The LGBT Health and Inclusion Project

Suicidal Distress and LGBT People – Results of an Online Survey

The LGBT Health and Inclusion Project

NHS Sussex and Brighton and Hove City Council (BHCC) have commissioned a consortium of organisations providing services to lesbian, gay, bisexual and transgendered (LGBT) people in the city to conduct a series of consultations with local LGBT people. The aim is to use the information gathered to feed into local service commissioning, planning and delivery.

The partner agencies are: Brighton and Hove LGBT Switchboard, THT South, MindOut, Allsorts Youth Project, Brighton Bothways and the Clare Project. The consortium has employed a worker to coordinate the project, known as the LGBT Health and Inclusion Project (LGBT HIP).

Please note, the following report presents information about the consultation and engagement work conducted by LGBT HIP and should not be taken as a position statement of any of LGBT HIP's Consortium partners.

Introduction

This report presents data from an online survey of suicidal distress among LGBT people in Brighton and Hove. In any study it is important to be precise about the issue being researched. For the purposes of this survey, suicidal distress was defined as: feelings such as despair, worthlessness and hopelessness so that the person feels that they want to end their life.

Background

Social hostility, stigma and discrimination experienced by LGBT people have been linked to poorer mental health outcomes.[1,2] Local research conducted by Johnson, et al, gathering primarily qualitative information, identified that discriminatory practices of homophobia, transphobia and heterosexism embedded in social institutions such as education, health, religion, the media and the family were linked with suicidal distress. Strategies for challenging social norms that marginalise and exclude LGBT people and the stigma around mental health issues were advocated.[3]

A review of research conducted for the Department of Health concluded that although the majority of LGB people do not experience poor mental health, LGB people are at higher risk of mental health problems and suicidal behaviour, and that this is linked to experiences of discrimination. Especially elevated rates of suicidal behaviours were reported among gay men. Also, in comparison with their heterosexual counterparts, gay and bisexual men were five-and-a-half times more likely to have self-harmed, and lesbian and bisexual women were twice as likely

[1] King, M., Semlyen, J., See Tai, S. et al. (2008) A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. BMC Psychiatry, 8:70.
[2] McNeil, J., Bailey, L., Ellis, S., Morton, J. and Regan, M. (2012) Trans mental health study 2012. http://www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf.
[3] Johnson, K., Faulkner, P., Jones, H. and Walsh, E. (2007) Understanding suicide and promoting survival in LGBT communities. University of Brighton: Brighton.

to have self-harmed.[4] A systematic review found that LGB people reported double the rates of suicide attempts compared with heterosexual people, and the risk was again reported to be especially high for gay and bisexual men.[5] Research published by Stonewall reported that in the previous year, 5% of lesbian and bisexual women respondents said they had attempted suicide, rising to 16% for women aged under 20.[6] Locally, the Count Me In Too study asked about mental health problems in a combined sample of 819 LGBT respondents. 6.7% of the overall sample reported having both thought about and attempted suicide in the past five years.[7]

The risk appears to be especially elevated for trans people: one survey of 872 trans people found that 34% of adult respondents had attempted suicide.[8] More recently, one of the largest mental health surveys of trans people ever conducted (n=889) reported that 84% had ever thought about ending their lives, of which 27% had thought of ending their lives in the last week. 4% thought about it every day. Amongst those who had ever thought about suicide, 48% had made at least one attempt and 11% had attempted suicide in the previous year.[9] Locally, the Count Me In Too research reported that those who identified as trans were twice as likely to have serious thoughts of suicide, more than three times more likely to have attempted suicide in the past five years and over five times more likely to have attempted suicide in the past twelve months than non-trans respondents.[10] It is clear that both locally and nationally, LGBT people experience significantly elevated levels of suicidal distress and suicide attempts, and that this is linked to discrimination and social exclusion.

Local and National Policy

The Department of Health's Suicide Prevention Strategy for England identifies LGBT people as a group requiring a tailored approach in order to reduce suicide risk, recognising also issues of intersectionality, which may further heighten risk.[11] It states that staff in health and care services, education and the voluntary sector need to be aware of higher rates of mental health problems and suicidal ideation and behaviour among LGBT people. The strategy points to its two national strategies to reduce inequality for LGB and trans people as an approach to tackling discrimination, and promotes a guide produced by the LGBT mental health project PACE as a useful source of information about online and other interventions to respond to suicidal distress among LGBT people.[12]

A local mental health needs assessment published in 2007 reported data from the Count Me In Too study and identified the need for specific mental health policies and initiatives to address equalities issues for LGBT people (as well as women and BME groups). The need for greater cultural awareness and sensitivity among service providers was also recommended through raising awareness within services of issues around diversity, cultural differences and prejudice.[13]

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[4] Fish, J. (2007) Mental health issues within lesbian, gay and bisexual (LGB) communities. Department of Health: London.
[5] National Institute for Mental Health England (2008) Mental disorders, suicide, and deliberate self-harm in lesbian, gay and bisexual people. A systematic review. NIMHE: London.
[6] Hunt, R, and Fish, J. (2008) Prescription for change. Lesbian and bisexual women's health check 2008. Stonewall: London.
[7] Browne, K and Lim, J. (2008) Count me in too mental health additional findings report. University of Brighton: Brighton.
[8] Whittle, S., Turner, L. and Al-Alami, M. (2007) Engendered penalties: Transgender and transsexual people's experiences of inequality and discrimination. Equalities Review: London.
[9] McNeil, J., Bailey, L., Ellis, S., Morton, J. and Regan, M. (2012) Trans mental health study 2012. http://www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf.
[10] Browne, K and Lim, J. (2008) Count me in too mental health additional findings report. University of Brighton: Brighton.
[11] Department of Health (2012) Preventing suicide in England. A cross-government outcomes strategy to save lives. Department of Health: London.
[12] Franks, T., Peel E. and Scott, S. (2010) Where to turn: A review of current provision in online and offline mental health support for LGBT people experiencing suicidal distress. PACE: London.
[13] Alves, B. (2007) Mental health needs assessment for working age adults in Brighton and Hove. Brighton and Hove Primary Care Trust: Brighton.

A summary briefing for the most recent Joint Strategic Needs Assessment identifies Brighton and Hove as having a higher rate of death by suicide and undetermined injury than is found nationally, although there appears to be a downward trend. It identified LGBT people as a group that should be targeted for specific interventions. It recommends the following priority activities as an approach to suicide prevention:

- Reduce risk of suicide in key high risk groups.
- Tailor approaches to improve mental health in specific groups.
- Reduce access to the means of suicide.
- Provide better information and support to those bereaved or affected by a suicide.
- Support the media in delivering sensible and sensitive approaches to suicide and suicidal behaviour.
- Support research, data collection and monitoring.[14]

In 2008, MindOut led an LGBT Suicide Prevention Working Party of local third-sector organisations working with LGBT people. This produced an LGBT Suicide Prevention Strategy for Brighton and Hove.[15] The strategy proposed:

- Developing affirmative LGBT health services.
- Training for front line mental health service providers.
- Promoting access to mainstream and LGBT specific support services.
- Better crisis support for LGBT people experiencing suicidal distress.
- Early prevention measures in educational settings.
- Activity for positive mental health promotion among local LGBT people.
- Stronger action on community safety and hate crime, given the mental health impact on victims.

Locally, BHCCs strategic approach is to follow the national suicide prevention strategy for England, supported by a local action plan. The most recent plan is currently in draft form subject to final approval. There is a 'headline' action to develop tailored suicide prevention approaches for LGB people and others with 'protected characteristics' in equalities legislation, which would include trans people.[16]

Aim of the Study

The aim of this study was to gather data from local LGBT people about their perceptions and experiences of suicidal distress and service responses via an online survey and to make recommendations based on research findings.

