant services such as substance misuse services (Fife respondents).
- Diversity training for LGBT organisations themselves, in order to provide an appropriate service to everyone approaching them (Fife respondents).

4.13 It was also suggested that there is a need for good practice information to staff, to support training and awareness raising work. The value of codes of practice and guidance has also been identified in other work (e.g. Barclay and Scott, 2006).

The overall approach

4.14 As well as the development of staff training, a number of additional suggestions were made about developing a more inclusive overall approach to service provision. A number of respondents stressed that the needs of LGBT people are the same as other members of the community, in terms of requiring services which recognise and address the issues they face. This requires tackling some of the barriers identified, and ensuring that services are provided in an appropriate way. Amongst the service providers in Fife, there was clear recognition of

the need for their services to be accessible and appropriate to LGBT people, and there seemed to be a commitment amongst these respondents to develop this²⁷.

4.15 The need for mainstreaming of LGBT equality issues was a common theme amongst respondents to this research (although a number also recognised that this did not obviate the need for some forms of specialist support, provided this was integrated with mainstream services and did not marginalise LGBT people). This has also been suggested in other studies (e.g. Robinson and Williams, 2003) and, overall, McLean and O'Connor (2003) stressed the need for reform of public services to recognise and take account of the needs and requirements of LGBT people.

4.16 Respondents to this research also suggested that services should be:

- Non-judgemental.
- Inclusive and accessible, providing appropriate support.
- Empowering.
- Person-centred and needs-based.
- Confidential.
- Supportive and enabling (without requiring disclosure).
- Based upon clear boundaries of provision.

4.17 Some of the respondents to this research also identified the need for a range of strategies (both service-specific and cross-cutting) within and between organisations to recognise and reflect issues affecting LGBT people, and one service suggested the need for an overall strategy for LGBT equality in Fife.

Policies

4.18 A number of respondents also highlighted the importance of ensuring that services have appropriate policies to prevent discrimination and promote appropriate service provision, and this has also been identified in other studies. Wright et al (2006), for example, identified the importance of developing equal opportunities and diversity policies which include sexual orientation and Fyfe et al (2006) identified the importance of making explicit reference to sexual orientation and gender identity in statements on equalities issues.

4.19 There is also seen to be a need for other relevant policies and procedures to be in place, and for these to refer specifically to LGBT issues. Johnston (2005) identified the specific need for schools' anti-bullying policies to mention homophobic bullying. Fyfe et al (2006) also identified a need for clear procedures to be in place to deal with bullying in the workplace with reference to sexual orientation or gender identity and highlighted the importance of making it clear that homophobic or transphobic behaviour by any staff member will not be tolerated. Human Rights Watch (2001) also identified the need to review the effectiveness of policies (in this case in relation to schools).

4.20 As with training, it was suggested that policies and good practice can also be supported with guidance, and it was noted, for example, that a standards and procedures

²⁷ It is important to note, however, that these respondents from service providers included those identified as having a particular interest or involvement in LGBT issues, which is likely to impact upon their level of commitment to, and support for these developments.

manual will develop from the LGBT Housing Project pilot. One respondent suggested that such guidance should be developed in other services.

Developing the working environment

4.21 Other aspects of the working environment have also been identified as being important for LGBT staff. Wright et al (2006) for example, identified the importance of the establishment and promotion of same sex benefits; positive employer and trade union messages about LGBT issues; the existence of LGBT groups and the presence of LGBT colleagues and senior managers in workplaces. One of the service providers in this research also identified the need for increased recruitment of LGBT people to reflect the wider community.

Information for service users

4.22 The provision of appropriate information was also identified as a component of developing inclusive services and was identified by both individuals and organisations. The information required was seen to include issue-based information (e.g. HIV, mental health, coming out etc.) and information about the availability of services. A number of respondents of different types identified the general need for services to promote themselves as being inclusive and appropriate.

4.23 One of the service providers identified the need to challenge assumptions of heterosexuality in a range of published material and Fyfe et al (2006) suggested the use of positive images of LGBT people in promoting council services. The NHS Inclusion Project guidance suggested (as part of creating a physical environment which is inclusive of LGBT people) having posters and magazines relating to LGBT people. It also identified the need to use language, forms and assessments which do not assume heterosexuality.

4.24 The means of dissemination of information to LGBT people was also identified by some respondents as being important, and one of the LGBT organisations suggested that this should be available at mainstream outlets (for example, through the provision of folders of information in venues such as local libraries etc.). There was also seen to be a need to address some of the specific gaps in information networks for partners and families, identified previously.

Working in partnership

4.25 A further component of good practice in mainstream service provision was seen to be the need for providers to work in partnership with LGBT people and with other services. Many suggestions were made about the need to develop the involvement of LGBT people in policy making, service planning, service delivery and review, and a number of service providers in Fife recognised the importance of this.

4.26 This is also supported in other work (e.g. McLean and O'Connor, 2003), and Morrison and MacKay (2000), in Edinburgh, highlighted the importance of developing a relationship between LGBT people and service providers (e.g. the police). The NHS Inclusion Project guidance also identified the need to engage with LGBT individuals and organisations in order to inform the development of inclusive services. The Terrence Higgins

Trust (2005) identified the need to allow LGBT to guide the development of appropriate services to meet their needs and Brown (1999) identified the value of involving people in the development of materials, as well as services, to ensure their relevance, credibility and effective implementation.

4.27 One of the LGBT organisations suggested that the links which have been developing between LGBT organisations and both community safety and health improvement work in Fife should lead to further positive work in the future. A number of services also suggested that the improvement of links to LGBT organisations would be a useful development. One respondent noted that there is a need to increase the representation of particular groups of LGBT people (particularly women).

4.28 It was also been suggested that there is a need for different relevant services to work together to address cross-cutting LGBT issues, both generally and relating to addressing mental health needs. One LGBT organisation and several individual respondents stressed the need for increased joint working to address the range of needs of LGBT service users.

Information gathering and monitoring

4.29 A number of the service providers in Fife noted that having more information and statistics on LGBT people and their needs, and taking a more proactive approach to the collection of information, would help services to become more responsive. Fyfe et al (2006) also identified the importance of assessing the needs of LGBT people when planning services and the NHS Inclusion Project guidance highlighted the need for monitoring. Morrison and MacKay (2000) and O'Connor and Molloy also identified the need to examine service use by clients' sexual orientation.

4.30 There is also a need to ensure that the means of gathering information is appropriate. The NHS Inclusion Project guidance, for example, identified the need to ensure the confidentiality of monitoring. Acquire (2004) noted the need to make it clear to people that they have the option of disclosing or withholding information.

Timing of provision

4.31 It has also been suggested that there is a need for services to be available at the time they are needed, and that this is particularly important for people in some circumstances. For example, King (1993) identified that minimising the time between HIV testing and the provision of results can lessen negative impact. LGBT Youth Scotland suggested the need for services (in this case sexual health) to be available at the time when clients could use them, with, for example, evening and weekend opening times for clinics and youth services.

The legal framework and overall policy context

4.32 The need for the overall legal framework and policy context to continue to be developed was also identified. Some respondents stressed the importance of appropriate legal protection and anti-discrimination legislation and one organisation suggested that the development of the legislative framework to prevent discrimination in the provision of goods and services to LGBT people would provide a greater opportunity to challenge inappropriate provision, as well as providing a further means of raising awareness of LGBT issues. One

respondent suggested that public bodies should be compelled to develop LGBT strategies, and Fyfe et al (2006) also suggested the need for further national developments.

Specific service developments

4.33 As well as the need for all services to adopt appropriate practices as discussed above, some examples of good practice or potential developments were identified, and these included the following:

- Morrison and MacKay (2000) highlighted the importance of positive practice in the police, noting that they were developing new approaches to policing public sex environments. This was also recognised in Fife, with the importance of a continuing sensitive approach by the police and Procurator Fiscal stressed.
- Ramsay (2001) identified that respondents would be more likely to report incidents in the future if they could report them to a gay or lesbian police officer. It was also suggested that being able to complete a form to hand in to the police would help to enable reporting of incidents.
- It was noted that the joint approach adopted for racial hate crime was being expanded in Fife by the Safer Communities Task Group to cover all forms of hate crime, and this was seen to be a positive development which should be promoted.
- The development of liaison agreements (such as that which it was suggested is in place in Fife Constabulary) was seen to be good practice.
- It was suggested that positive developments in police work, such as remote reporting schemes, police training, the work of LGBT liaison officers, and the development of links to LGBT organisations should continue.
- It was suggested by some respondents that there should be a consistent and appropriate police response to homophobic attacks.
- The need to address all of the housing issues highlighted in the previous section was identified, and O'Connor and Molloy (2001) reported positive experiences of people using housing services which recognised sexuality as a factor in housing crises.
- They also identified the need to improve the quality of existing emergency accommodation to ensure that it is safe and viable for use by LGBT people.
- It was suggested by Fife respondents that it is important to ensure, through housing allocation, that there is not the “ghettoisation” of LGBT people.
- Smith and Drake (2001) identified the need for guidance for teachers, challenges to inappropriate behaviour and the development of an environment where everyone is treated equally, and these issues were also raised by Fife respondents.
- McLean and O'Connor (2003) identified the need to tackle homophobic bullying in school and in the workplace, and this was reiterated by respondents in Fife, with the need for appropriate language and behaviour and a “zero tolerance” approach to homophobic bullying.
- The development by the Scottish Association for Mental Health of a new anti-bullying service for Scotland in partnership with LGBT Youth Scotland was seen to be a positive development.

