

LGBTQ+ MENTAL HEALTH AND WELLBEING: SUPPORTING YOUR COLLEAGUES

POST SESSION RESOURCE

Stonewall is proud to provide information, support and guidance on LGBTQ + inclusion; working towards a world where we're all free to be. This does not constitute legal advice and is not intended to be a substitute for legal counsel on any subject matter.

Pronouns

Pronouns are words we use to refer to people's gender in conversation.

e.g. he/him, she/her, they/them

We can't assume other people's pronouns.

Sharing your pronouns is an easy way to let someone know you understand the importance of someone using the correct pronouns for you. You are also creating space for others to share theirs if they want to learn about pronouns.

UNDERSTAND

LGBTQ+ people have a disproportionate experience of mental ill health.

Depression in the LGBT Community

8% of the general UK population experience depression.

This rises to 52% for LGBT people.



62% of BAME LGBT people.

64% of LGBT people from lower income households.

67% of trans people.

69% of people who've experienced a hate crime because of their LGBT identity.

70% of non-binary people.

Anxiety Disorders in the LGBT Community

6% of the UK population experience anxiety.

61% of LGBT people have experienced anxiety in the last year.

70% of LGBT people from a lower income background.

76% of people who've experienced a hate crime because of their LGBT identity.



65% for LGBT women.

71% of trans people.

79% of non-binary people

Mental Health in the LGBTQ+ Community

Addiction

One in ten LGBT people have said they experienced some form of addiction in the last year. This increases to **one in five** disabled LGBT people.

Eating Disorders

One in eight LGBT people have said they experienced an eating disorder in the last year. This rises to **one in four** non-binary people, **one in five** Black, Asian and minority ethnic people, and **one in five** trans people.

Suicidal Ideation

Half of LGBT people aged 18-24 (52%) have thought about taking their own life in the last year. **Half** of non-binary people (50%) and **almost half** trans people (46%) have had those thoughts in the last year. Bi people are more likely to have thought about taking their own life than lesbian and gay people, **41% compared to 28%**.

For comparison, **one in twenty** adults in general reported thoughts of taking their own life in the past year.

EXPLORE

Mental Health in the LGBTQ+ Community

Experience of
marginalisation



Lack of inclusive
support

How does being LGBTQ+ affect mental health?

