THROUGH OUR MINDS

Exploring the Emotional Health and Wellbeing of Lesbian, Gay, Bisexual and Transgender People in Northern Ireland

Malachai O'Hara

First Published December 2013

Published by The Rainbow Project
1st Floor Memorial House
9-13 Waring Street
Belfast
BT1 2DX
Tel: 028 9031 9030
Email: info@rainbow-project.org
Web: www.rainbow-project.org

The Rainbow Project is a registered charity
Number - XR17450

FUNDED BY
COMIC RELIEF

Page	Contents
2	Chairpersons Foreword
4	Introduction
5	Methodology
5	A self-completion online and paper questionnaire
5	Focus Groups and Small Group interviews
6	Literature Review
9	Demographics of respondents
17	Sexual orientation and gender identity experiences
23	Experiences of Emotional Health and Wellbeing
27	Experiences of self-harm, suicidal ideation, suicide attempts and depression.
27	Experiences of Self-Harm
33	Experiences of Suicidal ideation
37	Experiences of Suicide
41	Experiences of Depression
45	Experiences of Services Accessed and Social Isolation
49	Conclusions and Recommendations

Chairpersons Foreword

Mental health and emotional wellbeing are such important foundations in the bedrock of all of our beings. As a society, we are becoming increasingly aware of the impact on the individual, and on families & communities when this foundation shakes. The Rainbow Project supports people in that situation on a daily basis. It is from this experience that we wanted to research, and further document the experiences of individual men and women from the LGBT community in Northern Ireland. All in the hope that through increased understanding, we can ensure that policies and services can not only support individuals, but more fundamentally address the core of discrimination, isolation and marginalisation experienced by too many in our community.

This report presents the findings of a scoping exercise of the emotional health and wellbeing of lesbian, gay, bisexual and/or transgender (LGB&/T) people in Northern Ireland. This report looks at the everyday experiences of LGB&/T people, emotional health and wellbeing experiences including incidents of self-harm, suicide, suicidal ideation and depression, as well as looking at experiences of accessing support services.

This is the first report of its kind to be produced in Northern Ireland and will provide government, as well as organisations working in the field of emotional health and wellbeing, a clear understanding of the experiences of LGB&/T people and provide recommendations on how to ameliorate this health inequality. This report provides a stark insight into the scale of potential poorer emotional health and wellbeing experienced by LGB&/T people.

This work builds on previous work conducted by The Rainbow Project related to the emotional health and wellbeing needs of LGB&/T people. Namely, '*Out on Your Own? An examination of the Mental Health of Young Same-Sex Attracted Men. McNamee 2006'* and *'All Partied Out? Substance Use in Northern Ireland's LGB&T Community – Rooney 2012'.* In addition to the research undertaken in recent years related to the experiences of LGB&/T people of Policing and Hate Crime, and Equality and Diversity in Employment, The Rainbow Project are building an ever clearer picture of the real life experiences of LGB&/T people in Northern Ireland. These reports are becoming an established reliable and informative source in the collection of data in Northern Ireland of the experiences of LGB&/T people.

With 35.3% of respondents experiencing self-harm, 25.7% experiencing a suicide attempt, 46.9% experiencing suicidal ideation, and 70.9% experiencing depression, this a clear call to action not just for LGB&/T communities, but all those involved in emotional health and wellbeing and including our local government. Just as the spread of HIV and AIDS galvanised our communities into action in the 1980's and 1990's and which ultimately led to the birth of The Rainbow Project, this is a renewed call to action within our communities for this

century. A clarion call to look after ourselves and each other and a challenge to wider society, that emotional health and wellbeing for minority groups, particularly LGB&/T communities, whose recent history is of criminalisation and ascription as mental illness, cannot be addressed without the full realisation of equality.

The key findings of this report have influenced a number of key recommendations, not just for government and emotional health and wellbeing providers, but also for the LGBT sector and LGB&/T communities. This report provides some insight into the work already undertaken to redress this health inequality experienced by LGB&/T people, and sets out the challenge for the time ahead.

The Rainbow Projects vision is of a society free from homophobia, heterosexism and transphobia where all people are recognised as equals. It is with this aim that we present the findings and recommendations in this report, in the hope that working together we can improve these foundations for our community for years to come.

Duane Farrell
Chairperson

1. Introduction

This report, supported by Comic Relief, presents qualitative and quantitative data on the emotional health and wellbeing of lesbian, gay, bisexual and/or transgender (LGB&/T) people in Northern Ireland. This is the first report of its kind, as previous work relating to the emotional health and wellbeing of LGB&/T people has been demographic or age specific, focusing on transgender people, women, young people or young men specifically. This data will help inform government and service providers on what approaches best meet the emotional health and wellbeing needs of LGB&/T people in Northern Ireland.