- One of the LGBT organisations noted that they were discussing developing outreach work to raise awareness about LGBT issues in schools, and a number of respondents stressed the need for similar work.
- One of the LGBT organisations suggested a need to address poverty amongst LGBT people, developing access to education and training to increase their skills base.
- The NHS Inclusion Project guidance identified the need for appropriate health and other services for transgender people, and this was also recognised in Fife.
- The need for health, housing and other services to address the needs of people affected by HIV and AIDS was stressed, as was the need for funding for these forms of support.
- The need for peer support, and pre and post-test counselling for people affected by HIV and AIDS was highlighted.
- It was suggested by respondents that there should be more local provision of sexual health services.
- It was suggested by respondents that health promotion campaigns and information could target particular groups with specific issues (e.g. cervical cancer screening for lesbian women) and that health promotion work could be undertaken along with LGBT organisations (e.g. making health assessments available via these organisations).
- It was suggested that GPs (and other service providers who may be approached as a means of accessing support) should be aware of the services offered by LGBT groups and organisations in Fife.
- It was noted that PHACE Scotland has developed new services for LGB people and people who are HIV positive from the Glasgow area who need therapeutic support in relation to emotional and mental health issues.
- Acquire (2004) noted that alcohol treatment practitioners find that understanding LGBT issues and lifestyle are vital in providing support, and the need for drug and alcohol services in Fife to continue to develop their provision to LGBT people was highlighted.

4.34 Although it is clearly impossible to detail all of the potential improvements to practice in individual services, these examples indicate some of the ways in which it was envisaged changes might impact upon the responses provided and the experiences of LGBT people.

Developing specific provision to LGBT people within mainstream services

4.35 Many respondents argued that there may be a need for some specific provision (within or alongside mainstream services, on an integrated basis) to address particular aspects of LGBT people's experiences, and the value of such provision is supported in wider literature.

4.36 For example, it is clear that the Inclusion Project in Scotland²⁸ (addressing issues affecting LGBT people's health) has carried out a wide range of innovative work, as well as

²⁸ The project was set up in October 2002 as a partnership between the Scottish Executive Health Department and Stonewall Scotland. It has undertaken a programme of work to develop a more LGBT inclusive health service.

promoting good practice. One of the individual respondents to this research identified the considerable benefits to them of services provided by Fife Positive Support. The need to extend the specialist provision which is made to people affected by HIV and AIDS in Fife was identified by a number of respondents. LGBT Youth Scotland has identified a need for health services focusing on the health needs of LGBT women.

4.37 Hubbard and Rossington (2005), in a study of the housing and support needs of older lesbians and gay men noted that respondents identified a need for specific community care services for lesbians and gay men and specific accommodation for older lesbians and gay men (including being able to live with their partner whilst in supported accommodation). ODS (2005) also identified that a number of respondents (particularly women) felt that lesbian-only or LGBT-only sheltered housing and residential care should be provided. O'Connor and Molloy identified the need for housing services dedicated to meeting the needs of LGBT young people and Cull et al (2006) noted that respondents suggested that specific accommodation for LGBT young people would help to develop their skills and support networks, while service providers considered that specialist LGBT workers could help to alleviate isolation.

4.38 Acquire (2004) suggested the need for specific provision for LGBT people using alcohol services, pointing to a need to develop LGBT-specific services whilst ensuring that generic services are LGBT friendly. One Fife respondent also suggested that it would be beneficial to have a specialist counsellor within drug and alcohol services who could work with LGBT people experiencing such issues.

Providing support to families, partners and carers

4.39 Within all of these developments, there was also seen to be a need to develop support to families, partners and carers of LGBT people in general service provision. The previous section identified the general lack of support to these groups, and a number of respondents identified the need for all services to address any gaps or barriers identified.

DEVELOPING LGBT SUPPORT / ORGANISATIONS

4.40 A further strand of the suggestions made related to the development of specific LGBT organisations to address aspects of LGBT people's needs and many respondents identified the importance of this.

LGBT organisations

4.41 Many respondents identified a clear role for LGBT organisations in providing some forms of support. The majority of individual respondents in this research had received support from LGBT groups or organisations at various points in their lives, and there was a widely shared view that they had found this to be helpful. Several made links between this support and helping to address their mental health problems.

4.42 As noted in the previous section, however, there were seen to be gaps in the support in Fife, and the suggestions which were made largely reflected these gaps, with an overall need for the development of support, the specific need for support to particular groups (e.g. older people, young people, different groups of LGBT people, people who are coming out etc.),

and the development of particular forms of work (e.g. one to one support, group support, telephone helpline support, mentoring, buddying, outreach etc.). Details of the perceived gaps in Fife, which guided the suggestions, were provided in the previous section and will not be reiterated here.

4.43 The need for specialist support has also been identified in other research, and Stonewall (2004) in Wales, for example, identified the need for local groups to provide support to LGBT people, suggesting the development of regional groups and forums to improve access to support. Hubbard and Rossington (2005) also identified the need for the development of social and support networks.

4.44 Several LGBT organisations in this research identified the need for greater joint working between LGBT groups, and one suggested that there should be “one-stop” provision of advice and support to LGBT people. As noted, the lack of an LGBT centre was highlighted previously, and two LGBT organisations suggested the development of this in Fife. Another identified the need for a network of support, which could ensure that LGBT people were always signposted to appropriate sources of help. One of the LGBT organisations and a number of individuals considered that a Fife-based switchboard might enable some people to access support, and two LGBT organisations suggested an internet-based resource in Fife, with the facility to submit queries and receive e-mail replies anonymously.

4.45 As well as the need for the development of formal support, the need for the development of social opportunities, and for a wider range of social opportunities than is currently available, was stressed frequently. The importance of this is also supported in some literature, and Catalan (1999), for example, noted the positive impact that good social support could have upon psychological distress. A number of individual respondents identified that their experiences of socialising with other LGBT people had had a positive impact upon their mental health, and the importance of developing various forms of peer support was stressed repeatedly in this research.

Safe space

4.46 Alongside the development of organisations, some individual LGBT people and LGBT organisations identified the importance of the provision of safe and supportive space. One LGBT organisation, for example, identified the effectiveness of existing safe space where people could drop in and socialise on an informal basis. Rosario et al (2005) also highlighted the value of the supportive environments provided by LGBT organisations.

Funding

4.47 A number of respondents also identified the need for funding to support the types of developments highlighted. McLean and O’Connor (2003) also highlighted a need for increased funding for the community infrastructure for LGBT people throughout Scotland and this was reiterated by a number of LGBT organisations and individuals in this research. One of the national LGBT organisations stressed the need for LGBT groups and organisations to develop sustainability. It was also suggested that there is a need for additional funding for particular forms of support provision (including to those affected by HIV and AIDS and those with mental health problems).

Specific support to families, partners and carers

4.48 As with general service provision, the need to develop specific support through specialist LGBT organisations to families, partners and carers was identified. As well as the need to ensure that existing organisations which provide support to families, partners and carers are enabled to develop their capacity to do this and are funded appropriately, it was also suggested that a broader range of LGBT organisations should make provision to this group. One respondent gave examples of the involvement of the friends and family of LGBT people in LGBT groups in countries such as the USA, and suggested that similar developments could be considered in Fife. Other suggestions included:

- Identification of a safe space where parents, families and carers of LGBT people can get information and support (and one specialist organisation identified the wider need for provision to all families, partners and carers of people with mental health problems).
- Development, within the safe space, of various forms of peer support for family members, partners and carers.
- Development of groups for children and other family members.
- Development and provision of information aimed specifically at families, partners and carers.
- Development of joint groups and social opportunities for family members, partners and carers and their loved ones who are LGBT people.
- Availability of couple counselling which is appropriate to people in same sex relationships.
- Demonstration, by support services, of an awareness and understanding of LGBT issues to encourage their use by families, partners and carers.

4.49 Within this overall context, a report in 2004 (The Sandyford Initiative, 2004) suggested the need for support to be available for parents to enable them to discuss sexuality and sexual health with their children.

4.50 The particular need for support to families, partners and carers of people with HIV has been highlighted. One of the national LGBT organisations identified that they need information and support to help them to cope themselves, and to provide effective support to the person affected by HIV or AIDS.

4.51 One service provider also noted that peer support for those close to people with drug or alcohol problems is beneficial, allowing sharing of coping mechanisms and opportunities to learn about other people's experiences.

MENTAL HEALTH SUPPORT AND SERVICES

4.52 Whilst the findings indicate that the suggestions made may have an overall impact on improving the quality of life and mental health of LGBT people and preventing some of the problems highlighted, a number of specific suggestions were made about the development of appropriate mental health support. Many respondents suggested the need to ensure that mental health services recognise and address the specific issues facing LGBT people. One of the LGBT organisations and an individual respondent suggested that this should take place in

the overall context of the development of specific LGBT mental health strategy at a national level.

Access to general mental health services

4.53 As with other services, it is vital that mental health services are provided in an appropriate way, recognising the needs and issues for LGBT people and ensuring that sexual orientation is not seen as the focus of treatment. The importance of mainstream mental health services addressing these needs was identified frequently by LGBT organisations in Fife, and the good practice developments which have been suggested for other services also apply to mental health provision (e.g. in the development of staff attitudes, policies and practice etc.). Lucksted (2004), also noted that when mental health services are knowledgeable about, comfortable with, and sensitive to LGBT clients' needs, then clients feel safer, more at ease and more likely to engage in treatment. Balsam et al (2005) noted that mental health professionals working with LGBT people needed to be aware of factors affecting LGBT people, identifying the importance of awareness of the risk of "victimisation" and the potential implications of this for clients' mental health and relationships.

4.54 One of the LGBT organisations in Fife stressed that any work to address suicide and self-harm in Fife should take specific account of the needs of LGBT people. There are many suggestions in the literature which relate to developing mental health services generally, and developing services to meet the needs of people who are considering, or who attempt suicide. While these suggestions cannot be explored in detail here, it was stressed that it is also important that such developments take account of specific issues for LGBT people.

4.55 It was also suggested by some of the LGBT organisations in this research that any more general barriers to accessing mental health services (such as difficulties in making contact; clarity of referral routes; funding for services; and waiting times etc.) should be addressed. It was also suggested that some groups with particular needs should be fast-tracked for support and that it is important to address the general stigma which can be experienced by people with mental health problems. Several individuals who had experienced mental health problems identified the importance of provision of treatment other than medication (whilst recognising that some people may require this). One, on the basis of their own experience, stressed the need for consistent provision by one worker, who could then build the understanding and expertise required. Another suggested that it was important that mental health staff working with people affected by HIV and AIDS had an understanding of the implications of these issues.