Method

The questions were developed in consultation with MindOut, a Brighton-based charity providing metal health support to local LGBT people. The survey was piloted with a small group of service users. It was publicised through the LGBT HIP mailing list of individuals who wish to be kept informed of LGBT HIP activities, through the contacts of the LGBT HIP consortium partners, via the local LGBT publication GScene and using LGBT HIPs social networking facilities (Facebook and Twitter).

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[14] NHS Sussex and Brighton and Hove City Council (2012) Brighton & Hove Joint Strategic Needs Assessment 2012. http://www.bhlis.org/jsna2012

[15] Suicide Prevention Working Party (2008) Suicidal distress and suicide prevention in LGBT communities. LGBT Suicide prevention strategy for Brighton and Hove. (Unpublished).

[16] Brighton and Hove City Council (2014) Brighton & Hove Suicide Prevention Strategy – Draft Action Plan 1 April 2013- 31 March 2014. (Unpublished)

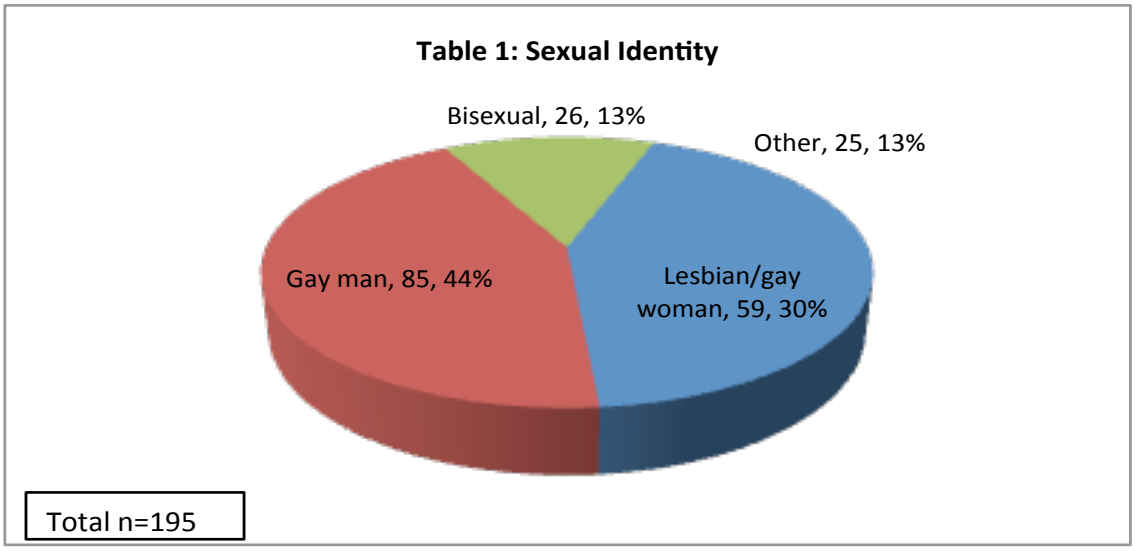
The survey was conducted online using SurveyMonkey over a four month period in early 2012. In addition, a small number of completed questionnaires were gathered from people attending MindOut (n=6). The data were analysed using PSPP a free statistics package. Qualitative responses were reviewed to identify key themes and extend quantitative findings. Quotes from these responses are used to provide illustrative examples throughout the report.

Results

About the sample

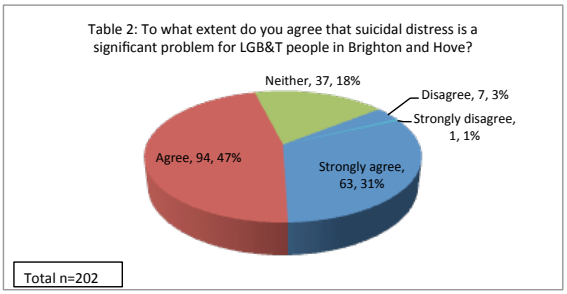
The survey asked a screening question: "This survey is for lesbians, gay men, bisexual and trans people who live, work or socialise in Brighton and Hove. Does this describe you?" Those who answered affirmatively were included. The total sample was 205 respondents. Not all respondents answered each question and response rates are indicated by total in the charts that follow.

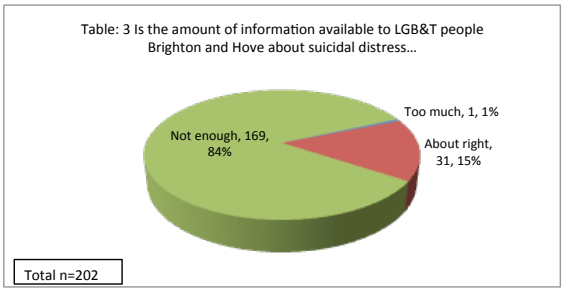
Overall, 50% of respondents were male, 42% female and 8% indicated an 'other' gender identity. 13% currently (or had previously) identified as trans. The majority of respondents were White British (70%); 5% of those who responded to the question on ethnicity were from BME or mixed/BME backgrounds (n=9). The sample ranged in age from 17 to 68 and the largest proportion was aged 36-45 (36%). Gay men and lesbians made up the largest proportions by sexual identity (44% and 30% respectively). The remainder were bisexuals (13%) and people who described their sexual identity as 'other' (13%). 26% reported that they had a disability and 44% said they were living with a long-term health condition. Is it unclear to what extent these were mental health problems.



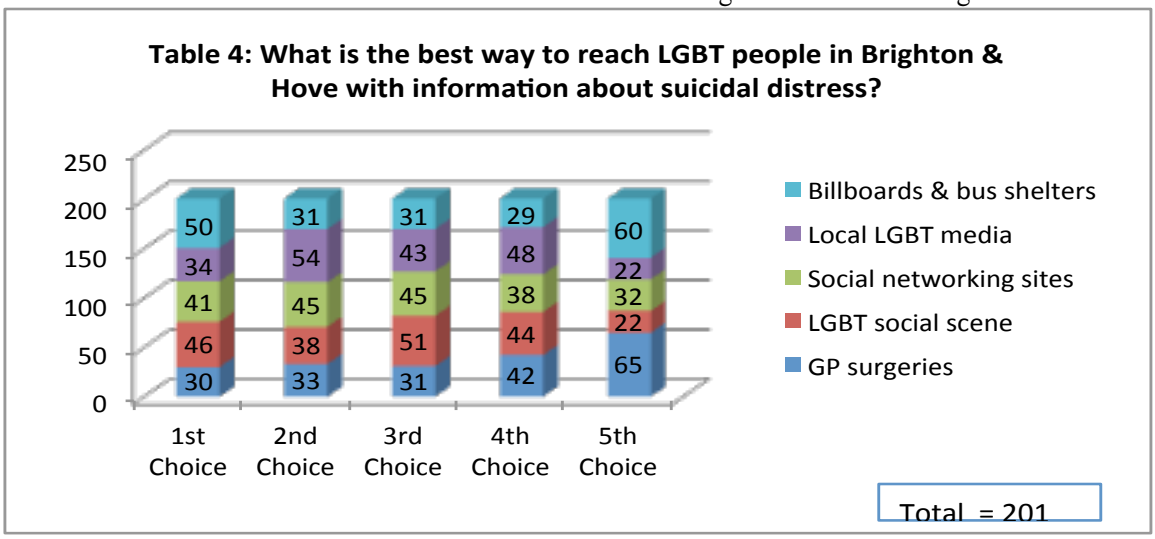
Perceptions About Suicidal Distress

The majority of respondents either strongly agreed (31%) or agreed (47%) that the issue of suicidal distress was a significant problem for LGBT people in Brighton and Hove. Only 3% disagreed or strongly disagreed (1%). The majority (84%) also perceived there was insufficient information available to local LGBT people about the issue of suicidal distress.