Emotional health and wellbeing and the potential for poor mental health outcomes, such as risk of suicide and self-harm, pose a significant public health challenge. The policy context in Northern Ireland relates to the historic Mental Health Promotion Strategy 2003-2008 and the current refreshed version of the Suicide Prevention Strategy – Protect Life, which ran from 2006-2011 and has been refreshed from 2012-2014. Both of these strategies clearly identified LGB&/T people as a marginalised and/or higher risk group. This scoping report is timely, as the Department of Health intends to bring forward a new amalgamated emotional health and wellbeing and suicide prevention strategy in late 2014.

Poorer emotional health and wellbeing outcomes, like many health inequalities, are exacerbated amongst minority and marginalised groups. A growing body of evidence suggests that lesbian, gay, bisexual and/or transgender people are more likely to experience poorer emotional health and wellbeing relative to their heterosexual peers. As many agencies do not regularly collect data on sexual orientation and/or gender identity when scoping emotional health and wellbeing, or in terms of those accessing their services, it is difficult to ascertain the specific outcomes or needs of this group.

The aims of this scoping exercise were to;

1. Identify levels of emotional health and wellbeing amongst LGB&/T people in Northern Ireland.
2. Identify experiences of depression, suicide attempts, suicidal ideation and incidents of self-harm amongst LGB&/T people in Northern Ireland.
3. Make recommendations for policy makers and services providers on how best to meet the needs of LGB&/T people.

This chapter contains the methodology and desktop research associated with this scoping exercise. The next four chapters will examine the demographic profile of respondents; experiences related to sexual orientation and/or gender identity; experiences of emotional health and wellbeing including experiences of suicide, suicidal ideation, self-harm and depression; and experiences of accessing services. The final chapter will draw conclusions and make recommendations for policy makers and service providers.

The Rainbow Project would like to thank Comic Relief for their on-going support and for the funding of this scoping exercise. We would also like to thank those that contributed to and supported the development of this scoping exercise through membership of the steering group, either as individuals or on behalf of organisations, namely Cara-Friend, HEReNI, Contact, Northern Ireland Association for Mental Health, and the Public Health Agency.

Methodology

The target of this scoping exercise was to engage with 500 LGB&/T people on their experiences and perceptions of emotional health and wellbeing.

"You are always reminded that you are not the same as most other people" Anonymous participant" – Gay male, 32, Antrim

This research was supported by a steering group drawn from the LGBT Sector, and lead partners in emotional health and wellbeing; namely Cara-Friend, HEReNI, Contact, Northern Ireland Association for Mental Health and the Public Health Agency. This research involved a number of methodologies;

- A self-completion questionnaire
- Focus groups and small group interviews
- A literature review

A self-completion online and paper questionnaire

Data was collected via an online and paper questionnaire which received 571 responses, including 179 from LGB women and 29 from transgender people. This was the first survey in Northern Ireland related to emotional health and wellbeing of LGB&/T people which surveyed all age groups and demographic populations. The data is presented without weighting. This self-completion questionnaire was disseminated through online networks, namely Gaydar, Facebook and Twitter and other social networking and dating sites used by LGB&/T people. Paper copies were distributed through the Belfast and Foyle LGBT Centres. As there has been historic underrepresentation of LGB women in these surveys, there was a particular focus on promoting this on online sites used by LGB women, such as Gaydar Girls and Pink Sofa. HEReNI, as an LGB women's only organisation also promoted this survey to their service users and through their networks.

Focus Groups and Small Group interviews

Focus groups and small groups interviews were held with LGB&/T people from both rural and urban locations. These were held in March 2013 in both the Belfast and Foyle LGBT Centres. Information was also gathered from 3 focus groups with 25 LGB&/T people, held in

Belfast, Strabane and L'Derry. These focus groups were made up of 12 LGB women, 3 transgender men and women, and 10 gay and bisexual men.

Focus group discussions centred around the following key areas, as identified by the initial findings of the questionnaire;

- What are the experiences of LGB&/T people in relation to emotional health and wellbeing?
- What are the barriers that may prevent LGB&/T people from seeking support?
- How can mainstream providers overcome these barriers?
- How can the emotional health and wellbeing of LGB&/T people be improved?
- What experiences have people had when seeking support?
- A more general discussion around emotional health and wellbeing

All participants of the focus groups were provided with information about emotional health and wellbeing support services, in consideration that discussions might lead to distress for participants. This included information on looking after their emotional health and wellbeing and on the Lifeline service. Additionally, a member of staff trained in Applied Suicide Intervention Skills Training (ASIST) was available for any of the participants who needed support.

Literature Review

The reports contained in the literature review, reflect the data collected on LGB&/T emotional health and well-being in Northern Ireland to date. The information contained in the literature review provided the foundation on which the research questionnaire and focus groups were developed.

The ShOUT Report – The needs of young people in Northern Ireland who identify as Lesbian, Gay, Bisexual and/or Transgender (Carolan and Redmond, 2003)

This research report engaged with 362 young people ranging from 14 to 25 years of age. The headline figures for this report found that, comparative to their heterosexual peers, young LGB&T people were;

- At least three times more likely to attempt suicide
- Two and a half times more likely to self harm
- Five times more likely to be medicated for depression
- Twenty times more likely to suffer from an eating disorder than their heterosexual counterparts.