4.56 One of the individual respondents suggested a general need to have easily accessible facilities in the community, such as drop-in centres, and to move from "clinical" services to more relaxed and open provision. Another identified the need for "one-stop" access to mental health support. Several LGBT respondents identified the need to recognise the role of voluntary sector organisations in providing mental health support, and to ensure that they receive appropriate funding.

Specialist provision

4.57 Against the background of mainstreaming LGBT issues in mental health services, a number of LGBT organisations and several individual respondents also recognised that there

may be scope for the development of specific services (integrated with mainstream provision) to meet the needs of LGBT people (and particular groups of LGBT people). Suggestions included, for example:

- The development of specialist LGBT mental health services.
- The introduction of a specialist LGBT worker in mental health teams and the greater involvement of professionals who are themselves LGBT in providing support.
- The development of peer support for LGBT people with mental health issues (e.g. through groups, “buddying” and other work).
- The development of specific counselling for LGBT people with mental health issues (both face to face via specialist counsellors, and via helpline provision).
- The development of mental health services focusing on particular groups (e.g. people affected by HIV / AIDS and other groups highlighted as having particular needs).
- The provision of training to LGBT organisations and other voluntary organisations to enable them to recognise the types of mental health problems which might affect their members and to provide effective support and appropriate referrals, where required.
- The provision of mental health support to LGBT people through a network of LGBT centres in local areas in Scotland.
- The development of services which could consider physical, sexual and mental health in a more holistic way.

4.58 All of these suggestions were seen to have the potential to enable individuals to feel more confident in discussing and addressing the mental health issues which they faced, and to enable more appropriate provision.

Information

4.59 Information relating to mental health and mental health services was also identified as being required, both generally and in relation to the specific issues facing LGBT people. One of the LGBT organisations suggested a wider need for awareness raising about, and increased acceptance of mental health issues in general.

Types of work

4.60 Some suggestions were also made about specific types of mental health work which should be developed. For example, respondents in Fife identified the need for preventive work with LGBT people, along with the need for outreach work to isolated parts of the area. One organisation also suggested that preventive work should be developed in a more co-ordinated way than is the case currently, with different organisations working together in partnership (as was suggested for more general services). It was suggested that effective preventive work could help to lessen the need for high-level, long-term mental health support (although a number of organisations also noted the need for effective support for those with longer term needs).

4.61 Hutchison et al (2003) identified the need for early interventions in mental health problems (in this case with young gay and bisexual men experiencing suicidal thoughts and feelings) and this was echoed by some respondents in the Fife research. The need for effective crisis intervention and support was also identified by a number of LGBT organisations in Fife, and suggestions included the provision of some form of “rapid response” for LGBT people in crisis, and a “gay version of the Samaritans”.

4.62 One of the LGBT organisations identified the need for provision of one-to-one counselling, meeting appropriate standards, and geared to the specific mental health needs of LGBT people. It was also suggested that internet-based resources, recognising these needs, could provide a useful resource for those in isolated areas and those who felt unable to access face to face support.

4.63 The value of group support was also suggested by a number of respondents, and one LGBT organisation noted that, whilst helpline services such as Breathing Space were useful in some situations, there was a need to develop various forms of peer support for LGBT people with mental health problems to meet others in similar situations. One specialist organisation suggested the development of “mentoring” support. It was argued by some that such developments would enable a more holistic approach to mental health, rather than following a medical model of provision.

Support for specific groups

4.64 Some suggestions were made relating to the need for mental health services for specific groups of LGBT people, such as those which were identified in the previous section.

4.65 There are also some relevant suggestions in the wider literature, and Rosario et al (2005), for example, identified a need for specific interventions for LGBT young people who have attempted suicide. Hutchison et al (2003) also identified the need for support to young gay and bisexual men and Koh and Ross (2006) highlighted the need for mental health support services for teenagers (given high levels of teenage stress). Clements-Nolle et al (2006) identified the need for suicide prevention interventions for transgender people. King (1993) identified the need for the provision of support to people affected by HIV and suggested that, during testing, there is a need for counselling and support throughout.

4.66 Clearly the issues which have been raised previously also suggest the need for consideration of specific support to a range of other groups of LGBT people.

Developing an evidence base

4.67 It has also been suggested that there is a need to develop services by improving the evidence base relating to mental health and LGBT people. The need, for example, to undertake further work relating to the link between sexual orientation and suicidality, and the prevalence of the latter amongst LGBT people, has been identified. Remafedi (1994) suggested that future studies of adolescent health should always identify the sexual orientation of respondents.

4.68 In addition, some other potential areas for study have also been identified, such as:

- Long-term issues for LGBT young people who have made suicide attempts.
- Suicidal behaviour amongst transgender people.
- The nature of suicide attempts.
- Issues for particular groups of LGBT people (e.g. people from ethnic minority communities; particular age groups; women etc.) and the risk of suicide for particular groups.
- The relationship between family support and mental health / suicide.

Support to families, partners and carers

4.69 One of the service providers in Fife stressed the need to acknowledge the role that families, partners and carers have in relation to supporting people with mental health problems, and the overall need for support to families, partners and carers of LGBT people experiencing mental health problems was noted specifically. For example, one of the LGBT organisations suggested that there is a general need to provide clearer guidance to those supporting LGBT people with mental health problems about what they can do. It was also suggested that it is important to involve family members, partners and carers in treatment, given their close involvement in the provision of support. Hutchison et al (2003) in a study of suicidal thoughts, feelings and behaviours identified the need for support to friends and family supporting young gay and bisexual men.

4.70 One of the individual respondents suggested that it may be beneficial to develop telephone helpline support for families, partners and carers of people with mental health problems. Another suggested that some may require specialist counselling support. It was also suggested that there may be a need for particular input where family relationships have been disrupted.

OVERVIEW

4.71 Many suggestions have been made in this section about the types of changes which are seen to be required, in order to improve the experiences of LGBT people in the community, in general service use and in the provision of support with mental health issues. It is suggested that these have the potential to have a positive impact on suicide, self-harm and mental health amongst LGBT people. The findings can help to inform the way forward for future developments, and the final section of the report draws together some of the main conclusions and recommendations which can be drawn from this research.

SECTION 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 This final section provides a brief summary of the main conclusions which can be drawn from the findings which have been presented, as well as making a number of recommendations on the basis of these. It is recognised that these recommendations will need to be taken forward by a wide range of organisations in Fife across the statutory, voluntary and private sectors, and will require detailed consideration of all of the issues raised in this report. It is suggested, however, that the information presented can provide the basis for action which could have a positive impact upon mental health for LGBT people (both in prevention and intervention), and can help to work towards appropriate provision to address their needs.

THE MAIN CONCLUSIONS

5.2 The report has brought together a review of some of the literature relating to issues faced by LGBT people and the findings of this small scale qualitative study in Fife to identify suggestions for preventing and addressing mental health problems amongst LGBT people. It is clear from the findings that many LGBT people experience mental health problems, some of which can be linked to the discrimination and prejudice which they experience in the community. There are also a number of barriers to accessing services and support which appear to have an impact upon their mental health, and there are some gaps and barriers in provision to those who experience mental health problems. The main conclusions in each of these areas are summarised below.

Mental health issues for LGBT people

5.3 While it is not currently possible to provide a definitive figure for the prevalence of suicide, attempted suicide, self-harm and other mental health issues amongst LGBT people, the research indicates that a high proportion of LGBT people will experience some of these issues at some point in their lives. There are many studies which suggest that the concerns identified by the Fife Men Project, which led to the identification of the need for this research, are borne out by the findings.

5.4 In terms of specific forms of behaviour, it has been suggested that the risk of suicide is higher for LGBT people than is the case in the general population. There is considerable research which suggests that there is a higher rate of attempted suicide amongst LGBT people than is the case in the wider population, and the rate of “suicide ideation” (considering suicide) has also been suggested to be higher. Some studies have also found there to be a higher rate of self-harm, and a higher prevalence of some other mental health problems amongst LGBT people compared to the wider population.

5.5 There are also studies which suggest that there are higher rates of completed suicide amongst LGBT young people than other young people. Some studies also suggest that, as with LGBT people more generally, the rate of attempted suicide and suicide ideation amongst LGBT young people is much higher than amongst other young people in the community. Studies have also suggested higher rates of self-harm and other relevant mental health problems amongst LGBT young people than other young people.

5.6 It is also suggested that there are issues for people with HIV and AIDS, in terms of higher levels of completed suicide, considered suicide and other mental health problems than in the wider population.

5.7 There are many LGBT people in Fife, and the findings from relevant literature, coupled with the experiences of individual LGBT people and LGBT organisations in Fife, suggest that a high proportion of them will experience mental health problems at some point in their lives. Although a definitive prevalence rate cannot be identified, it is not necessary for the purposes of this report. It is sufficient to identify that there appear to be significant issues for LGBT people in relation to their experiences of suicide, mental health and self-harm, which should form the basis of future action.

5.8 In the context of the Choose Life work, this suggests that LGBT require specific consideration and specific action to tackle the issues which they face. It is clear that there are aspects of their experiences which have a negative impact upon their mental health. Findings suggest that some of these appear to relate to their day to day experiences as members of the community and some to their experiences as service users, and these are key areas in which work can be undertaken.

Experiences of LGBT people in the community

5.9 LGBT people in Fife experience a range of issues in the community which can have an impact upon their mental health. There is considerable evidence of discrimination and prejudice which LGBT people experience as part of their day to day living in Fife, and almost all of the individual respondents had personal experience of this. The research found evidence of experiences of generally negative views of LGBT people, with the suggestion that there is a high level of intolerance and ignorance. The role of the media in promoting negative views was also identified.