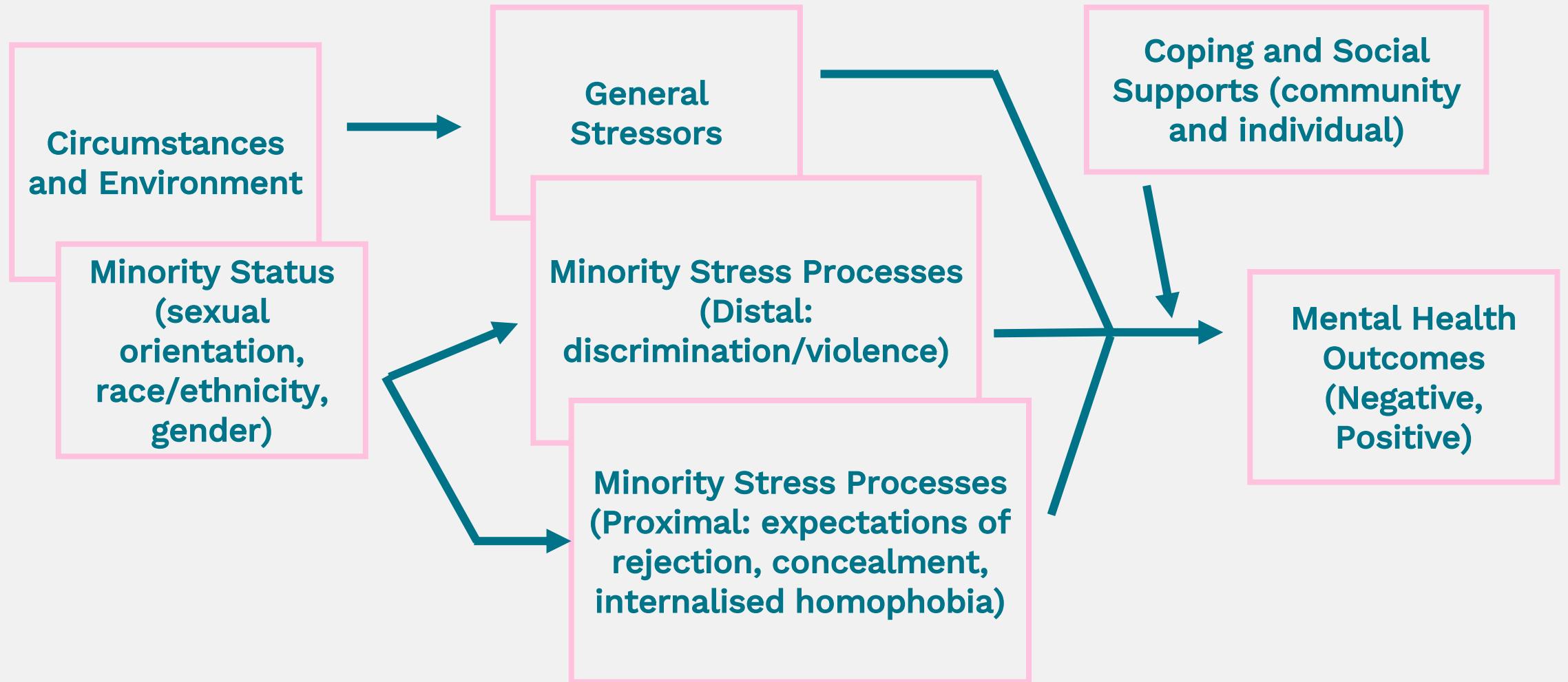
Our experiences of mental health are influenced by our identities.

Having a certain identity doesn't cause poor mental health.

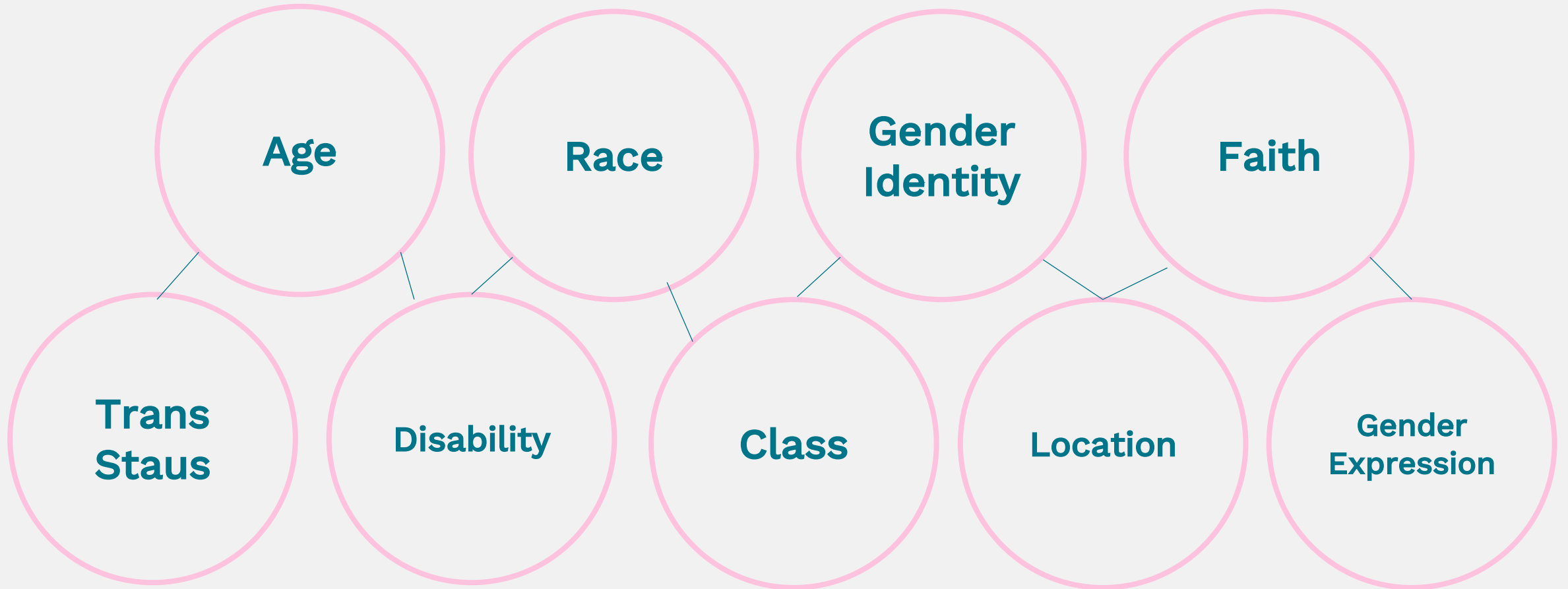
But it impacts how you experience the world and how other people treat you.