Respondents were offered a series of suggestions concerning how best to reach local LGBT people with information about suicidal distress. They were asked to rank them in order of preference 1-5, 1 being most useful and 5 being least useful. Overall, each of the options provided was fairly evenly supported. However, examining first choice preferences indicated that billboards and bus shelter advertisements was most strongly supported, closely followed by information distributed on the local LGBT scene and through social networking.



The survey asked respondents if there were any additional ways to reach local LGBT people with information about the issue of suicidal distress. A wide range of potential methods were identified including:

- Local poster publicity campaigns in a wide range of mainstream public places (cafes, pubs, supermarkets, GP surgeries).
- Through the local news media and the wide range of free-sheets distributed.
- Through local radio.
- Through talks in schools and workplaces (including activity with trade unions).
- Through use of mainstream social networking (e.g. Facebook and Twitter) as well as that popular with sectors of the LGBT community (e.g. Grindr, Gaydar).
- Via local hospitals and NHS facilities that suicidally distressed people may use or be referred to.
- Through information available at places where people planning suicide may go (rail crossings and bridges, local beauty spots associated with suicide).
- Through a specially developed LGBT helpline for those feeling suicidal.

One respondent wrote eloquently about the importance of access to information, and being able to explore the subject of LGBT people and mental health in enabling them to put the issues into context and deepen their understanding.

> *"I found it useful once I knew and understood why historically LGBT [people] suffer from more suicidal distress. How being brought up in a heterosexual world causes a level of uncertainty about you being ok as a human being and how this can erode self-esteem. And how being gay used to be*

classed as a mental health problem and how the subsequent homophobia still can be experienced through ideas in the mental health system. Once I understood the concepts that can affect us, I began to understand why and how the LGBT population suffer more. But before I just knew the rates were higher but I didn't really understand the societal homophobia at a subconscious level that we are all subject to."

An important theme appeared to be that while respondents strongly supported information being available through the LGBT commercial scene and community groups/providers, they wanted more information available through mainstream mechanisms.

"Maybe smaller posters in local businesses like local supermarkets, post offices, news agents and off licences. I don't know if this would be possible, but some people may be mostly stuck at home when feeling this way and may be avoiding the outside world as much as possible, including GPs and the scene. They may however still go to buy supplies locally or be drawn to an off licence."

It was thought especially important that information distribution was not limited to LGBT scene contexts alone because many LGBT people do not participate in this.

"I think just targeting the obvious scene venues is a mistake (one that is regularly made). Only a small percentage of LGBT people actually go to these 'gay' venues, and on the whole it's the people that don't who can feel more isolated because they do not have the perceived support of the LGBT community. It's the ones outside of the loop which need to be reached more."

This was thought important not only in reaching LGBT people but in raising the issue of suicidal distress amongst the wider community.

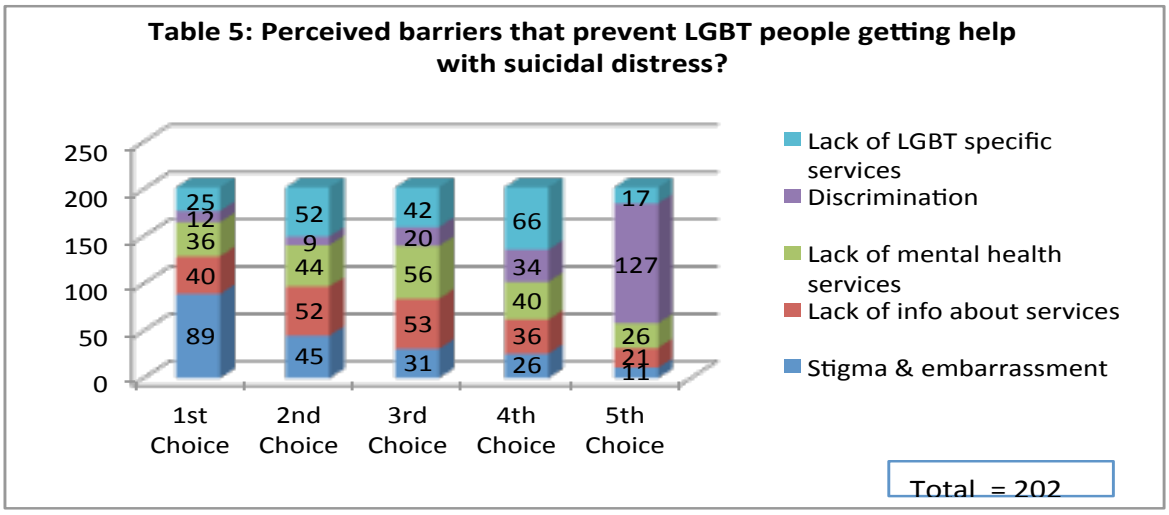
"By remembering that not all LGBTQ folk enjoy the 'scene' and they do not attend gay venues. Also, not everyone is on social networking sites. This is the reason that I chose billboards and bus shelters as my top way to reach people. It's more inclusive. It also raises awareness in the wider community. I think disseminating info in mainstream places would be helpful, as would sharing info between services/charities (not just LGBT ones)."

It was also suggested that LGBT organisations that are not directly associated with mental health issues could be a useful vehicle for developing interventions to address suicidal distress. The following example discussed the potential for BLAGSS (a local LGBT sports club) to develop interventions.

"Get other groups involved which wouldn't normally be associated with suicide. An example of this might be to get gay sports groups involved such as BLAGSS. Often LGBT people who have suicide issues may also have low self-esteem or BDD (Body Dysmorphic Disorder) issues. Getting them to do sessions were they can get in touch with themselves and their bodies would be a good way of doing this. It does not have to be team games but might be working with a sports buddy on a week-to-week basis doing some simple sports such as table tennis or walking. This allows the person who is suicidal to also in the case of walking not only get back in touch with themselves, the surrounding areas but also a chance to talk on a one to one level with someone too. I appreciate that there is a risk element here but that would have to be taken into consideration. I suppose you could say a walking/talking therapy."

Barriers To Support

Respondents were also asked about perceived barriers to getting help with suicidal distress for LGBT people. They were offered a series of ideas about this and asked to rank them in order of relevance, 1 being most relevant and 5 being least relevant. There was a clear indication from examining first choice preferences that stigma and embarrassment were perceived to be the most significant barriers.



Respondents were asked about other barriers they perceived. Some respondents used this opportunity to expand upon issues identified in the questionnaire. For example the issue of stigma and shame was a strong theme.

> *"I believe that alongside the emotions already outlined, that 'SHAME' is likely to be a large contributing factor as to why people either disengage with services, or find it difficult to ask for help, plus the lack of understanding about being a marginalised minority. Shame is a very deep rooted and powerful emotion, leaving people feeling vulnerable, helpless and unable to ask for help."*

Respondents also suggested that lack of awareness of the issue was a significant problem within broader society and among service providers, but also among people experiencing suicidal distress. This meant that they might not be able to recognise signs and symptoms and seek help.

> *"Not being aware of the symptoms leading up to the point of despair and recognising that help is needed before they reach a point of being unable or unwilling to ask for help."*

Actual or feared discrimination and lack of understanding and awareness of the needs and experiences of LGBT people was also reported as a barrier.