5.10 Many LGBT people in Fife also experience harassment, bullying, abuse and hate crime (in a range of forms), in common with LGBT people elsewhere. Violence and fear of violence have an impact on the lives of many people, and serve to constrain their participation and increase their isolation.

5.11 Many LGBT people also experience negative reactions from their families and friends, with two thirds of respondents to this study having experienced problems with their families and several identifying that they had lost friends upon coming out.

5.12 Particular issues also affect individual groups of LGBT people. For example, it has been suggested that gay men experience assumptions about their “sexualisation” and the particular danger of physical attack. There is also little awareness of issues facing lesbians and bisexual women, little visibility of them in the community in Fife, and little provision to address their needs. Bisexual people may experience rejection by the homosexual and heterosexual community, and a range of inappropriate assumptions. Transgender people also experience a high level of stigma and discrimination, in the general community and the LGBT community, as well as other inappropriate attitudes and assumptions. There can also be other tensions within the LGBT community and other discrimination between groups.

5.13 There are also issues for younger and older LGBT people, with young people facing particular problems with the coming out process, their school experiences and a lack of

opportunities for social and other support. There may be problems with the acceptance of older LGBT people, a lack of appropriate services, support and social opportunities and inappropriate assumptions.

5.14 LGBT people in other equalities groups also face discrimination on the basis of additional factors, which can compound their exclusion. These include issues for people from ethnic minority groups, disabled people and people in particular religious / faith groups.

5.15 Almost all of the respondents to this research also identified particular issues and barriers for LGBT people living with HIV/AIDS, including attitudes and stigma, the provision of services and support and issues at particular stages (both pre and post-test). LGBT people in rural areas were also found to experience problems, such as isolation and lack of support, community attitudes, confidentiality and access to services.

5.16 Families, partners and carers of LGBT people can also face specific issues, including: issues for family members about coming to terms with their loved one's sexual orientation and a lack of information; issues for the children of LGBT couples; pressures upon partners; and specific issues for the families, partners and carers of people affected by HIV and AIDS.

5.17 It has been suggested that all of these issues have an impact upon LGBT people, in terms of their general quality of life and upon suicide, self-harm and mental health. Although it is recognised that it is difficult to identify causality, links have been made between experiences of homophobia, prejudice and stigma, bullying and harassment, coming out, HIV diagnosis and post-diagnosis, and suicide, self-harm and mental health amongst LGBT people. They can also have an impact upon families, partners and carers. LGBT people have adopted a number of coping strategies, some of which have implications for their health and mental health (e.g. increased use of alcohol and / or drugs). All of these issues suggest the need to take robust action to change the negative experiences of LGBT people in the community.

Experiences of service use

5.18 LGBT people also experience a range of barriers and problems in accessing services, which may also contribute to their exclusion, isolation and mental health problems. There are a range of services of relevance to LGBT people, including general services (in common with members of the wider community); services which have LGBT people as a substantial group of users (such as HIV services); organisations focusing on LGBT issues; and mental health services. The pattern of provision of these services was identified in the research, and a range of gaps and barriers affecting LGBT people were identified.

5.19 Common cross-cutting barriers in general services were found to include: problems with staff attitudes and a lack of knowledge and training in LGBT issues; gaps in the provision of policies to prevent discrimination and reflect LGBT issues (although some progress was noted); lack of recognition of LGBT issues; lack of consultation and involvement of LGBT people (despite progress); lack of monitoring and information about service needs and use; lack of appropriate information about services to LGBT people; and difficulties in provision to rural areas.

5.20 A range of service-specific barriers and gaps were also identified. Although there are again some examples of progress, the research suggests that there remain issues with a range of services and provision, including:

- The police (e.g. some inappropriate police attitudes; difficulties in reporting crime; and perceptions of police responses).
- Criminal justice services (e.g. some inappropriate staff attitudes; reluctance to disclose sexual orientation; and problems for LGBT people as perpetrators).
- Housing services (e.g. some inappropriate staff attitudes; prevalence of homelessness and housing crises; difficulties in the housing allocated; safety fears and harassment from neighbours; and other issues).
- Education (e.g. homophobic bullying; a lack of action to tackle this; some inappropriate staff attitudes; and a lack of discussion of LGBT issues in schools).
- Employment (e.g. discrimination, harassment and some inappropriate attitudes, inappropriate responses and a lack of specific support).
- Social work services (e.g. some inappropriate staff attitudes; lack of awareness of services; issues with residential care; and other concerns).
- Health services (e.g. some inappropriate staff attitudes; issues with disclosure; examples of inappropriate advice or treatment; difficulties with access to some forms of support; and other aspects of healthcare provision).
- Mental health services (e.g. some inappropriate staff attitudes; examples of inappropriate provision; lack of appropriate services to address the needs of LGBT people; and a lack of monitoring information), with these issues potentially causing problems where mental health issues do arise.

5.21 The research also suggests a lack of specialist support to LGBT people in Fife, both within mainstream services and through LGBT organisations. Gaps in support to particular *groups* of LGBT people were highlighted, as well as gaps in particular *types* of support. Existing groups were found to experience resource and capacity constraints, and the lack of an LGBT centre was identified. There was also found to be a lack of support to the families, partners and carers of LGBT people.

5.22 The lack of access to appropriate services and support was also seen to impact upon the quality of life (and potentially mental health) of LGBT people, and the particular barriers and gaps in mental health support were seen to constrain access to support where problems were experienced.

RECOMMENDATIONS

5.23 Given all of these issues, as well as the finding that many LGBT people have had mental health problems which may link to these experiences, there is clearly a need to tackle the discrimination and exclusion in the general community and in service provision which have been highlighted in this report. There appears to be a need for preventive work to combat discrimination and promote positive mental health, and for the provision of appropriate support with mental health problems where these do arise. On the basis of the

findings, it seems that the following could have a positive impact upon some of the issues identified in the report:

- Addressing the issues which LGBT people face in the community to lessen the likelihood of prejudice and discrimination having a negative impact upon their mental health.
- Ensuring that LGBT people can access general services and support as members of the community, to lessen the likelihood of these factors having a negative impact upon their mental health and providing specialist support through mainstream services (which is integrated with mainstream provision) where required.
- Developing specific support to LGBT people through LGBT organisations.
- Providing appropriate support to people who have mental health problems, and providing appropriate support to their families, partners and carers.

In order to achieve this, a number of recommendations can be identified.

Addressing issues in the community

5.24 There is a clear need to take steps to promote positive attitudes to LGBT people in the community as a means of reducing discrimination, harassment and isolation, and potentially improving their mental health. This involves addressing public attitudes in a range of ways, and it is recommended that:

- *Large scale national campaigning work should be undertaken to raise awareness and promote positive public attitudes to LGBT people, as well as challenging inappropriate attitudes, assumptions and behaviour (generally and in relation to specific groups).*
- *This should be reflected in local awareness raising and public education in Fife, promoting positive views of LGBT people and challenging inappropriate attitudes, assumptions and behaviour.*

5.25 The development of awareness also requires work with children and young people, and it is suggested that:

- *Schools and other youth settings in Fife should discuss LGBT issues and raise awareness of these, promoting positive views and challenging inappropriate attitudes, assumptions and behaviour.*

5.26 There is also a need for work with the media, in order to promote positive attitudes and images of LGBT people, and it is recommended that:

- *Work should be undertaken with the local media to promote positive reporting and the presentation of positive images of LGBT people and appropriate and well-informed reporting of both LGBT and mental health issues.*

5.27 Alongside this, there is a need for a robust approach to tackling hate crime, and it is recommended that:

- *Fife Community Safety Partnership and relevant service providers, in conjunction with LGBT organisations, should continue to develop a robust response to hate crime and other forms of harassment and abuse of LGBT people in Fife, and continue to develop the means of enabling and encouraging reporting.*

Developing appropriate and accessible services

5.28 There are a number of strands to the development of appropriate and accessible services to meet the needs of LGBT people, and one of the key factors is the development of training for staff at all levels. It is recommended that:

- *All services in all sectors should identify their training needs and develop a coherent programme of staff training in LGBT issues, involving LGBT organisations in the design and delivery of this training and identifying the needs of particular staff groups.*
- *LGBT issues should be included in the development and accreditation of professional training.*
- *LGBT issues should be covered specifically in general equalities training, which should be provided to all staff.*
- *LGBT organisations should receive general equalities training.*
- *Appropriate training and awareness raising should be developed and provided to elected members, Management Committee members and volunteers in all service providers.*

5.29 It was also recognised that there is a need for all service providers in Fife to ensure that their actual provision prevents discrimination and addresses the needs of LGBT people, and it is recommended that:

- *All services and relevant multi-agency partnerships should examine their provision, practice and information, and identify any gaps in provision and barriers to accessibility for LGBT people, their families, partners and carers, using the information in this report.*
- *On the basis of this, services and partnerships should promote good practice and address any barriers and gaps which are identified, taking account of the issues raised in this report and working in partnership with others, wherever appropriate.*
- *All services should ensure that LGBT issues are reflected in their equality policies and other relevant policies (e.g. bullying, domestic abuse, harassment etc.) and should develop a specific LGBT policy.*
- *Good practice information and guidance should be developed and disseminated, to support training and policy developments.*
- *The issues facing LGBT people should be acknowledged and addressed through other relevant cross-cutting and service-specific strategies, as well as in other policies and action plans.*

- *Consideration should be given to the development of a multi-agency LGBT strategy for Fife, linked to action plans in specific organisations.*
- *All services and partnerships should identify mechanisms for consultation with LGBT people and should ensure their involvement in service planning, development, delivery and review.*
- *Services should collect appropriate data relating to service needs and use by LGBT people and the employment of LGBT staff, and should use this to inform service provision and recruitment practices.*
- *Appropriate support should be available within services for LGBT employees and service users, with the promotion of a positive working environment and clear complaints and grievance procedures.*

5.30 There is also a need for some specialist provision within mainstream services which may be of particular relevance to LGBT people, or to particular groups of LGBT people, and it is recommended that:

- *There should be continued provision of specialist staff within key services to address LGBT issues, and these staff should continue to highlight issues and develop work, whilst promoting mainstreaming and ensuring that LGBT equality is the responsibility of all staff.*
- *Specific forms of service and information should be provided, where required, to address particular needs, but these should be integrated with mainstream provision and should not detract from the need for all services to be inclusive.*
- *Appropriate provision should be made within relevant services to LGBT people living with HIV/AIDS, with the development of additional services as required.*
- *Appropriate provision should be made within relevant services to LGBT people with drug and alcohol problems and those experiencing domestic abuse.*

5.31 It is also important that services promote the provision which they make and its accessibility to LGBT people, their families, partners and carers, and it is recommended that:

- *Service providers should examine the information provided and the language used and ensure that it is inclusive of LGBT people, using positive images of LGBT people and including reference to them, wherever appropriate.*
- *Inclusive services should publicise and promote themselves as such, and should specify their LGBT policies.*

5.32 The national policy context for the provision of services is also important, and it is recommended that:

- *Relevant national organisations should continue to develop work to address LGBT equality, in terms of developing the wider legislative and policy framework.*

Developing LGBT organisations

5.33 All of these findings have implications for the capacity of LGBT organisations and for the development of such support in the future. There is a clear need for the development of specialist LGBT organisations. This includes a need for the development of support to particular groups of LGBT people and the development of particular forms of work. It is recommended that:

- *Existing LGBT organisations in Fife should work in partnership to consider the implications of this report for their future development, and identify the way forward.*
- *The organisations should develop a strategic plan for the provision and development of LGBT support organisations in Fife in the future, giving consideration to: the types of support required; the ways in which gaps in provision can be addressed; the development of support to particular groups of LGBT people and their families, partners and carers; and the development of particular forms of service and types of work, ensuring provision to all geographical areas.*
- *Consideration should be given to the feasibility of developing an LGBT centre in Fife through which this provision is made and, if this is considered feasible, to the best means of taking this forward strategically.*
- *If this is not considered feasible, it is important to develop a network of support to different groups of LGBT people in all parts of Fife, as highlighted, and a range of different forms of group and individual support, and methods of provision.*

5.34 Where services do exist, it is important that these are well-publicised, and it is recommended that:

- *Existing and new organisations should review the publicity available for support to LGBT people in Fife and develop a publicity strategy as part of their overall strategy for future development, ensuring that LGBT people and their families, partners and carers are made aware of the support available.*

5.35 Given the need for partnership working and the direction of equalities work in Scotland (with the advent of the CEHR), there is a need to ensure that LGBT organisations exemplify good practice in preventing and addressing discrimination within the LGBT community. It is recommended that:

- *Awareness raising work should be undertaken with LGBT organisations relating to other equalities issues and issues affecting particular groups of LGBT people and families, partners and carers.*

5.36 There is also a need to develop the capacity of LGBT organisations, to enable some of the developments identified to be undertaken, particularly in terms of the provision of training and specialist input to service planning, development, delivery and review. It is recommended that:

- *Specific consideration should be given to the implications for LGBT organisations of the development and delivery of a training programme to service providers in Fife to address the issues highlighted within this report.*
- *Consideration should also be given to the implications of the increased involvement of LGBT organisations in service development, delivery and review.*
- *Capacity-building work should be undertaken with Fife LGBT organisations to support these developments.*

5.37 Whatever the nature of provision in the future, there will be a need for funding to enable the development and sustainability of this, and it is recommended that:

- *The need for funding for LGBT organisations should be recognised and addressed nationally and locally by statutory organisations, particularly in the context of the benefits to service providers of the input of such organisations.*
- *The organisations involved in the identification of requirements for LGBT support should develop a long term funding plan with a range of potential funding sources, and make application for appropriate funding to cover the types of work required.*

Providing appropriate mental health services and support

5.38 There is also an overall need to ensure that all mental health services are accessible and available to LGBT people when they need such support, and it is recommended that:

- *All mental health services should consider the issues in this report and identify the appropriateness of their provision for LGBT people and their families, partners and carers, as well as gaps and barriers in provision.*
- *All mental health services should ensure that they develop good practice and address any gaps and barriers, as well as new forms of work with LGBT people which might promote good practice and positive developments, taking account of the suggestions made.*

5.39 Alongside the development of appropriate services, there is a need to develop information about the prevalence of mental health problems and specific aspects of these problems amongst LGBT people. As such, it is recommended that:

- *Health and mental health services in Fife should gather information about the sexual orientation of service users.*
- *Data should be gathered to enable the analysis of suicide, attempted suicide and self-harm by sexual orientation.*
- *Other information which would enhance the evidence base relating to suicide, attempted and considered suicide, self-harm and other mental health problems amongst LGBT people should be identified and gathered.*

5.40 There is also a clear need to raise awareness of mental health issues affecting LGBT people, and to ensure that these are reflected in health promotion and preventive work. It is recommended that:

- *The issues facing LGBT people and their families, partners and carers should be acknowledged and identified in relevant mental health strategies, policies and action plans at a national and local level.*
- *Consideration should be given to the development of a specific mental health strategy for LGBT people.*
- *Specific work should be undertaken in the context of mental health campaigns to identify and raise awareness of mental health issues for LGBT people.*
- *Targeted preventive work should be developed in conjunction with LGBT organisations, and undertaken with LGBT people (and specific groups of LGBT people), which recognises the issues that they face and addresses these.*
- *All work to address suicide and self-harm in Fife should take account of and address the needs of LGBT people.*
- *Mental health information aimed at LGBT people should be developed.*
- *Training and awareness raising should be undertaken with mental health staff, covering LGBT issues generally and the implications for mental health staff.*

5.41 There is also a need to tackle existing barriers to access to mental health services for LGBT people who experience mental health problems, and it is recommended that:

- *Mental health services should identify and continue to address general barriers to services (e.g. waiting times etc.).*
- *Consideration should be given to the provision of some forms of specialist support within mental health services to LGBT people and their families, partners and carers (as well as particular groups of LGBT people) which is integrated with mainstream provision. In some cases, this could be provided in conjunction with LGBT organisations.*

OVERVIEW

5.42 There will clearly be a need for a range of organisations to consider all of these recommendations, and it is likely that further developments will be identified and suggestions made. The suggestions which have been made in this concluding section, however, should help to address some of the issues raised in this report relating to suicide, self-harm and mental health affecting LGBT people in Fife.

ANNEX A: METHODOLOGY

This was an in-depth, qualitative study of the experiences of LGBT people, particularly relating to suicide, attempted and contemplated suicide, self-harm and some other mental health issues, and the methods which were used and the presentation of the material reflect that focus.

It is important to recognise that this was not a study of the prevalence of suicide, self-harm and mental health issues amongst LGBT people in Fife (or more widely), nor an attempt to provide large scale quantitative information, nor to quantify patterns of service use. Instead, it was an attempt to identify and explore in detail the range of relevant issues affecting LGBT people in Fife, to provide a discursive account of these and to highlight their nature, making some suggestions for future developments in the context of the Fife Choose Life work. It focuses upon using the expertise of a range of relevant participants in Fife (and LGBT organisations more widely) to inform the development of local work, and whilst the findings may have wider applicability, it is not suggested that it is possible to generalise from the data.

The information which is presented in the report, therefore, explores the range of views and the suggestions made in-depth, rather than “weighing” responses to particular issues or providing statistical material. It would be inappropriate to present this qualitative data using numbers and proportions, given the scale of this study, the detail of the responses and the purposes of the material. It is also recognised that it would be inappropriate to assign priority to issues or suggestions on the basis of numbers in a study such as this, as the input from one organisation (e.g. an expert in a particular field) may highlight an issue or potential action of much wider relevance. The fact that others do not does not lessen the value of the suggestion.

The report, therefore, describes the range of detailed issues and suggestions, weaving together experiences in Fife and the wider literature, and identifying some of the common broad areas which have emerged (using appropriate terms for qualitative material such as “many”, “several”, “most”, “some” etc.). Participants’ suggestions, based on their expertise, form the basis of consideration of the way forward.

The research involved a number of complementary strands which are detailed in this annex. Throughout the work, there was a strong emphasis on the inclusion of the views of LGBT individuals, key groups and wider services²⁹.

AIM AND OBJECTIVES OF THE RESEARCH

The research had a number of purposes, reflected in the overall aim and related objectives.

²⁹ It was recognised that the services and organisations involved in the study were those which were most likely to have specific expertise, and positive views of the development of LGBT work in the future, and this should be recognised in consideration of the findings. However, the purpose as outlined was to detail the issues and identify suggestions for the future, and, in this context, this was considered to be an appropriate participant group.

Aim

The overall aim of the research was identified as being:

“To examine issues relating to suicide and para-suicide in LGBT communities in Fife, and to examine the support needs of people affected by this in order to enable planning developments in health and community development”.

Objectives

The objectives of the study were to:

- Examine and review literature relating to mental health, self-harm and suicide in LGBT people, both in general and relating specifically to Fife.
- Engage with LGBT individuals, and groups and organisations offering support to LGBT people, to identify and examine the issues affecting LGBT people in Fife and the perceived impact of these on mental health.
- Identify the needs of those who have experienced mental health issues relating to self-harm and suicide, and whether or not these needs are being met, through interviews with key groups, LGBT people with experience of mental health issues relating to self-harm and suicide, and the families, partners and carers of LGBT people with experience of these issues.
- Identify the views of service providers about the needs of LGBT people using their services, their policies and practices and the nature of services used by LGBT people.
- Suggest areas of action based on emerging findings, to inform the Fife Men Project and raise awareness more generally about changes required, the types of support seen to be appropriate, and issues for wider planning developments.

METHODOLOGY

A range of complementary methods was used to undertake the research, including:

- A review of relevant literature.
- Discussions with LGBT groups and organisations.
- Interviews with individual LGBT people.
- Postal survey of other service providers.
- Interviews with other service providers.
- Interviews with national LGBT organisations.

