



LGBT Health and Wellbeing Response to the Scottish Parliament Inquiry into Health Inequalities

Our focus

At LGBT Health and Wellbeing we promote the health, wellbeing and equality of LGBT* adults (16+) in Scotland. We support the community by providing a range of accessible, responsive and LGBT affirmative support services, community events and initiatives. Our service delivery is national, with a strong focus on supporting communities via in person services (which moved online throughout the pandemic) in Edinburgh and Glasgow.

**LGBT Health welcome the entire diversity of our lesbian, gay, bisexual and transgender communities, including nonbinary, queer, intersex and asexual as well as those questioning / those who do not use labels.*

Our response

Question 8. What progress, if any, has been made towards tackling health inequalities in Scotland since 2015? Where have we been successful and which areas require more focus?

LGBT Health and Wellbeing are the leading charity working to decrease health inequalities and improve the mental health and wellbeing of lesbian, gay, bisexual, transgender and queer+ (LGBTQ+) adults in Scotland. Since the foundation of LGBT Health in 2003 we have worked directly with the LGBTQ+ community providing a wide range of services. The primary focus of our services is to address poor mental health and social isolation experienced within our community. We provide counselling and mental health support, social programmes and specific initiatives aimed at supporting those sections of the LGBTQ+ community who are most severely disadvantaged and experience the greatest health inequalities, namely trans people, older people, and asylum seekers and refugees.

Although there exists a strong evidence base which highlights the stark health inequalities experienced by LGBTQ+ people, particularly in relation to mental health, the specific, acute needs of the community have often been overlooked. Whilst there is now recognition at an institutional level of the impacts of minority stress on the health and wellbeing of LGBTQ+ people, we believe more must be actively done to tackle resulting health inequalities.

Areas that require more focus are:

- Improving the social health of LGBTQ+ adults, ensuring people feel safe, respected, protected against discrimination and hate crime and other forms of violence
- Embedding recording data on sexuality and gender identity, including within health and support services, to allow for full exploration of the disparities experienced by LGBTQ+ adults
- The development of targeted, specific policies which aim to reduce the vast mental health inequalities experienced by LGBTQ+ adults; including self-harm, suicidal ideation, substance use and additional mental health issues and conditions statistically more prevalent within the LGBTQ+ community
- Overhaul and improvement of trans healthcare – Improved and timely access to Gender Identity Clinics (GICs) and to mental health services for trans people, including those on GIC waiting lists
- Improving the experiences of LGBTQ+ people engaging with statutory services by ensuring services are LGBTQ+ affirmative spaces with appropriately trained staff and support teams

Question 9. What are the most effective approaches to tackling health inequalities and how successful is Scotland in pursuing such approaches?

Health inequalities should be tackled following a human rights-based approach, focusing on delivering equitable policies which target those in our communities with the most acute needs. There is a need for a more targeted support for LGBTQ+ people, given the higher rates of depression, anxiety, suicidal ideation and self-harm they experience compared to the general population.

Research by Stonewall found that around half of LGBTQ+ people in Scotland have experienced depression, with 1 in 8 adults aged 18-24 having attempted to end their life. For trans people, this disparity increased with 7 in 10 trans people (72%) having experienced depression and more than half (52%) having experienced suicidal ideation (Stonewall, 2019). It is critical to provide targeted prevention and services to LGBTQ+ people, particularly trans people, older people, refugees and asylum seekers as data from our annual evaluation shows these communities to experience the greatest health inequalities in regards to mental health and wellbeing.

Question 10. What actions would you prioritise to transform the structural inequalities that are the underlying cause of health inequalities?

LGBTQ+ people experience health inequalities at a significantly higher rate than their cisgender and/or heterosexual counterparts. Particularly, LGBTQ+ people experience an array of additional factors that intensify the pre-existing determinants that often lead to negative health outcomes – as highlighted within the NHS's Health

Needs Assessment of LGBT people (Leven, 2020). To alleviate health inequalities, we must take a targeted approach which recognises and priorities the human rights of individuals, including those of LGBTQ+ identity. To tackle health inequalities experienced by LGBTQ+ adults:

- Ensure explicit recognition of the health inequalities experienced by LGBTQ+ people
- Support LGBTQ+ specific initiatives and programmes where people can benefit from affirmative, informed and culturally sensitive targeted support
- Reduce the prevalence of minority stress
- Place a strong focus on training and education – ensure targeted LGBTQ+ equalities training for those working in the statutory sector and private sector (where appropriate) to prevent discrimination and ensure services are a safe, affirmative environment for LGBTQ+ people

Question 11. What has been the impact of the pandemic both on health inequalities themselves and on action to address health inequalities in Scotland?

LGBTQ+ People:

LGBTQ+ people have been disproportionately impacted by the pandemic. Many people of LGBTQ+ identity have close relationships with others within the community, similar to familial bonds. Those with “chosen family” were denied access to their social support networks during the pandemic, many forced to remain within homes/situations non-affirmative and non-accepting of their LGBTQ+ identity. We know anecdotally that LGBTQ+ adults accessing our services at LGBT Health have experienced high levels of isolation, lack of social connection and have felt a detachment to their community. As highlighted in our 2021 Service Evaluation, 77% of those accessing our services felt less lonely because of the support they received throughout the pandemic whilst 70% felt their emotional wellbeing and mental health was better due to support received. Whilst the pandemic quickly halted the delivery of in person services, it also led to LGBT Health expanding our reach and made our online services available to those who lived outside Edinburgh and Glasgow.