> *"Openly discriminatory mental health services! What was it, 1 in 6 mental health practitioners still trying to 'cure' LGBT people! And trans people still stigmatised and pathologised! No wonder LGBT people can't and won't engage."*

> *"Lived discrimination leading to fear that mental health services will discriminate. Lack of understanding about our experiences of family and neighbourhood. Lack of understanding that we live diverse lives and that not all of our worries are about our sexuality."*

The theme that mainstream service providers unhelpfully conflated mental health problems and issues concerning sexual identity was expanded upon.

> *"NHS mental health services seem to assume that if you have issues relating to sexuality and/or gender identity, ALL your issues are related to them, when it may in fact be BECAUSE you have separate issues that have contributed to your sexuality issues. They say they're not geared up to help with such issues so basically you're not welcome and there's nowhere else to go."*

In addition, some approaches to mental health treatment were thought inherently unhelpful for LGBT people.

> *"All statutory mental health services and many non-statutory services work with the CBT [cognitive behavioural therapy] model, which is quite frankly little help at the best of times, but particularly, in my view, ill-fitting for LGBT issues. We are where we are because of political and social prejudices. It runs deep into our psyche. I believe systemic therapy models are better equipped to help us."*

"The historical fact that mental health services used to discriminate against LGBT people and problematise homosexuality as a priority issue. For older LGBT people, that can still be a very vivid memory. There are some therapeutic tendencies which treat homosexuality as a second class sexuality, even though they are less likely to do it as openly as they used to."

Exclusion was also thought to be more keenly felt by some communities/groups: men, people from Black and minority ethnic backgrounds and people who live on the geographical outskirts of the city were mentioned. Trans people in particular were thought to have problems in accessing services and in finding that services were ill equipped to help them.

"I have waited 19 months for a GIC [gender identity clinic] appointment with absolutely NO help from the NHS despite significant self-harm, bullied out of my job, suicidal ideation and chronic depression. I needed help and nobody listened."

"Speaking as a Trans Person, we can have a real sense of isolation, people don't take us seriously. Sometimes were made to feel like a burden."

Issues within the LGBT community were also mentioned. For example, some aspects of the LGBT community experience devoted to hedonistic lifestyles that included heavy use of recreational drugs or alcohol misuse were thought to contribute to increased risk of mental health problems. Some respondents described this as a form of self-medication for emotional pain. Exclusion of certain more marginalised identities within the LGBT 'umbrella' also exacerbated feelings of isolation.

"The gay scene is a perfect place to self-medicate with alcohol or drugs, ultimately worsening the mental health problems, as substances are so freely available and often encouraged."

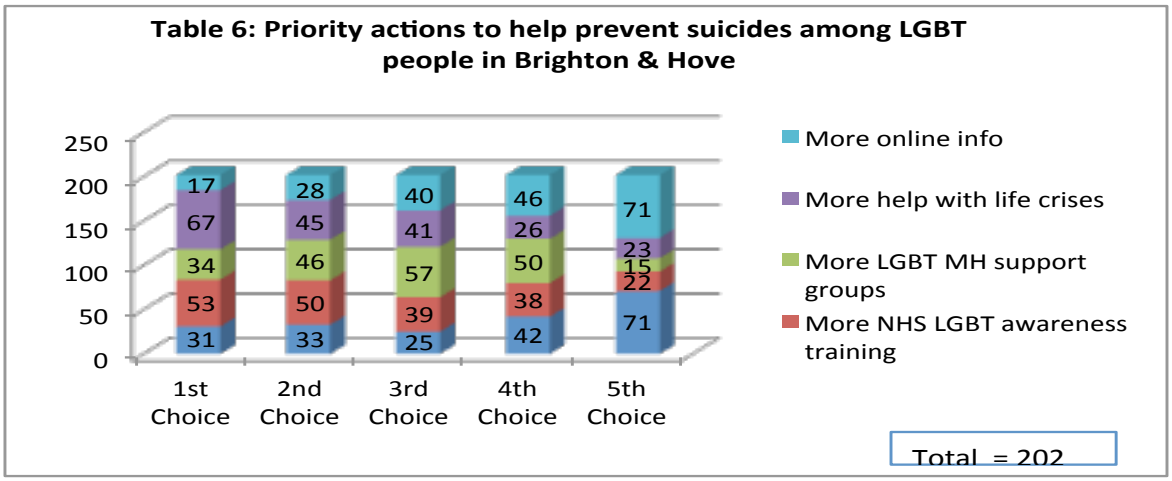
"Lack of recognition of genderqueer people in LGBT information and online trans forums i.e. no reference to other gender outside M or F. Bad enough in general society; totally outrageous in so-called LGBT 'community' sphere."

Other issues that were identified included:

- Physical access barriers to services, especially for disabled people.
- Lack of responsiveness of services and inadequate access to crisis services.
- Lack of access to substance misuse treatment and services.
- Lack of awareness and understanding among GPs (of both mental health problems and sexual/gender identity issues).
- Concerns about confidentiality, especially given the context of the smaller LGBT community.
- Digital exclusion, i.e. lack of access to technology used to provide services or facilitate access.

Preventative Action

Respondents were asked about what should be the priority actions to help prevent suicide among LGBT people locally. They were offered a series of suggestions about this and asked to rank them in order or of importance, 1 being most important and 5 being least important. Examining first choice preferences indicated that more help available for life crises such as debt, homelessness, drug and alcohol problems and problems with gender transition were thought most important. This was followed by more training for NHS mental health staff on LGBT people's experiences.



Respondents were asked about other ideas or suggestions to help prevent suicide among local LGBT people. A number of issues were raised about access to existing services. Improving the availability and responsiveness of crisis services was raised and respondents wanted more provision and better access to mental health services across the board. Self-referral was thought an important mechanism to reduce barriers to access. There was also a view that not enough longer-term interventions were available and that short-term courses of counselling were not always appropriate so that access to longer-term interventions was needed.

> *"Quicker referral times and self-referral services (where you don't have to get the GP to refer you first)."*

> *"On-going support (i.e. there is too much short term counselling focus and not enough longer term projects)."*

While many comments referred to mental health services more generally, two specific services were mentioned as needing attention: specialist gender identity services and accident and emergency services.

> *"For trans people there really is a need for: a) awareness of GPs of issues and practicalities b) more honest and open information and support to address the difficulties of transition combined with integrated and supportive LOCAL services. Many trans people feel isolated and confused by distance and impersonality of a London-based service which gives rise to episodes of absolute hopelessness. That is the real killer."*

> *"A specific LGBT service at the A&E department. As if you're feeling unsafe, it is very intimidating to get up to A&E to get help. You're often exposed to potential abuse at a time when you're feeling really vulnerable by other people sat in the waiting area because you look different and are obviously gay. You are also often up A&E alone. As LGBT people, we often experience an increased sense of isolation whereas other people who are sat up there are often with families. Drunken youths and groups of straight young people feel very frightening and I feel very vulnerable and at risk there."*

One respondent astutely pointed out that to improve the experience of LGBT people of mental health services, a range of positive and affirmative action was needed that empowered and involved them.

> *"Campaign for NHS practitioners to be struck off for 'curing' homosexuality, campaign to depathologise trans people, put LGBT people in charge of our own care pathways, enforce LGBT affirmative services in primary and acute care settings, develop LGBT led support services."*

Education and awareness raising were also strongly supported, with the objective of building an LGBT affirmative culture so that LGBT people could feel safe and included within the wider community. This was thought important for all LGBT people, but the increased marginalisation of trans people was noted as requiring special attention.