Each of these strands is described in more detail below.

Review of relevant literature

The first stage in the process involved an exploration of key relevant literature. This covered issues such as: suggested levels of suicide, attempted and considered suicide and self-harm amongst LGBT people; some other mental health problems affecting LGBT people; issues for LGBT people which may impact on their mental health; current policy issues of relevance; literature relating to support needs; and forms of effective support and examples of experiences of provision made elsewhere.

The material (comprising books and journal articles) was identified through:

- A search of the British Library “Inside” service (journal articles).
- A search of the National Library of Scotland (books).
- An internet search.
- Collection of material available from national networks and local organisations.
- Examination of general population statistics.

A reading framework was designed in order to extract relevant information from materials read and information was organised in the following categories:

- General policy and service provision in Scotland for tackling suicide and self-harm.
- Data and trends relating to the levels of suicide and self-harm in LGBT communities.
- Issues faced by LGBT people, and contributory factors in suicide / self-harm.
- Evidence of the effectiveness or ineffectiveness of different forms of support.
- Gaps and problems in provision of support, or in knowledge of issues.
- Suggested changes / recommendations for improvement and provision.

This information was summarised and has been included throughout the report. It is recognised that this is not a comprehensive literature review (which would have been impossible given the scale of this work). It is also recognised that there are methodological issues with some of the material, and limitations which must be acknowledged. The purpose of this report, however, is not to provide an academic discourse, but to use the material to inform suggestions for future work in Fife and, as such, the material provides examples of a range of issues which are relevant to the subject area.

Discussions with LGBT groups and organisations

It was recognised that there were a number of key LGBT groups and organisations which could provide valuable insight into the issues relevant to the research, based on their work with LGBT people. It was considered vital to include their views, both in exploring the nature of specialist provision and in identifying the issues which may arise commonly for LGBT people. It was recognised that these organisations would be able to highlight issues for LGBT people in general terms, based on their specialist experience, where it might be more difficult for individuals to discuss the issues affecting them personally with researchers.

These organisations were identified in consultation with the Fife Men Project, and 5 Fife-based LGBT organisations were included, representing a number of service users. It was suggested that these comprised all of the support organisations working specifically in Fife. Detailed face to face interviews were held with them about a range of issues, covering:

- Issues relating to suicide, para-suicide, self-harm and other mental health issues amongst LGBT people in Fife.
- The extent / level of suicide, para-suicide, self-harm and other mental health problems.
- Experiences of LGBT people which impact upon suicide, para-suicide, self-harm and mental health.
- Types of support seen to be required.
- The nature of effective support and “what works”.
- Current sources of support for LGBT people generally and LGBT people experiencing mental health problems.
- Perceived gaps in provision.

Interviews with individuals

It was also considered vital to explore the views of individual LGBT people, in order to explore the types of issues highlighted above, with a particular focus on individuals’ experiences.

The Fife Men Project undertook to approach a range of LGBT people and to request their participation in the research. In addition, the specialist organisations involved in the study were asked to make other LGBT people aware of this research, with a view to their participating in interviews. An explanatory note was provided for them to pass to individuals, outlining the nature and purpose of the research, and contact details.

A total of 17 individuals provided their views, all but one through very detailed face to face interviews. (One respondent submitted their views in writing.) It was always intended that the research would involve a relatively small number of in-depth discussions, and the difficulties of identifying people to opt-in were recognised. Most respondents came forward via the Fife Men Project, but a fire at the project’s premises during the fieldwork period impacted upon the identification of participants for the research. It was also recognised that a study of this size could never gather views from a representative sample of lesbians, gay men, bisexual people and transgender people (nor did it set out to do so), but the focus was largely upon common barriers (and the inclusion of a number of expert LGBT organisations and other material also helped to ensure that the broadest range of issues was covered).

Overall, the number of discussions held with individual LGBT people, in combination with the other data, was considered more than sufficient to identify the detailed issues which the research sought to explore. These responses provided a wealth of information which helped to highlight some of the emerging issues (whilst recognising that there may be other problems which were not identified). The inclusion of wider literature also helped to address any potential gaps.

It was also intended originally to explore the views of other individuals *affected* by suicide and para-suicide amongst LGBT people (including carers, families and friends). However,

this proved impossible in practice, as individuals could not be identified who were willing to participate via the Fife Men Project. The issues were explored, however, by including their consideration in interviews with respondents of all types (specialist organisations, individuals and other organisations). In a small number of cases, the LGBT people interviewed also had personal experience of being a carer or partner of someone with mental health needs.

Postal survey of other service providers

A further strand of the research was an exploration of the views of service providers which did not have a specific focus upon provision to LGBT, but which were involved in providing key services in Fife.

The questionnaires explored a range of questions about the provision which they made to LGBT people, including:

- The nature of service provision generally.
- Specific provision to LGBT people.
- Consultation and engagement with LGBT people.
- Training and policy developments.
- Support to staff.
- Future developments.

Responses were received from 9 services in Fife, which were considered to include all of the most relevant service providers in Fife, with the exception of health and education.

Interviews with other service providers

The postal survey was supplemented by some additional detailed face to face interviews with 9 Fife-based key service providers (in this case including the health service). These were identified by the Fife Men project as having been specifically involved in LGBT work, having a high proportion of LGBT service users, or having an identifiable individual whose remit included consideration of such issues. These interviews provided further details about relevant work which was taking place in these organisations, as well as their overall approach to service provision to LGBT people in Fife.

Interviews with national LGBT organisations

It was also agreed that it would be valuable to carry out additional discussions with a small number of specialist LGBT organisations at a national level, and face to face discussions were held with: Stonewall Scotland / Inclusion Project; the Equality Network; Healthy Gay Scotland and Parents Enquiry Scotland.

Analysis

From all of these methods, a large amount of detailed qualitative information was gathered which formed the basis of this report. The data was analysed qualitatively, in order to reflect the range and depth of views expressed.

OVERVIEW

The methods used provided information which enabled a detailed examination of the issues identified for the research. The findings of this study should help to inform future developments to address issues which impact on the mental health of LGBT people in Fife, as well as helping to inform more general developments to service provision to LGBT people. This, in turn, should contribute to working towards equality for LGBT in Fife and more widely.

ANNEX B: BIBLIOGRAPHY

- Abbott, L.J. (1998) The use of alcohol by lesbians: A review and research agenda. *Substance Use and Misuse* Vol. 33, No. 13, pp 2647-2663
- Acquire (2004) Using and misusing alcohol: a concern for lesbian, gay, bisexual and transgender people. *Acquire: Alcohol Concerns Quarterly Information and Research Bulletin* No. 40
- Agnew, T. (2006) Standing Out from the Crowd. *Nursing Standard* Vol.20 No.26, pp 12-13.
- Bagley, C. and DAugelli, A.R. (2000) Suicidal behaviour in gay, lesbian, and bisexual youth. *British Medical Journal* Vol. 320, pp 1617-1618
- Bagley, C. and Tremblay, P. (1996) Suicidality problems of gay and bisexual males: Evidence from a random community survey of 750 men aged 18 to 27. in Bagley, C. and Ramsay, R. (eds) *Suicidal Behavior in Adolescents and Adults* Aldershot: Ashgate
- Balsam, K.F., Rothblum, E.D. and Beauchaine, T.P. (2005) Victimization over the life span: A comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology* Vol. 73 No. 3, pp 477-487
- Barclay, J.M. and Scott, L.J. (2006) Transsexuals and workplace diversity. *Personnel Review* Vol. 35 No. 4, pp 487-502
- Barnett, O., Miller-Perrin, C.L. and Perrin, R.D. (2005) *Family violence across the lifespan: an introduction*. London: Sage
- BBC News (2006) *Poll shows mental illness stigma*. BBC News (Scotland) website, November 6th 2006
- BBC News (2007) *Churches unite over adoption row*. BBC News website, January 24th 2007
- BBC News (2007) *Magistrate quit over gay adoption*. BBC News website, January 24th 2007
- BBC News (2007) *No opt-out for Church adoption*. BBC News website, 25th January 2007
- BBC News (2007) *Catholic threat on gay rights law*. BBC News website, January 23rd 2007
- Beyond Barriers (2003) *First Out*. Glasgow: Beyond Barriers
- Bor, R., du Plessis, P. and Russell, M. (2004) The impact of disclosure of HIV on the index patients self-defined family. *Journal of Family Therapy* Vol. 26 No. 2, pp 167-192
- Bridget, J. (2001) *Lesbian, Gays and Suicide: Research Findings*.
- Bromley, C. and Curtice, J. (2003) *Attitudes to Discrimination in Scotland*. Edinburgh: Scottish Executive
- Brown, G. (1999) Here For Life: An Overview of Some Early Results. *Youth Suicide Prevention Bulletin* No. 3
- Brown, R. (2002) Self harm and suicide risk for same-sex attracted young people: A