We can build empathy for people's experiences through education.

The Minority Stress Model - Meyer, 2003



Intersectionality and Minority Stress



Social risk factors

**Negative experiences
in the workplace**

**Discrimination within
institutions**

**Difficult family
relationships**

**Negative
media
coverage**

**Poor access to
healthcare**

**Lack of
inclusion at
school**

Hate crime

**Debates about
identity**

**Un and under-
employment**

**Street
harassment**

“I am being treated for depression, which is caused in part by not being able to access any LGBT senior age-related groups within 80 miles of me. I would be actively involved in such a group if I could find one but there is nothing. I feel very isolated.”

Rosemary, 70 (Wales)

“Having always known that my gender identity doesn’t match my birth sex it has just become more difficult year after year. Unfortunately, being married with children it’s impossible to do anything about it, which is the cause of my depression and which I have never discussed with my GP, even though I should have. I will have to rely on anti-depressants to keep me sane.”

Toreben, 41 (Wales)

“Can we talk about our mental health?”

“What about reaching out for help?”

Doctors and nurses are really uninformed. Going for an appointment about my mental health usually ends with me in tears because they've decided all of my anxiety and depression is caused by me being trans.

Lisa, 21 (Wales)

I have experienced repeated experiences of prejudiced attitudes towards me by mental health service providers due to me being trans, some in NHS and some in non-NHS services. Repeatedly being needlessly outed as trans without my consent by NHS professionals to other NHS professionals, despite being transitioned for over 15 years and having a Gender Recognition Certificate. And repeatedly being asked intrusive and completely irrelevant questions by NHS professionals about my transition and other aspects of being trans.

Euan, 39 (Scotland)

I was informed when looking for mental health resources, that my depression and stress were wholly the fault of my gender identity and expression, rather than due to the strange working hours I keep and the stress of buying my first home.

Ned, 23 (Wales)

Resilience and community led coping mechanisms



ACTION

“By understanding the lived experiences of oppressed people we are able to take conscious steps to rectify discrimination on a structurally and interpersonal level.”