"Early intervention in the life of LGBT people to build confidence and support and a sense of place and safety in the world, as well as early intervention in the lives of non-LGBT people to build understanding and empathy and break down the idea that LGBT means other or abnormal would, I think, decrease the risk factors for someone becoming suicidal."

"I think we need more support and understanding for trans people, through education at school level but also to run open sessions in the public library with a trans panel educating the public. I believe when they hear our stories and see the challenges we face, that they can become more understanding of who we are - we must face it, the mainstream media still treats us like jokes. So then we don't have to face abuse in the street. Sometimes it's these small things which become huge issues, when someone's feeling suicidal it can tip them over the edge."

The particular need to better educate and inform NHS staff and healthcare providers in particular about the lives, experiences and needs of LGBT people was advocated, with LGBT awareness training for NHS and other mental health practitioners strongly endorsed.

"Being a health worker, I certainly think that increasing doctors' and nurses' awareness of gay and transgendered issues is crucial to try and eliminate the stigma still attached to gay/transgendered people. I am a nurse and still feel that as a profession, nursing is very conservative and not as open as it should be towards diversity!"

It was important to note the suggestion that LGBT culture also needed to be transformed. Some respondents perceived that unrealistic, aspirational portrayals of LGBT life created unhelpful stereotypes that left some LGBT people feeling inadequate and marginalised, and that more needed to be done to enable LGBT people to build their self-esteem.

"The press, gay or otherwise, giving a balanced view of life, instead of it looking/feeling like everyone else is having a party, got money and that they are losers for not having the same."

"A total transformation of gay culture; breaking down the stereotypes within gay culture, more responsibility to be taken by individuals, working on empowering people to building their self-worth."

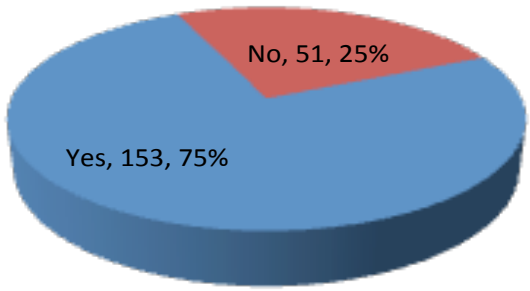
Other important suggestions included:

- Better funding and resourcing for the local LGBT third sector organisations supporting LGBT people with mental health issues.
- Increased access to crises services, counselling and group-based interventions.
- Awareness raising about suicide within the LGBT and broader community and providing skills-based training to recognise and respond to suicidal distress.
- New and innovative ways to enable people to access support (e.g. through Skype consultations).
- Addressing the isolation of older LGBT people.

Experience of Distress

Respondents were asked if they had experienced suicidal distress according to the definition given above and 75% of respondents said they had. In addition, 48% of respondents said they had self-harmed but not with the intention of killing themselves, and 37% had made an attempt to take their own life.

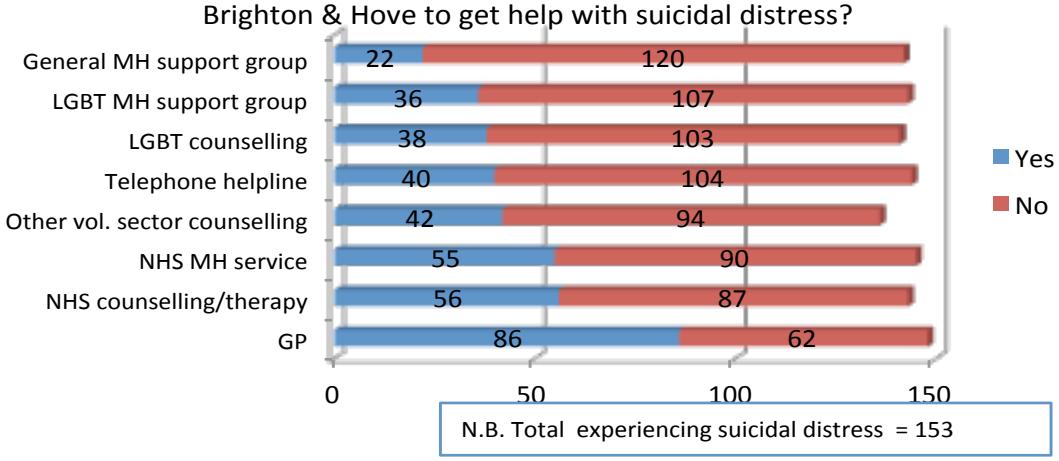
Table 7: Have you ever have experienced suicidal distress (defined as feelings of despair, worthlessness and hopelessness so that the person feels they want to end their life)?



Total n=204

Respondents were asked what services, if any, they had used to get help with suicidal distress. Data is provided for the 153 respondents who said they had experienced suicidal distress. The three most commonly used services were: GPs, NHS counselling/psychotherapy and NHS mental health services.

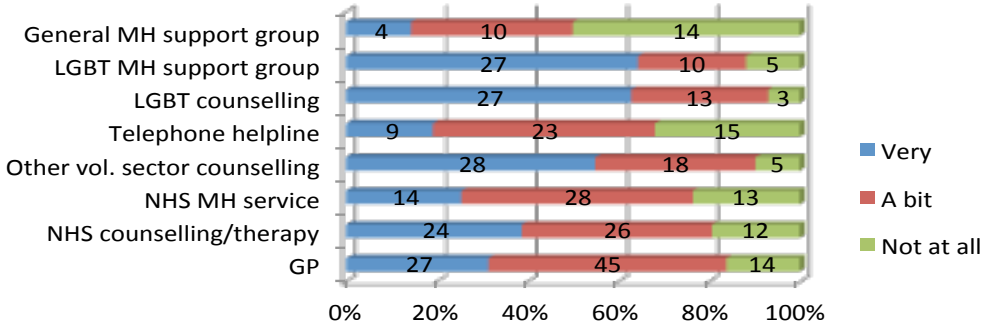
Table 8 : Have you ever used any of the following types of services in Brighton & Hove to get help with suicidal distress?



N.B. Total experiencing suicidal distress = 153

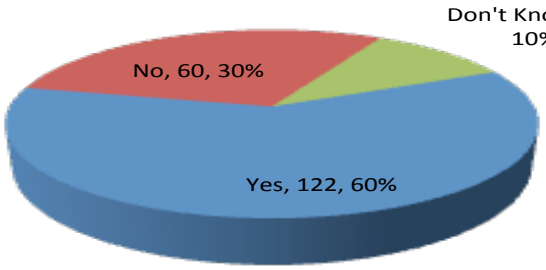
Respondents were also asked how useful they had found the services used. Data is provided for the 153 respondents who said they had experienced suicidal distress. Table 9 shows that proportionally, other voluntary sector counselling, LGBT counselling and LGBT mental health support groups were most likely to be rated as 'very useful' by those who had used them in coping with suicidal distress. Respondents were asked whether it was important to them that organisations providing support for suicidal distress were LGBT. 60% of respondents answered affirmatively.

Table 9: How useful were the types of services listed in helping you cope with suicidal distress?



N.B. Total experiencing suicidal distress = 153

Table: 10 Is it important to you that organisations providing support to LGB&T people who experience suicidal distress are LGBT?



Total n=203

The survey also asked respondents to name any specific services they had used in Brighton and Hove to get help with suicidal distress. In addition to a range of NHS services (counselling & psychotherapy, in-patient, drop-in, GPs and A&E) and private counsellors, the following were listed.