- family perspective. *Australian e-Journal for the Advancement of Mental Health* Vol. 1, Issue 1, pp 1-11
- Buhrich, N. and Cooper, D.A. (1987) Requests for psychiatric consultation concerning 22 patients with AIDS and ARC. *Australian and New Zealand Journal of Psychiatry* Vol. 21, pp 346-353.
- Cant, B. (2006) Exploring the implications for health professionals of men coming out as gay in healthcare settings. *Health and Social Care in the Community* Vol. 14 No. 1, pp 9-16
- Carvajal, M.J., Vicioso, C., Santamaria, J.M. and Bosco, A. (1995) AIDS and suicide issues in Spain. *AIDS Care*, Vol. 7, No. 2, pp 135-138
- Catalan, J. (ed) (1999) *Mental Health and HIV Infection: Psychological and Psychiatric Aspects*. London: UCL Press
- Clements-Nolle, K., Marx, R. and Katz, M. (2006) Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality* Vol. 51 No. 3, pp 53-70
- Cochran, S.D. and Mays, V.M. (2000) Relation between psychiatric symptoms and behaviorally defined sexual orientation in a sample of the US population. *American Journal of Epidemiology* Vol. 151 No. 5, pp 516-523
- Coia, N., John, S., Dobbie, F., Bruce, S., McGranachan, M. and Simons, L. (2002) *Something to Tell You: A Health Needs Assessment of Young Gay, Lesbian and Bisexual People in Glasgow*. Glasgow: NHS Greater Glasgow
- Commission for Racial Equality (2004) *Asylum Attitudes: A Report for the Commission for Racial Equality on Public Attitude Campaigning*. London: Commission for Racial Equality
- Committee on Adolescence (1993) Homosexuality and Adolescence. *Pediatrics* Vol. 92 No. 4, pp 631-634
- Committee on Adolescence (2000) Suicide and suicide attempts in adolescents. *Pediatrics* Vol. 105 No. 4, pp 871-874
- Corliss, H.L., Cochran, S.D. and Mays, V.M. (2002) Reports of parental maltreatment during childhood in a United States population-based survey of homosexual, bisexual, and heterosexual adults. *Child Abuse and Neglect* Vol. 26, pp 1165-1178
- Creith, E. (1994) *Lesbians and alcohol misuse – a guide for alcohol workers*. www.lesbianinformationservice.org
- Cull, M., Platzer, H. and Balloch, S. (2006) *Out on my own: Understanding the needs of homeless lesbian, gay, bisexual and transgender youth Executive Summary*. Brighton: Health and Social Policy Research Centre
- D'Augelli, A.R. and Hershberger, S.L. (1993) Lesbian, gay, and bisexual youth in community settings: Personal challenges and mental health problems. *American Journal of Community Psychology* Vol. 21, pp 421-448
- Dilley, J.W., Ochitill, H.N., Perl, M. and Volberding, P.A. (1985) Findings in psychiatric consultations with patients with acquired immune deficiency syndrome. *American Journal of Psychiatry* Vol. 142, pp 82-86.
- Dottinga, R. (2002) *Gay Men More Likely to Attempt Suicide*. Gay.com, 6th August

2002

Dunne, G. A., Prendergast, S. and Telford, D. (2001) *What difference does difference make?: towards an understanding of homelessness for young lesbian and gay people*. London: London School of Economics, Gender Institute

Faulkner, A.H. and Cranston, K. (1998) Correlates of same-sex sexual behavior in a random sample of Massachusetts high school students. *American Journal of Public Health* Vol. 88, pp 262-266

Fergusson, D.M., Horwood, J. and Beautrais, A.L. (1999) Is Sexual Orientation Related to Mental Health Problems and Suicidality in Young People?. *Archives of General Psychiatry* Vol. 56 No. 10, pp 876-880

Fitzpatrick, K.K., Euton, S.J., Jones, J.N. and Schmidt, N.B. (2005) Gender role, sexual orientation and suicide risk. *Journal of Affective Disorders* No. 87, pp 35-42

Frey, D., Oman, K. and Wagner, W.R. (1997) Delivering mental health services to the home. in Winiarski, M. G. (ed) *HIV mental health for the 21st century* London: New York University Press

Fyfe, A., Fleming, R. and Reid, S. (2006) *Sexual Orientation Research Phase 3: A Stocktake of Local Authority Policy and Practice. (Research Findings)*. Edinburgh: Scottish Executive

Garofalo, R., Wolf, R.C., Wissow, L.S., Woods, E.R. and Goodman, E. (1999) Sexual orientation and risk of suicide attempts among a representative sample of youth. *Archives of Pediatric Adolescent Medicine* Vol. 153, pp 487-493

Gay.com (2003) *Scottish LGBT "face higher risk of suicide and discrimination in the NHS"*. Gay.com, 20th October, 2003

Gibson, P. (1989) Gay male and lesbian youth suicide. in Feinleib, M. (ed) *Prevention and Intervention in Youth Suicide (Report to Secretary's Task Force on Youth Suicide) Vol. 3*, Washington D.C.: US Department of Health and Human Services

Goldfried, M.R. and Goldfried, A.P. (2001) The importance of parental support in the lives of gay, lesbian, and bisexual individuals. *Journal of Clinical Psychology* Vol. 57 No. 5 pp 681-694

Grew, T. (2006) Gay community still wary of reporting hate crimes. *Pinknews.co.uk* 16th August 2006

Herrell, R., Goldberg, J., True, W.R., Ramakrishnan, V., Lyons, M., Elsen, S. and Tsuang, M.T. (1999) Sexual orientation and suicidality: A co-twin control study in adult men. *Archives of General Psychiatry* Vol. 56, pp 867-874

Hershberger, S.L. and DAugelli, A.R. (1995) The impact of victimization on the mental health and suicidality of lesbian, gay, and bisexual youths. *Developmental Psychology* Vol. 31 No. 1, pp 65-74

Hubbard, R. and Rossington, J. (2005) *As we grow older. A study of the housing and support needs of older lesbians and gay men.* London: Polari

Human Rights Watch (2001) *Hatred in the hallways: violence and discrimination against lesbian, gay, bisexual, and transgender students in U.S. schools*. London: Human Rights Watch

Hutchison, C., Porter, S. and De Voil, S. (2003) *Live To Tell: Findings of a Study of*

Suicidal Thoughts, Feelings and Behaviours Amongst Young Gay and Bisexual Men in Edinburgh. Edinburgh: Gay Mens Health / LGBT Youth Scotland

Inclusion Project (2003) *Towards a Healthier LGBT Scotland*. Glasgow: Inclusion project

Independent Research Solutions (2001) *Barriers to Access to Essential Services*. (Northern Ireland):

John, S. and Patricik, A. (1999) *Poverty and Social Exclusion of Lesbians and Gay Men in Glasgow*. Glasgow: Glasgow Women's Library

Johnston, S. (2005) *The Experience of Homophobic Bullying amongst teenagers in Scotland: A survey of 13-19 year olds*. Edinburgh: LGBT Youth Scotland

Kelly, B., Raphael, B., Judd, F., Perdices, M., Kernutt, G., Burnett, P., Dunne, M. and Burrows, G. (1998b) Posttraumatic stress disorder in response to HIV infection. *General Hospital Psychiatry* Vol. 20, pp 345-352

Kelly, B., Raphael, B., Judd, F., Perdices, M., Kernutt, G., Burnett, P., Dunne, M. and Burrows, G. (1998a) Suicide ideation, suicide attempts, and HIV infection. *Psychosomatics* Vol. 39 No. 5, pp 405-415

King, M.B. (1993) *AIDS, HIV and Mental Health*. Cambridge: Cambridge University Press

Klein, F. (1993) *The Bisexual Option*. New York: Harrington Park Press.

Koh, A.S. and Ross, L.K. (2006) Mental Health issues: A comparison of lesbian, bisexual and heterosexual women. *Journal of Homosexuality* Vol. 51 No. 1, pp 33-58

Komiti, A.; Judd, F.; Grech, P.; Mijch, A.; Hoy, J.; Lloyd, J.H.; & Street, A. (2001) Suicidal behaviour in people with HIV/AIDS: A Review. *Australian and New Zealand Journal of Psychiatry* 35 (6), pp 747-757

Laird, N. (2004) *Exploring Biphobia*. Glasgow: Beyond Barriers

Laird, N. and Aston, L. (2003) *Participatory Appraisal Transgender Research*. Glasgow: Beyond Barriers

Land, H., Hudson, S.M. and Stiefel, B. (2003) Stress and depression among HIV-positive and HIV-negative gay and bisexual AIDS caregivers. *AIDS and Behavior* Vol. 7 No. 1, pp 41-53

LGBT Housing Project (2006) *Focus Group Report October 2006*. Edinburgh: LGBT Centre for Health and Wellbeing

LGBT Youth Scotland (undated) *Developing practice for the reduction of homophobic bullying in Scottish youth settings*. Edinburgh: LGBT Youth Scotland

LGBT Youth Scotland (undated) *Girlz Girlz Girlz report*. Edinburgh: LGBT Youth Scotland

LGBT Youth Scotland (undated) *The mystery shopper report*. Edinburgh: LGBT Youth Scotland

Lucksted, A. (2004) Lesbian, Gay, Bisexual and Transgender people receiving services in the public mental health system: raising issues. *Journal of Gay and Lesbian Psychotherapy* Vol. 8 No. 3, pp 25-42

Marzuk, P.M., Tierney, H., Tardiff, K., Gross, E.M., Morgan, E.B., Hsu, M. and

- Mann, J. (1988) Increased suicide risk in persons with AIDS. *Journal of the American Medical Association* Vol. 259, pp 1333-1337.
- Mathy, R.M. (2002) Transgender identity and suicidality in a nonclinical sample: sexual orientation, psychiatric history and compulsive behaviours. *Journal of Psychology and Human Sexuality* Vol. 14, No. 4, pp 47-65
- McAndrew, S. and Warne, T. (2004) Ignoring the evidence dictating the practice: sexual orientation, suicidality and the dichotomy of the mental health nurse. *Journal of Psychiatric and Mental Health Nursing* Vol. 11 No. 4, pp 428-434
- McFarlane, L. (1998) *Diagnosis: Homophobic. The Experiences of Lesbians, Gay Men and Bisexuals in Mental Health Services.* London: P.A.C.E.
- McKirnan, D.J. and Peterson, P.L. (1989) Alcohol and drug use among homosexual men and women. *Addictive Behaviours* Vol. 14.
- McLean, C. and OConnor, W. (2003) *Sexual Orientation Research Phase 2: The Future of LGBT Research - Perspectives of Community Organisations. (Research Findings)*. Edinburgh: Scottish Executive
- Mind (2003) *Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales: A summary of findings*. Mind
- Mind (undated) *Lesbians, gay men and bisexuals and mental health*.
- Mind (undated) *Suicide and Sexuality*.
- Morrison, C. and MacKay, A. (2000) *The Experience of Violence and Harassment of Gay Men in the City of Edinburgh*. Edinburgh: Scottish Executive
- Mullen, A. (1999) *Social inclusion: Reaching out to bisexual, gay and lesbian youth*. Reading: ReachOUT
- National AIDS Trust (2006) *Public Attitudes Towards HIV*. London: National AIDS Trust
- Neal, C. and Davies, D. (eds) (2000) *Issues in Therapy with Lesbian, Gay, Bisexual, and Transgender Clients.* Buckingham: Open University Press
- Newfield, E., Hart, S., Dibble, S. and Kohler, L. (2006) Female-to-male transgender quality of life. *Quality of Life Research* Vol. 15 No. 9, pp 1447-1457
- NFO Social Research (2003) *Sectarianism in Glasgow*. Glasgow: Glasgow City Council
- NHS Inclusion Project (undated) *LGBT Stocktake Exercise: Analysis of Responses*. NHS Inclusion Project
- NHS Inclusion Project (undated) *Fair For All – The Wider Challenge. Good LGBT Practice in the NHS*. Glasgow: NHS Inclusion Project
- Nicholas, J. and Howard, J. (1998) Better Dead Than Gay?. *Youth Studies Australia* Vol. 7, No. 4, pp 28-33
- OConnor, W. and Molloy, D. (2001) *Hidden in plain sight: homelessness amongst lesbian and gay youth*. London: National Centre for Social Research
- ODS (2005) *Ensuring equality for older lesbian, gay, bisexual and transgender people in Scotland*. Edinburgh: Communities Scotland