Jor-El Caraballo - Mental Wellness Advocate

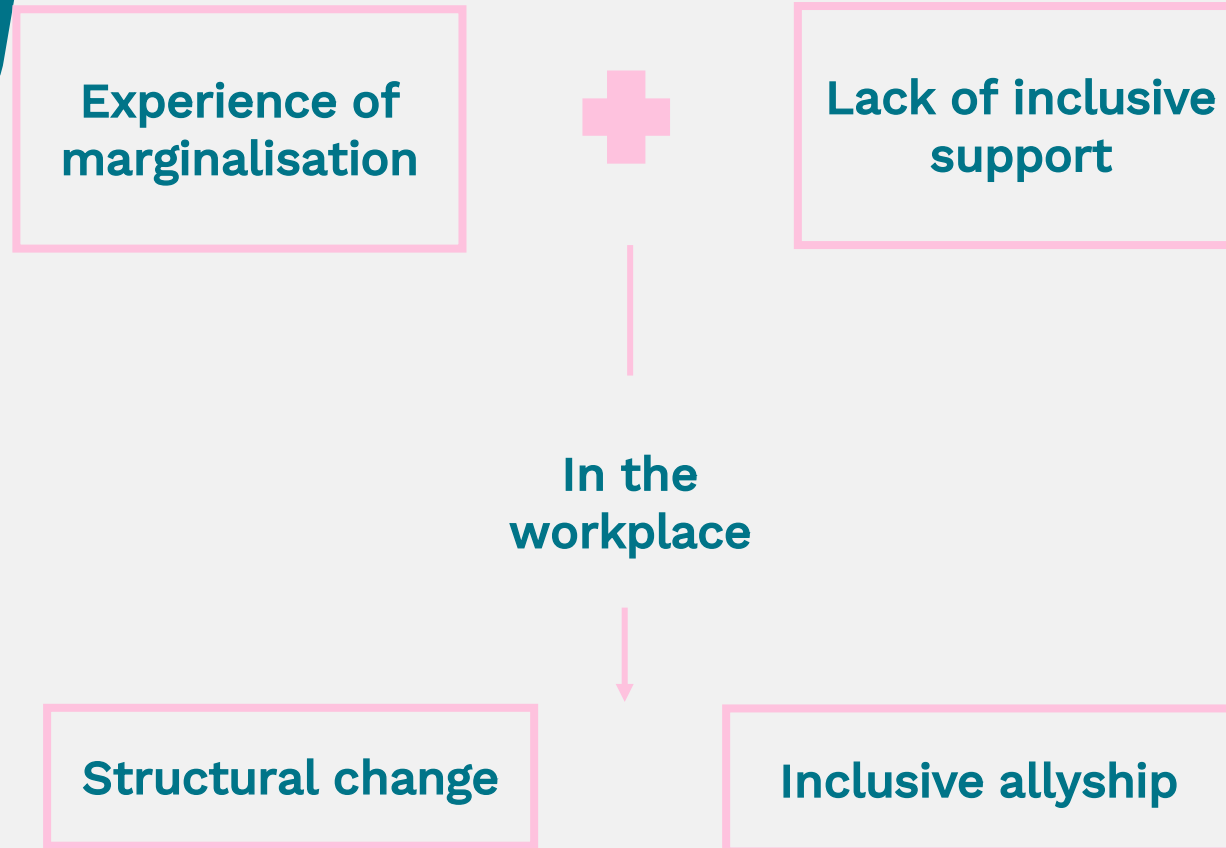
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