Older LGBTQ+ people:

The impacts of lack of social contact and isolation was acutely evident for LGBTQ+ older people. More than 50% of LGBT older people felt that the pandemic, and lockdowns, had a negative impact on their mental health and wellbeing (Opening Doors London, 2020). LGBTQ+ older people experienced high rates of digital exclusion throughout the pandemic. Many of those shielding who used to access our services could no longer access them due to lack of technology/support. The development of our Telefriending Service (which offers befriending calls to those 50+ of LGBTQ+ identity) aimed to tackle this isolation felt by community members who could no longer leave their homes in the way(s) they used to.

Trans people:

Many trans people have also experienced the worsening of their mental health and wellbeing throughout the pandemic. As highlighted by LGBT Foundation (2020) 57% of trans people surveyed advised they felt they needed support with their mental wellbeing throughout the pandemic.

Additionally, the pandemic has also seen the increase of waiting times for access to live saving, gender affirming treatment for trans people via Gender Identity Clinics (GICs). With such intense pressure on GICs pre-pandemic, the pressures of increased referrals alongside stagnant waiting lists has contributed to the worsening of trans people's mental wellbeing and access to healthcare. Our Trans Support Programme works to support trans adults, our data shows 85% of trans people engaging with the programme reported feeling less lonely throughout the pandemic because of our service(s).

LGBTQ+ asylum seekers and refugees:

LGBTQ+ asylum seekers and refugees experience health inequalities, particularly in relation to mental health and wellbeing, at disproportionate rates when compared to the general population. Via the delivery of our Refugee Project, we know LGBTQ+ asylum seeker and refugee adults tended to be very isolated and experienced a lack of statutory support throughout the pandemic. Alongside this, uncertainty around their asylum status negatively impacted wellbeing. Our Refugee Project offered mental wellbeing support, social events and practical advice to LGBTQ+ asylum seekers and refugees online throughout the duration of the pandemic.

Question 12. Can you tell us about any local, regional or national initiatives throughout the pandemic, or prior to it, that have helped to alleviate health inequalities or address the needs of hard to reach groups? How can we sustain and embed such examples of good practice for the future?

Through seed funding from the Scottish Government we were able to increase our support to more vulnerable and isolated LGBTQ+ people by:

- Expanding the delivery of our LGBT Helpline Scotland from 2 to 4 days per week. We continue to deliver this expanded service, and have found engagements has remained very significantly higher than pre-pandemic (circa 80% increase), with support around mental and emotional health a key focus.
- Setting up a Telefriending Outreach Service aimed at more socially isolated older LGBT people who, often due to digital exclusion, were not linked into social and other support. Again, this is a service we're determined to sustain, given its success in reaching individuals who due to issues of geography, confidence, mental health (69% of beneficiaries), chronic illness (38% of beneficiaries) or physical disability (31%) we were not easily reaching through our in-person support programmes in Glasgow and Edinburgh. The service reports strong positive outcomes in terms of improved mental health, reduced isolation and greater confidence in seeking support.

Question 13. How can action to tackle health inequalities be prioritised during COVID-19 recovery?

Health inequalities experienced by LGBTQ+ adults have worsened throughout the pandemic. Much like the general population, LGBTQ+ adults have experienced a heightening of depression, anxiety, suicidal ideation, self-harm, isolation and lack of social contact. LGBTQ+ adults have experienced this at a higher rate than the rest of the general population due to specific factors which make them particularly vulnerable to isolation and ill mental health. Additionally, many LGBTQ+ adults, including those within the disabled community and those with acute health needs have experienced the worsening of already existing health inequalities. In order to ensure the most vulnerable within society are included in Scotland's Covid-19 recovery plan we must ensure there is targeted intervention which recognises the susceptibility of LGBTQ+ people to have experienced negative health impacts from the pandemic. Targeted intervention and equitable policies can help to tackle the inequalities that the pandemic has worsened for LGBTQ+ people.

Question 14. What should the Scottish Government and/or other decision-makers be focusing on in terms of tackling health inequalities? What actions should be treated as the most urgent priorities?

LGBTQ+ people were hard hit by restrictions limiting social contact, particularly those who lived alone, were elderly or disabled / chronically ill. As mentioned, levels of isolation, loneliness, depression and anxiety increased, particularly for those with the most acute needs within our communities. In order to tackle the health inequalities which were worsened by the Covid-19 pandemic Government and other decision makers should focus on providing support to LGBTQ+ communities and ensuring the support services they access receive continued funding post-pandemic.

To tackle health inequalities LGBTQ+ people face, the Scottish Government should:

- Recognise the disproportionate impact the pandemic has had on the wellbeing of LGBTQ+ people, particularly older people and trans people
- Listen to the lived experiences of LGBTQ+ people and allow these to help inform policy
- Support LGBTQ+ specific initiatives and organisations who work to improve the lives of LGBTQ+ people
- Work to reduce the acute isolation and exclusion experienced by older LGBTQ+ people
- Ensure affirmative mental health support is available to LGBTQ+ people
- Provide adequate access to trans healthcare for all trans people

Question 15. What role should the statutory sector, third, independent and private sectors have in tackling health inequalities in the future?

The third sector, specifically organisations and charities who support LGBTQ+ people, should play a role in consulting on the specific needs of LGBTQ+ people in Scotland. Here at LGBT Health we have the experience in working to address LGBTQ+ health inequalities to inform the work of others, as well as to ensure the lived experiences of LGBTQ+ people inform the development of policy and practice. By recognising the unambiguous health inequalities experienced by LGBTQ+ people, and ensuring those people (and organisations) are present in conversations relating to health inequalities, we can ensure the tackling of health inequalities takes a human rights-based approach which recognises the importance of equitable policies to combat inequality.

For further information regarding our response please contact:

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