- MindOut
- Brighton and Hove LGBT Switchboard (helpline and counselling)
- Samaritans
- Mind
- The Women's Centre
- Clare Project (drop-in and counsellor)
- YMCA
- Allsorts youth project
- The Rock Clinic
- Threshold Counselling Service
- NHS HIV services
- Brighton Rape Crisis Project
- Care Co-Ops Women's Group
- Meditation group

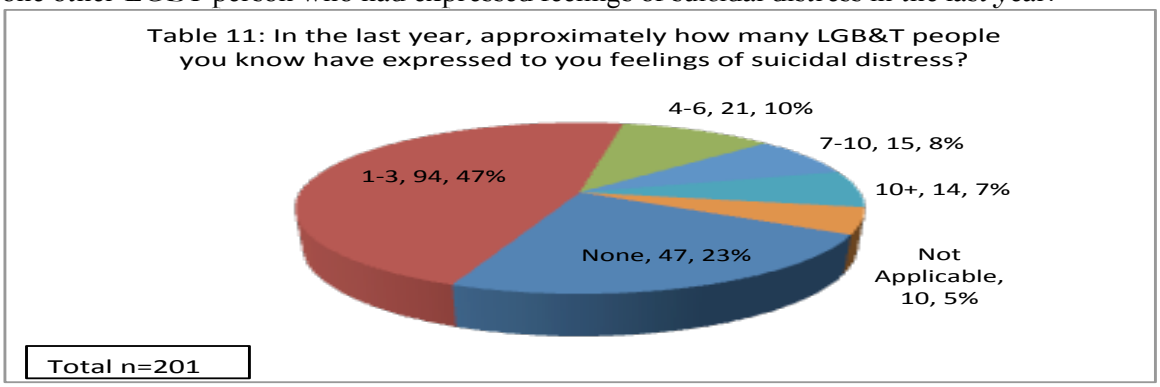
The questionnaire also asked an open question about other forms of support respondents had found helpful in coping with suicidal distress. The following types of support were mentioned, of which peer/friend support was most prominent.

- Peer support/friends
- Family support

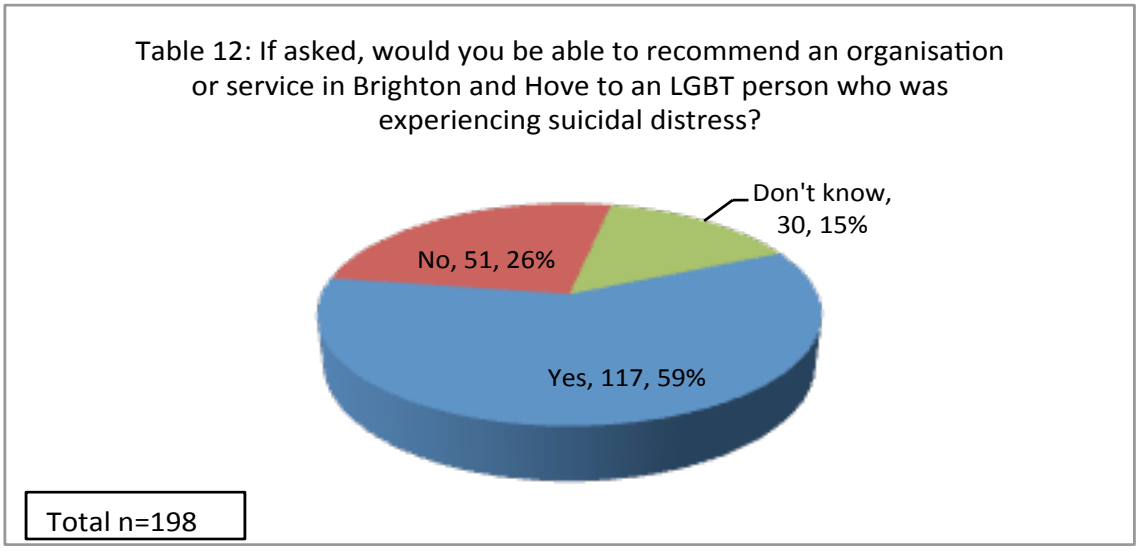
- Activism around LGBT mental health issues
- Self-help books
- MindOut advocacy service
- Exercise/gardening
- Substance misuse support
- Medication
- Meditation
- Spiritual practice and involvement in spiritual community
- Alternative therapy
- Art therapy.

Supporting Others

There is often perceived to be a strong ethos of mutual aid within LGBT communities. The survey therefore asked about experience within the last year of other LGBT people expressing suicidal distress. Overall, 28% said that they knew of no LGBT people who had experienced suicidal distress or that the question was not applicable (perhaps because they knew no other LGBT people for example). However, almost three-quarters of respondents (72%) knew at least one other LGBT person who had expressed feelings of suicidal distress in the last year.



Our survey also asked whether respondents would be able to recommend an organisation in Brighton and Hove to an LGBT person experiencing suicidal distress. Over a quarter of respondents said they would not be able to make a recommendation (26%) or that they didn't know (15%). 59% answered that they would be able to do so.

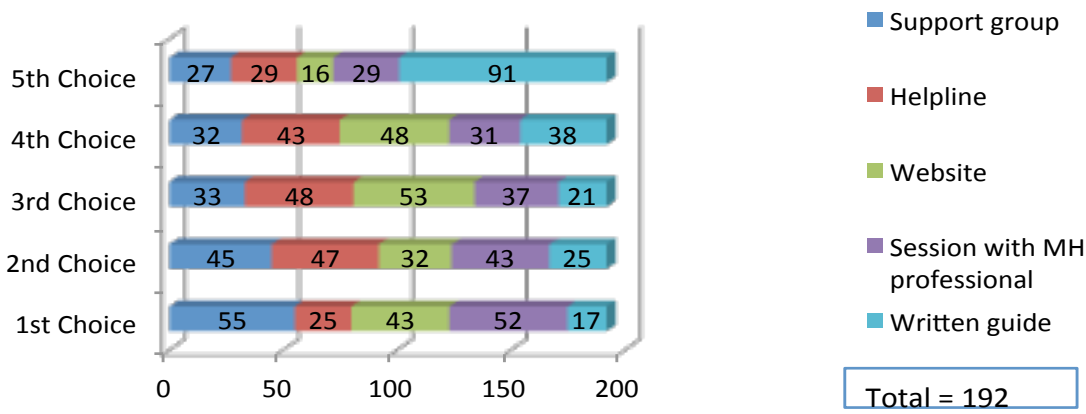


The survey asked respondents to name any organisations they would recommend. MindOut was clearly the most frequently mentioned organisation, followed by Brighton and Hove LGBT Switchboard. Other recommended organisations were:

- Samaritans
- NHS services (counselling & psychotherapy, in-patient, drop-in, GPs and A&E) and NHS Direct
- Mind
- Allsorts youth project
- Clare Project (drop-in and counsellor)
- The Women's Centre
- YMCA
- The Rock Clinic
- NHS HIV services
- University counselling services
- Terrence Higgins Trust
- Sussex Beacon
- Private counsellors and therapists
- Meditation group
- Brighton Bothways
- Grassroots Training
- Pink Therapy Website
- Mankind
- Young People's Information Shop.

The survey also asked about ideas to help individuals supporting other LGBT people experiencing suicidal distress. Respondents were offered a series of suggestions about this and were asked to rank them in order or of usefulness, 1 being most useful and 5 being least useful. Examining respondent's first choice responses suggests that the provision of a support group for this, closely followed by access to a one-to-one session with a mental health professional were most supported.

Table 13: Ideas to help individuals supporting other LGBT people experiencing suicidal distress



Respondents were also asked if there was anything that they would find helpful when supporting another person experiencing suicidal distress that was not listed. Online forums for advice and discussion were suggested (e.g. email, instant messenger and Skype services).