Experience of
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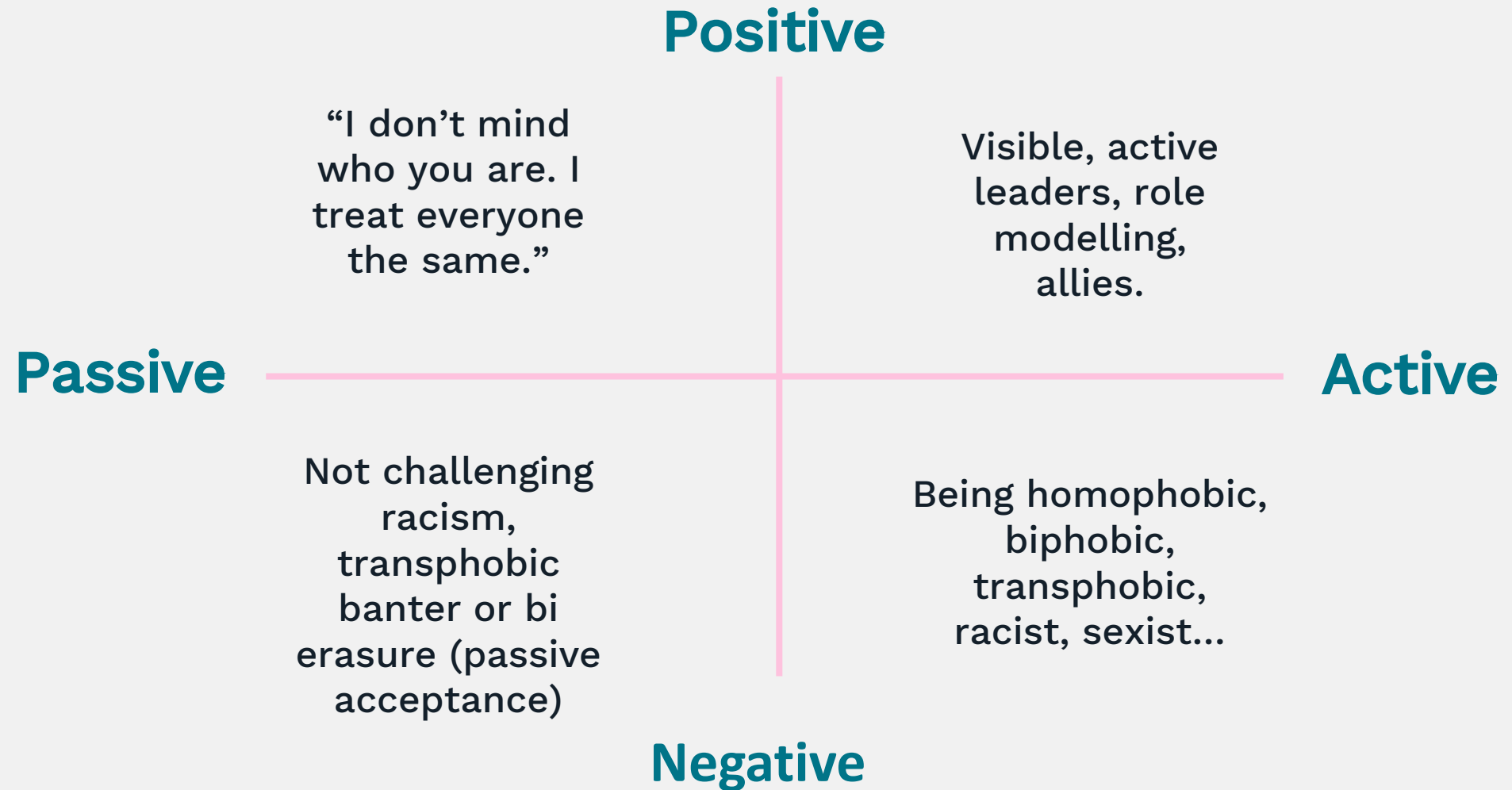


