Rainbow Health Ontario

Fact Sheet

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RHO FACT SHEET: LGBT MENTAL HEALTH

LGBT mental health must be understood in the context of historical and ongoing pathologization of LGBT identities. With the publication of the DSMIII-R in 1986 the American Psychiatric Association delisted homosexuality as a mental disorder and mental health associations repudiated attempts to change sexual orientation as psychologically damaging (1-2). The World Health Organization removed homosexuality from its list of mental disorders 1990. Despite this, significant stigma is still attached to same-sex attraction in many cultures, and trans people continue to be pathologized as having Gender Identity Disorder, which continues to be listed in the DSM as a diagnostic category.

WHAT IS MENTAL HEALTH?

- The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." LGBT mental health is likewise shaped by a sense of self-worth, the level of stress to which people are subjected, and the inclusiveness of their workplaces and community culture (3).

MENTAL HEALTH OF LGBT PEOPLE

- Large Canadian studies indicate that LGB people are more likely than heterosexuals to report unmet mental health needs and were more likely to consult mental health practitioners (4).
- Studies have found high rates of depression, anxiety, obsessive–compulsive and phobic disorders, suicidal thoughts and acts, self-harm, and alcohol and drug dependence among LGBT people (5-7).
- LGB people are one and almost twice as likely to experience childhood maltreatment, interpersonal violence, and personal loss and are at double the risk of developing post traumatic stress disorder as their heterosexual peers (8).
- Meta-analysis studies found that sexual minority individuals were two and a half times more likely than heterosexuals to have attempted suicide and had a risk of depression and anxiety one and a half times higher than heterosexuals (9).
- Sexual minority women were particularly at risk for substance-related disorders, while sexual minority men had a higher risk of suicide (10).
- LGBT youth have an increased risk of suicide, substance abuse, isolation and experiencing sexual abuse (11). A Canadian study estimated that the risk of suicide among LGB youth is 14 times higher than for their heterosexual peers (12). A recent

U.S. study of LGBT youth found that 10% of them met the criteria for post traumatic stress disorder and 15% met the criteria for major depression (13).

- A large statistically representative study of trans people in Ontario found that 77% had seriously considered suicide, and 45% had attempted suicide. Trans youth were at greatest risk of suicidality, as were those who had experienced physical or sexual assault (14).

WHY ARE LGBT PEOPLE AT HIGHER RISK?

- LGBT people experience stigma and discrimination, and this stigma can have a variety of negative consequences throughout the life span (10). The accumulated stigma, prejudice, and discrimination to which minoritized and marginalized people are exposed is called minority stress.
- LGBT people are also the targets of sexual and physical assault, harassment, and hate crimes. The number of hate crimes in Canada motivated by sexual orientation more than doubled from 2007 to 2008, and were the most violent of all hate crimes (15). These pressures, as well as the stress of sometimes concealing their orientation or modifying their behaviour or appearance in anticipation of homophobia and violence, have a negative effect on mental and physical health (9, 16-18).
- A Canadian study suggests that the experience of stigma and discrimination increases internalized homophobia and stress-related cortisol production in LGBT people, both of which are associated with increased depression, anxiety and suicidal thoughts (12).
- LGBT people who experience family rejection as adolescents reported high rates of depression, drug use, unprotected sex, and attempted suicide (19).
- Studies suggest that bisexual women may experience higher rates of childhood sexual abuse, childhood physical abuse, intimate partner violence, and non-partner violence than lesbian and heterosexual women (20). Researchers have found connections between these multiple stressors and rates of substance abuse among bisexual women (7, 21).
- A study in Ontario found that 20% of trans people had experienced physical or sexual assault due to being trans, and 34% were subjected to verbal threats or harassment (14).
- Trans people in both Canada and the US report high levels of violence, harassment, and discrimination with respect to finding stable housing or employment, and in accessing health or social services (22-26). One US study found that a third of trans people had lost or been denied a job because of their trans identity (27).
- Individuals with multiple marginalized identities (such as racialized LGBT people) were more likely to report excessive substance use. The prevalence of substance use disorders was more than twice as high among LGB people as it was among heterosexuals (7, 21). A study of ethnic minority male-to-female transgender youth found that 18% of them were currently homeless (28).

- Poverty may be a factor exacerbating LGBT mental health. A Canadian study found that bisexuals were over-represented in the lowest income categories, and an Ontario-based study found that half of trans people were living on less than $15,000 a year (4, 14).

SUPPORTIVE ENVIRONMENTS ARE KEY TO MENTAL HEALTH

- A Canadian Study found that support from family and friends reduced stress and contributed to positive mental health in young gays, lesbians and bisexuals (12).
- A US study of lesbian and gay parents found that support from family and friends, supportive workplaces and neighbourhoods, and low internalized homophobia promoted positive mental health. Lesbian and gay people with high internalized homophobia, living in states with anti-gay legislation showed the poorest mental health (29).
- Experiencing positive responses to coming out is associated with reduced risk of substance abuse (30). Two studies in the US found that 89% of lesbians and bisexual women experienced a negative reaction when they came out to their doctor (5, 31). A study of medical students found that one quarter were significantly homophobic, and nine percent viewed homosexuality as a mental disorder (32).
- Youth who identify with the LGBT community have been found to significantly reduce their internalized homophobia (33). Family acceptance of LGBT adolescents is associated with good mental and physical health in LGBT youth (19, 34).

IMPLICATIONS FOR HEALTH CARE PROVIDERS

- Providers should be aware of the broader social and legal context in which their LGBT clients live, and explore the degree to which internalized negative social messages may be contributing to their health concerns.
- Suicide response and crisis intervention staff may need additional training to ensure that LGBT clients are not subjected to stereotyping or discrimination and that the gender of trans clients is not misidentified.
- Health care providers should be aware of resources available to help those LGBT people at greatest risk for suicide. In response to publicized suicides by LGBT youth, author Dan Savage initiated the It Gets Better campaign <http://www.itgetsbetter.org> in which supportive LGBT people and their allies share supportive messages through online video. LGBT youth are at high risk for suicide. Youth ages 5-20 can speak with trained counsellors at the Kids Help Phone at 1-800-668-6868. The Lesbian, Gay, Bi & Trans Youthline offers free peer support for youth 26 and under at 1-800-268-9688.
- Given the WHO's definition of mental health, and the effect of minority stress, there should be a recognition that legal and social equity for LGBT people is a health issue as well as a political one.
- Promoting family acceptance of LGBT adolescents and encouraging them to connect with LGBT culture is essential to reducing health disparities among LGBT youth. Since

family support is protective against stress, PFLAG (Parents, Friends of Lesbians and Gays) <www.pflagcanada.ca> can be a good resource for LGBT people and their families.

- Be aware that minority stress may negatively impact physical and mental health minority stress. Be alert to possible social contributors in both mental and physical illnesses. Clients who belong to multiple marginalized communities may face more barriers to maintaining good mental health.

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