While more information was advocated, it was argued that this needed to be underpinned by opportunities for those who may be supporting others experiencing suicidal distress to access specific workshops, talks and training on the subject.

"Formal suicide training. This is done by Grassroots Training – ASIST course. This should be offered to people in our communities and funded by the NHS with Grassroots Training delivering it to us. People need to have formal training in how to correctly talk about suicide and how to do an intervention properly. I think it is dangerous to list things like a guide or website without offering proper training in a supportive environment."

There was also thought to be a need for more peer support, so that those who were supporting others experiencing suicidal distress could have a forum.

"A peer support network where people supporting others can talk to one another about their experiences and help each other though those experiences."

The need for responsive, culturally competent services was expressed so that respondents could refer others on with confidence when they knew someone was experiencing suicidal distress.

"Community referral scheme where if you know someone who is in suicidal distress, you can call up a helpline where a mental health worker can come out to see them at that time."

"Knowing that mental health professionals and GPs have good enough knowledge and training so that when you contact them they inspire confidence in this and don't shy away or treat LGBT issues as somehow 'sensitive' or 'difficult', while understanding that not all LGBT people are able to be out. So much better than they currently are on this on the whole."

Additional Comments

The survey also asked for additional comments to enable respondents to raise issues not already covered in the survey. In some cases, respondents used this as an opportunity to expand on issues previously addressed. For example, the perceived lack of responsiveness of NHS mental health services was referred to.

"The lack of support from the NHS services and systems for mental health compounds the feelings of depression, abandonment and ultimately suicidal distress. People ask for help at a point when they have reached bottom, then the NHS says well, we might be able to help you in 6-18 months, so in that timescale people go from being depressed to suicidal."

Similarly, a perceived rigidity in terms of NHS treatment approaches was also reported to be unhelpful.

"The extremely narrow focus in the overstretched NHS mental health department on CBT causes a lot of problems. It is not always the answer and I have seen too many folk slip into utter despair that this is all that is offered, and that it is stated to be successful after six sessions, leaving anyone who did not respond or did not respond fast enough feeling like a failure. That in itself is enough to tip someone over the edge. We don't fit into neat pigeonholes."

One respondent suggested that the issue of intersectionality was an important consideration, i.e. that people can have multiple identities and that this can be a factor in fully understanding the mental health problems of LGBT people and different experiences within the designation LGBT.

"Lots of LGBT people have intersectional social identities and are much more likely to be discriminated against when accessing services. Hope this [survey] has gone to lots of Bi and Trans networks because we are far more isolated and vulnerable than L and G."

One respondent wrote movingly about their sense of exclusion from LGBT community and suggested that issues of social isolation within LGBT communities were important to tackle in addressing the mental health needs of LGBT people. More efforts at social integration and welcoming of diverse identities within LGBT culture and communities were proposed.

"The LGBT social scene is very much geared towards those who are comfortable with their sexuality and their way of life. If you don't conform then you very much feel like an alien - abnormal on all sides of society. On the one hand, you can't relate to the straight scene and on the other you can't relate to the LGBT scene, so what do you do? You keep away from both, which is unhealthy and leads to isolation and loneliness. If you're fortunate, you might have some friends who understand, but if not it can often lead to suicidal thoughts. The LGBT community needs to focus more on reaching out to those who will NOT easily relate to seeing themselves as LGBT."

This theme was echoed by another respondent, who argued that promoting friendship, opportunities to develop positive identities and to participate in an inclusive LGBT community was an important consideration.

"The most important is the opportunity to have caring and listening friends, whether gay or not. Moreover, it is having a life that is not based around judgemental venues, physique obsessed publications and booze-drenched and expensive meeting places."

A clear theme that emerged throughout was that respondents strongly supported the existence of accessible, coordinated, LGBT specific mental health services.

"If there was a joined up approach of a 'one stop shop' this would be great, so that people could get the relevant information that they need and know where to get this. I see it as two issues: 1) To get the information out there to assist the LGBT people who need the information. 2) To work with individuals and help them with their unique journey and allow them to see that they do have choices in life where they might not in the past."

Conclusions

This survey of 205 respondents explored the perceptions of local LGBT people about the issue of suicidal distress. Before drawing conclusions, it is important to recognise some important limitations of the study. As it was primarily an online survey, it included those with some level of internet access. Therefore, it is possible that the survey excluded some of the most significantly marginalised LGBT people in the city. In addition, it is unlikely that this self-selecting set of respondents represents a representative sample of LGBT people, and the specific efforts to include service users from MindOut may mean that the sample over-represents people with direct experience of mental health problems. However, this may be an advantage in having gained information from those with direct experience of the issue under discussion.

The profile of respondents was roughly equal in terms of gender balance, with a sizable minority identifying as trans (13%), which again may be over-representative compared to the LGBT population in Brighton and Hove as a whole. Almost half were gay men, almost a third were lesbians and over one in ten were bisexual or had another sexual identify. It is difficult to comment on how representative this is without access to any available population data but it would appear to represent a reasonable range of individuals in the various sexual identity categories. It is not possible to identify the number of LGBT people in the city from BME backgrounds but it is likely that the sample was under-representative relative to the known BME population in the city: locally 19.5% of people are thought to be from BME backgrounds.[17] Overall, this was a fairly diverse LGBT sample but which possibly over-represented people with experience of mental health problems and trans people but under-represented those from BME backgrounds.

A clear finding emerged that this group regarded the issue of suicidal distress as a significant problem among local LGBT people. They responded that it was important for awareness raising activity to be undertaken and advocated a range of methods for this. Interestingly, while there was support for this to be done on the LGBT scene, there was strong support for awareness

[17] Brighton and Hove City Council (2013) 2011 Census briefing. Equalities. http://www.bhlis.org/census2011

raising in the general population, to reach LGBT people, including those who do not use LGBT scene venues and to raise awareness about the issue among the wider population.

The key barrier identified preventing LGBT people getting help with suicidal distress was thought to be stigma and shame. Lack of awareness about the issue was also thought a prominent problem. The legacy of historic and current discriminatory attitudes and practice among mainstream mental health services and providers was also significant. This was said to be compounded by exclusion experienced by groups such as men, people from BME communities and those living in the geographical communities on the outskirts of the city. Specific barriers were also identified for trans people resulting from discriminatory attitudes, the lack of local specialist gender identity services, well-known shortcomings with existing national services and the lack of local support to manage while undergoing gender transition.[18,19] Hedonistic aspects of LGBT culture that promoted alcohol or substance misuse were also thought unhelpful in creating a climate that increased the vulnerability of some members to suicidal distress. Similarly, aspects of LGBT culture that promoted social exclusively, unrealistic or unattainable images or bodily perfection or financial affluence were also thought isolating and damaging to self-esteem, which might also increase vulnerability to suicidal distress.

However, a range of measures was identified to help prevent suicidal distress. Helping people to cope with life crises and stresses as well as gender transition were identified strongly. Better access to culturally sensitive, accessible and responsive crisis services was strongly supported, with specific mention regarding gender identity services and accident and emergency services. Respondents also wanted a broader range of therapeutic intervention styles than those based on short-term CBT. Training on the needs and experiences of LGBT people for NHS staff as well as awareness-raising among the wider population were called for to create a more inclusive and less discriminatory climate for LGBT people. More work was also thought needed to empower LGBT people as a process of mental health promotion.