Lack of inclusive
support

Mental Health in the LGBTQ+ Community



Inclusive Allyship



Inclusive Allyship in Practice

Recognise that conversations and debates affect people with lived experience differently.

Don't ignore the impact of identity when talking about mental health.

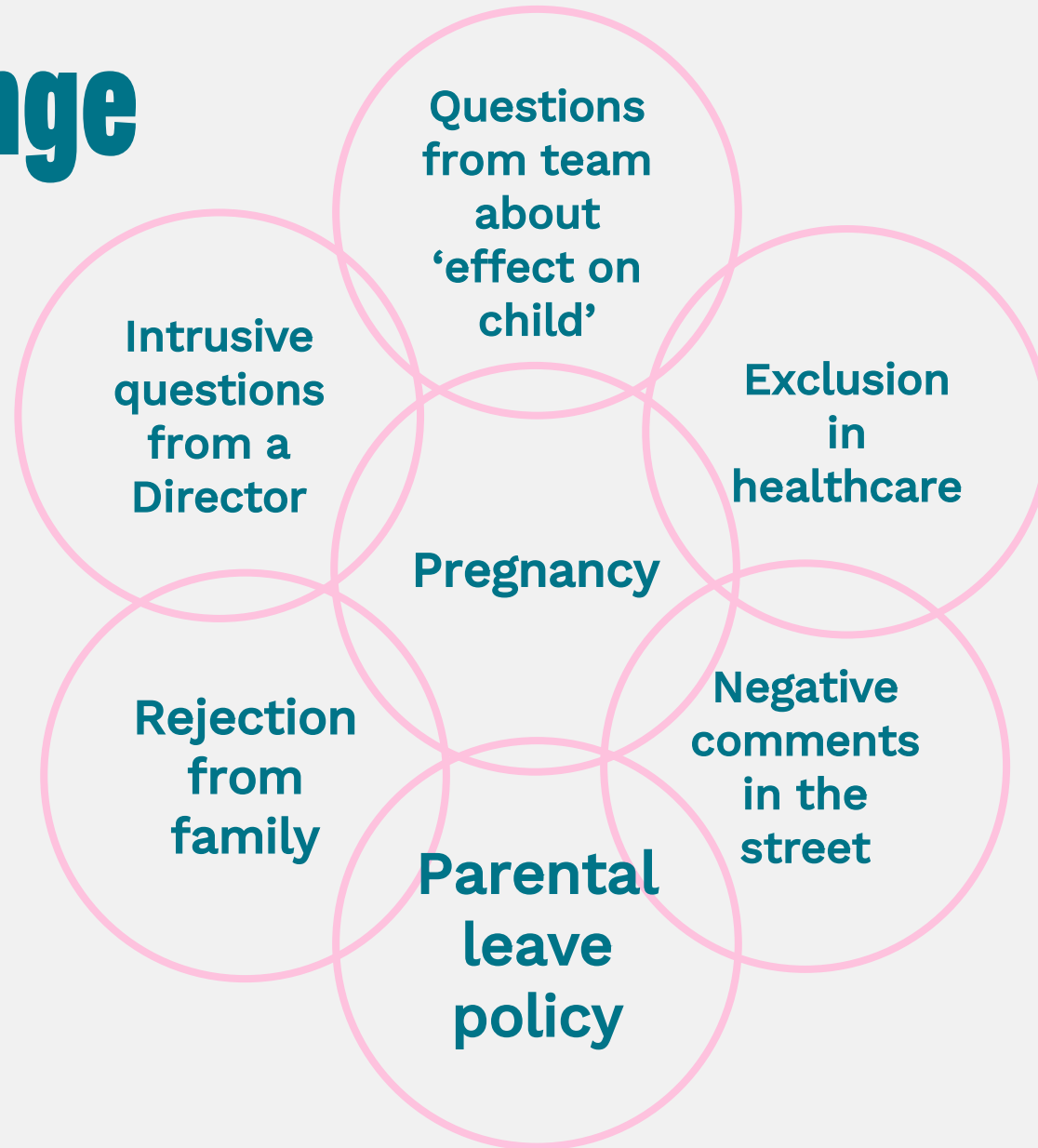
Check in when there is extensive coverage of anti-LGBTQ+ news stories.

Don't challenge people's understanding of their experiences.

Try not to just talk about 'palatable' mental health experiences.

Remember that 'getting help' might look different for LGBTQ+ people.

Structural Change



Structural Change

Make time within work for LGBTQ+ network activities to avoid overworking.

Work actively to create a more inclusive environment where LGBTQ+ people are able to be themselves.

Find out whether the mental health support you provide is inclusive before recommending it to LGBTQ+ colleagues.

Ensure your mental health signposting includes LGBTQ-specific resources.

Inclusive policies.

Affirmative reporting structures.