- ODS (2005) *The housing and support needs of older lesbian, gay, bisexual and transgender (LGBT) people in Scotland*. Edinburgh: Communities Scotland
- Office for National Statistics (2002) *Non-fatal suicidal behaviour among adults aged 16 to 74 in Great Britain*. London: HMSO
- Parents Enquiry Scotland (2006) *“Dad, I’ve got something to tell you” Some answers to the questions you might have if your son is gay*. Edinburgh: Parents Enquiry Scotland / NHS Greater Glasgow
- Paul, J.P., Catania, J., Pollack, L., Moskowitz, J., Canchola, J., Mills, T., Binson, D. and Stall, R. (2002) Suicide attempts among gay and bisexual men: Lifetime prevalence and antecedents. *American Journal of Public Health* Vol. 92 No. 8, pp 1338-1345
- Pilkington, N. and D’Augelli, A.R. (1995) Victimization of lesbian, gay, and bisexual youths in community settings. *Journal of Community Psychology* Vol. 23, pp 33-56
- Price, H. (2006) Fears about fitting in pushed man to suicide. *The Pink Paper* 20th April 2006
- Pringle, A. (2003) Mental health and the LGBT community. *The Point* Summer 2003
- Pringle, A. (2003) Mental health and the LGBT community. *The Point - magazine for the Scottish Association for Mental Health* Summer 2003
- Ramsay, D. (2001) *Result of the Fife Men Project survey 2000/2001: Homophobia Can Kill!*. Kirkcaldy : Fife Men Project
- Rees, G. and Stein, M. (1999) *Still running: Children on the streets in the UK*. London: The Children’s Society
- Reid-Howie Associates (2006) *Public Attitudes to Equalities Issues in Scotland*. Edinburgh: The Scottish Parliament
- Remafedi, G. (1987b) Adolescent homosexuality: Psychosocial and medical implications. *Pediatrics* Vol. 79, pp 331-337
- Remafedi, G. (1994) The State of Knowledge on Gay, Lesbian, and Bisexual Youth Suicide. in Remafedi, G. (ed) *Death by Denial: Studies of Suicide in Gay and Lesbian Teenagers* Boston: Alyson
- Remafedi, G. (1999) Sexual orientation and youth suicide. *Medical Student Journal of the American Medical Association* Vol. 282, pp 1291-1292
- Remafedi, G. (1999) Suicide and Sexual Orientation: Nearing the End of the Controversy?. *Archives of General Psychiatry* Vol. 56, issue 10, p885
- Remafedi, G., Farrow, J.A. and Deisher, R.W. (1991) Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics* Vol. 87, pp 869-875
- Remafedi, G., French, S., Story, M., Resnick, M.D. and Blum, R. (1998) The relationship between suicide risk and sexual orientation: Results of a population-based study. *American Journal of Public Health* Vol. 88, No. 1, pp 57-60
- Rivers, I. (2004) Recollections of bullying at school and their long-term implications for lesbians, gay men, and bisexuals. *Crisis* Vol. 25 No. 4, pp 169-175
- Roberts, E. (2006) Kids bullying hell. *The Pink Paper* 24th August 2006
- Roberts, E. (2006) A room of ones own: Housing older lesbians. *Diva magazine*

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- Robinson, A.L. and Williams, M. (2003) *Counted out. Finding from the 2002-03 Stonewall Cymru Survey*. Cardiff: Stonewall Cymru
- Roche, B. (2005) *Sexuality and homelessness*. London: Crisis
- Romero, P. (1999) Impact of racism, homophobia and poverty on suicidal ideation among Latino gay men. *Berkeley McNair Research Journal* Vol. 7
- Rosario, M., Schrimshaw, E.W. and Hunter, J. (2005) Psychological Distress Following Suicidality Among Gay, Lesbian, and Bisexual Youths: Role of Social Relationships. *Journal of Youth and Adolescence* Vol. 34 No. 2, pp 149-161
- Rosengard, G. and Folkman, S. (1997) Suicide ideation, bereavement, HIV serostatus and psychological variables in partners of men with AIDS. *AIDS Care* Vol. 9, pp 373-384.
- Sandyford Initiative (2004) *Sappho health services: Report for 04/03 to 03/04*. Glasgow: Sandyford Initiative
- Savarimuthu, D. & Bunnell, T. (2003) Sexuality and Learning Disabilities. *Nursing Standard* 17, 39
- Savin-Williams, R.C. (1994) Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Psychology* Vol. 62 No. 2, pp 261-269
- Schneider, S.G., Taylor, S.E., Kemeny, M.E. and Dudley, J. (1991) Factors influencing suicidal intent in gay and bisexual suicide ideators: Differing models for men with and without HIV infection. *Journal of Personality and Social Psychology* Vol. 61, pp 776-788.
- Schonnesson, L.N. and Ross, M.W. (1999) *Coping With HIV Infection: Psychological and Existential Responses in Gay Men*. New York: Kluwer Academic / Plenum Publishers
- Scottish Association for Mental Health (2004) *After a Suicide*. Glasgow: Scottish Association for Mental Health
- Scottish Civic Forum (2004) *Hate Crime*. Briefing paper January 2004 Edinburgh : Scottish Civic Forum
- Scottish Federation of Housing Associations (1997) *Obtaining a fair deal*. Briefing paper no. 20 Edinburgh : Scottish Federation of Housing Associations
- Shannon, J. and Woods, W. (1991) Affirmative Psychotherapy for Gay Men. *The Counselling Psychologist* Vol. 19 No. 2, pp 197-215
- Shidlo, A. (1994) Internalised homophobia: Conceptual and empirical issues in measurement. in Greene, B. and Herek, G.M. (eds) *Lesbian and Gay Psychology Theory, Research and Clinical Applications*, Thousand Oaks, CA: Sage
- Shoffman, M. (2006) Gay community faces police liaison lottery. *Pinknews.co.uk* 27th December 2006
- Smith, G.B. (1993) Homophobia and attitudes toward gay men and lesbians by psychiatric nurses.. *Archives of Psychiatric Nursing* Vol. 7, No. 6, pp 377-384

- Smith, M.U. and Drake, M.A. (2001) Suicide and Homosexual Teens: What Can Biology Teachers Do To Help?. *American Biology Teacher* Vol. 63 No. 3, pp 154-162
- Sno, H.N., Storosum, J.G. and Swinkels, J.A. (1989) HIV infection: Psychiatric findings in the Netherlands. *British Journal of Psychiatry* Vol. 155, pp 814-817.
- Steel, M. (1998) Out in the cold. *Diva* May 1998
- Steffens, M. (2005) Implicit and Explicit Attitudes Towards Lesbians and Gay Men. *Journal of Homosexuality* Vol. 49 No.2, pp 39-66
- Stonewall (undated) “Disability”
- Stonewall (2003) *Profiles of Prejudice - Summary*. London: Stonewall
- Stonewall Cymru (2004) *Count us in! Full report. Addressing the needs of Wales forgotten community of interest*. Cardiff: Stonewall Cymru
- Street, S. and Kromrey, J.D. (1995) Gender roles and suicidal behavior. *Journal of College Student Psychotherapy* Vol. 9, No. 3, pp 41-56
- Survivors of Bereavement by Suicide (undated) *Website information sheet*.
- Terrence Higgins Trust (2005) *Guidelines for best practice in work with young lesbian, gay and bisexual people*.
- The Compassionate Friends (2001) *After Suicide*.
- The Herald (2003) 10% of Scots Say they do not want a black or Asian MSP. *The Herald* 1st October 2003
- The Herald (2003) Abuse Comes with the Gay Territory. *The Herald* 18th February 2003
- The Scotsman (2006) Call for hate crime rethink as anti-gay offences soar. *The Scotsman* 20th July 2006
- Townley, B. (2003) *Feeling the strain: GLB people “more likely” to suffer mental illness*. Gay.com, 11th September 2003
- Valentine, G. and McDonald, I. (2004) *Understanding Prejudice: Attitudes Towards Minorities*. London: Stonewall
- Wikipedia (undated) *Religion and Homosexuality*
- Wright, E.R. and Perry, B.L. (2006) Sexual identity, distress, social support and the health of gay, lesbian and bisexual youth. *Journal of Homosexuality* Vol. 51 No. 1, pp 81-110
- Wright, T., Colgan, F., Creegan, C. and McKearney, A. (2006) Lesbian, gay and bisexual workers: equality, diversity and inclusion in the workplace. *Equal Opportunities International* Vol. 25 No. 6, pp 465-470