The figures for having experienced suicidal distress (75%), self-harm (48%) or suicide attempt (37%) can only be described as alarming. Whilst it is important to emphasise that this may not be a representative sample as a whole, and may be over-representative due to self-selective sampling and targeting of mental health service users, such figures nevertheless give serious cause for concern. Significantly, while NHS services were identified as most often used to get help with suicidal distress, those reported to be most useful were either third sector or private. The majority of respondents wanted services that were provided by LGBT organisations. In addition to traditional forms of help, respondents wanted peer support, advocacy and self-help provision.

If the prevalence of suicidal distress within LGBT communities is high, it would be expected that LGBT people would encounter others experiencing suicidal distress, and almost three-quarters of respondents reported that they knew at least one other LGBT person who had experienced suicidal distress in the previous year. However, over 40% of respondents either didn't know of or could not recommend a service that they could refer other LGBT people to. Of those services that were identified, MindOut and Brighton and Hove LGBT Switchboard were most frequently mentioned. Services that were thought useful in supporting those supporting others experiencing suicidal distress were a support group, one-to-one advice sessions with a mental health professional and online forums. Respondents reported that they wanted to have confidence that when they referred LGBT people they knew to service providers, those services would be responsive, knowledgeable and culturally competent to work with LGBT people.

[18] West, P. (2004) Report into the medical and related needs of transgender people in Brighton and Hove. The case for a local integrated service. Brighton: Spectrum.
[19] Browne, K. and Lim, J. (2008) Count me in too – Trans People. Brighton: University of Brighton.

The survey asked about other issues that respondents wanted to raise and some took the opportunity to expand upon issues already explored, particularly perceived shortcomings with current NHS services. However, two important new topics emerged. Firstly, a reminder of the importance of attention to issues of intersectionality, i.e. that LGBT people often have other identities that are equally important to their sexual or gender identity, and that this can be important to acknowledge in understanding barriers and providing services. Also the need for LGBT community development to respond to reports that some LGBT people find aspects of LGBT culture and social life exclusive and alienating. This was thought important in order to address issues of social isolation, which can compromise mental health.

Recommendations

The findings of this research suggest that a holistic, strategic and coordinated approach is needed to respond to the urgent and multi-faceted issue of suicidal distress within the local LGBT population. With the transfer of the local public health function to BHCC, suicide prevention initiatives are now led by a Suicide Prevention Strategy Group, convened by the BHCC Public Health Department. The following recommendations are offered to this group.

- *Develop a strategic action plan* - At the time of writing, the draft Brighton & Hove Suicide Prevention Strategy Action Plan identifies activity with 'high risk' groups, including LGBT people, as a specific 'area for action'. However, it is currently unclear from the strategy, what initiatives will result. Given the highly elevated rates of suicidal distress among local LGBT people, we therefore recommend that an LGBT-specific action plan be developed. The LGBT Suicide Prevention Working Party's 2008 strategy offers a useful blueprint for this.[20] However, it is unclear to what extent this has been adopted or implemented. We therefore suggest that this be reviewed and updated to guide action locally to reduce suicide and suicidal distress among LGBT people.

In addition to this broad strategic recommendation, a number of other specific recommendations can be offered.

- *Develop local public health information campaigns* - Public health information campaigns should be developed to raise awareness about the issue of suicidal distress among LGBT groups. This needs to be multi-focussed to address the communication of messages targeted to: 1) the broader population of Brighton and Hove, 2) LGBT people in Brighton and Hove. This should include information about the role of oppression and discrimination in LGBT people's mental health. Other key messages might usefully be identified in further consultation with LGBT people.
- *Improve accessibility of NHS mental health services for LGBT people* - It remains the case the respondents in this study perceived NHS services to be inaccessible and were worried about discrimination and lack of cultural competence. This should be addressed via initiatives such as LGBT awareness training for front-line NHS staff, better outreach activities to LGBT communities and the 'branding' of services as LGBT-affirmative, with commensurate activities to support this.

- *Enable self-referral* - The ability to self-refer to help and support services is crucial in a context where services users perceive that they may be met with prejudice and discrimination by gatekeepers. A review of access policies within local mental health services should be undertaken with the objective that services be self-referral wherever possible.

- *Commission LGBT community mobilisation and development* - In addition to awareness raising, there would appear to be scope to develop community mobilisation approaches to enable and empower the local LGBT communities to respond to suicidal distress as a community problem. Attention to myths, community norms, stigma and peer support would

[20] Suicide Prevention Working Party (2008) Suicidal distress and suicide prevention in LGBT communities. LGBT Suicide prevention strategy for Brighton and Hove. (Unpublished).

appear to be potentially fruitful elements of a pro-social approach to tacking suicidal distress. Dialogue between commissioners and service providers should be initiated to explore the feasibility of a new community-focussed local initiative to reduce suicidal distress among local LGBT people. LGBT community development is also recommended to provide more diverse ways for local LGBT people to participate in LGBT community to address social isolation and meet the needs of those who are alienated by the LGBT commercial scene.

- *Provide improved crises services* - Respondents perceived that in tackling suicidal distress, more help was needed with stressful life experiences and crises. Proactive measures should be undertaken to ensure that crises services in health and social care, substance misuse, housing, financial inclusion and benefits are accessible and LGBT affirmative.

- *Provide local support for those undergoing gender transition* - More local provision was needed to support and help those undergoing gender transition. Dialogue should be entered into with the trans support groups in the city and other service providers working with trans people to examine: 1) what type of support is needed, 2) how this can best be provided, 3) what their role in this might be. This should then be resourced accordingly.

- *Provide support for carers and others* - Interventions are needed to support those who support LGBT people experiencing suicidal distress. This should include access to information, peer support and professional advice.

- *Enhance treatment choice for talking therapies* - Lack of choice regarding talking therapies was unhelpful in tackling suicidal distress. Respondents indicated that reliance on short-term courses of CBT as the 'default' therapy did not adequately meet their needs and that other options needed to be made available. Dialogue between commissioners and current NHS service providers regarding diversification of the treatment modalities available, including more long-term options, should be undertaken.

- *Fund and develop the LGBT 'third-sector'* - Although NHS services were most used, LGBT community and voluntary services were rated most highly by respondents. Moreover, 60% of respondents said it was important that support services were provided by LGBT providers. The preference for LGBT-designated services should be reflected in commissioning decisions to ensure that local 'third-sector' LGBT mental health services are protected, developed and adequately funded.

- *Involve and empower local LGBT people* - LGBT people need to be consulted, involved and empowered to participate in local suicide prevention initiatives at all levels: strategic, operational and as service users. Empowerment and self/peer-advocacy activities should be embedded within services commissioned or developed to tackle suicidal distress and within the work of the Suicide Prevention Strategy Group itself. Provision for this should be identified as part of a local LGBT suicide prevention strategy.

Acknowledgements

This report was written by Nick Douglas. LGBT HIP is grateful to Helen Jones (MindOut), Ishan Asokan and Dr. Emma Plugge (University of Oxford) and LGBT HIP Volunteers Ed Whelan, Olga Szubert and Roni Guetta for their contribution to the development of this project. Many thanks also to Ross Boseley and Justin Harbottle (THT) for their help in recruiting participants. We are especially grateful to all those who shared their thoughts and experiences with us on this sensitive subject.

Key Contacts

LGBT HIP Project Coordinator

Nick Douglas
Email: lgbthip@switchboard.org.uk.

LGBT HIP Project Commissioners

Nicky Cambridge, People and Place Coordinator, Equalities & Communities Team, Brighton and Hove City Council
Email: nicky.cambridge@brighton-hove.gov.uk

Jane Lodge, Patient Engagement and Experience Lead, Brighton and Hove Clinical Commissioning Group.
Email: jane.lodge1@nhs.net