This report provided information on the experiences of LGBT youth related to emotional health and wellbeing and the potential for disproportionate impact of suicide, suicidal ideation, self-harm and depression amongst LGBT people.

Out on Your Own? An examination of the Mental Health of Young Same-Sex Attracted Men (McNamee, 2006)

This research conducted analysis of responses from 190 young men who completed these questionnaires. The key findings of this report were as follows;

- 27.1% attempted suicide
- 71.3% had suicidal ideation
- 30.7% had self-harmed
- 65.3% experienced difficulties at school
- 33.9% experienced negativity at work

This research provided information on the experiences of gay and bisexual (GB) young men related to emotional health and wellbeing. It also provided information on the potential for a disproportionate impact of suicide, suicidal ideation, self-harm and depression amongst LGB&/T people and potential negative experiences of the workplace and schools, as well as experiences of emotional health and wellbeing services.

A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people (BMC Psychiatry, 2008)

This was a systematic review and meta-analysis of the prevalence of mental disorder, substance misuse, suicide, suicidal ideation and deliberate self harm in LGB people with studies ranging from 1966 to 2005. The key findings of this were as follows;

*LGB people are at higher risk of suicidal behaviour, mental disorder and substance misuse and dependence than heterosexual people. The results of the meta-analyses demonstrate a **two fold** excess in risk of suicide attempts in the preceding year in men and women, and a **four fold** excess in risk in gay and bisexual men over a lifetime. Similarly, depression, anxiety, alcohol and substance misuse were at **least 1.5 times more common in LGB people**. Findings were similar in men and women but LB women were at particular risk of substance dependence, while lifetime risk of suicide attempts was especially high in gay and bisexual men.*

As with the previous pieces of research, this meta-analysis has helped to inform the questions around experiences of mental health with the particular focus on experiences of suicide, suicidal ideation, self harm and depression.

All Partied Out? Substance Use in Northern Ireland's LGB&T Community (Rooney, 2012)

This paper presents the initial results from the first specific study on the use of drugs, alcohol and cigarettes within the Northern Ireland LGB&T community. Data was gathered from an internet survey of 941 LGB&T people and qualitative research with 37 participants.

The key findings were as follows:

Drugs

- LGB&T people are substantially more likely than the Northern Ireland population to use drugs and are nearly three times as likely to have taken an illegal drug in their lifetime (62% v 22%).
- Drug prevalence levels are particularly high for transgender respondents, 74% of whom have taken an illegal drug in their lifetime.
- One quarter (25%) of survey respondents provided an indication of abusing drugs within the last year with 6% showing symptoms of severe drug abuse. Approximately one half (52%) of transgender people displayed a sign of drug abuse within the last year and 10% indicated severe drug abuse.

Alcohol

- 91% of the LGB&T community drink alcohol, compared to 74% of the Northern Ireland population.
- 57% of LGB&T respondents to the survey drink to a hazardous level compared to 24% of adults in England.

Cigarettes

- A total of 44% of LGB&T respondents to the survey smoke cigarettes compared to 24% of people in Northern Ireland as a whole.
- Transgender people were more likely than all survey respondents to smoke cigarettes regularly (32% v 27%).
- 69% of LGB&T people who smoke want to quit.

Problems Associated with Substance Use

- Higher use of drugs, alcohol and cigarettes is likely to have a substantial impact on the mental and physical health of the LGB&T population.
- The use of drugs and alcohol has been a factor in 15% of all survey respondents and 36% of transgender respondents self-harming.
- Drugs and alcohol contributed to 30% of LGB&T people thinking about suicide (suicidal ideation) and 13% attempting suicide. The equivalent figures for transgender people were substantially higher with 47% experiencing suicidal ideation and 25% attempting suicide.

Possible Reasons for Higher Use of Substances among LGB&T People

- Only 16% of LGB&T survey respondents believe that drug use is more common in the LGB&T community
- The emotional and psychological distress that results from the stigmatisation of LGB&T people is perhaps the most significant reason for higher levels of drug and alcohol use among LGB&T communities.
- The use of drugs, alcohol and cigarettes may also be higher in the LGB&T community because they are less likely to access support services. Substantial proportions of respondents to the survey stated that if they needed support with addiction they would not feel comfortable disclosing their orientation to drug and alcohol support services in the private sector (37%), the public sector (26%), the voluntary sector (23%), and the LGB&T sector (8%).

2. Demographics of respondents

Respondents were asked a range of questions on background, identity, and geography including information on; Trust area in which they reside, whether they live in a city/large town, medium sized town, village or small town, or rural area/countryside, gender, gender identity, sexual orientation, disability, community background, ethnicity, relationship status and caring responsibilities.

Which Trust Area do you live in?

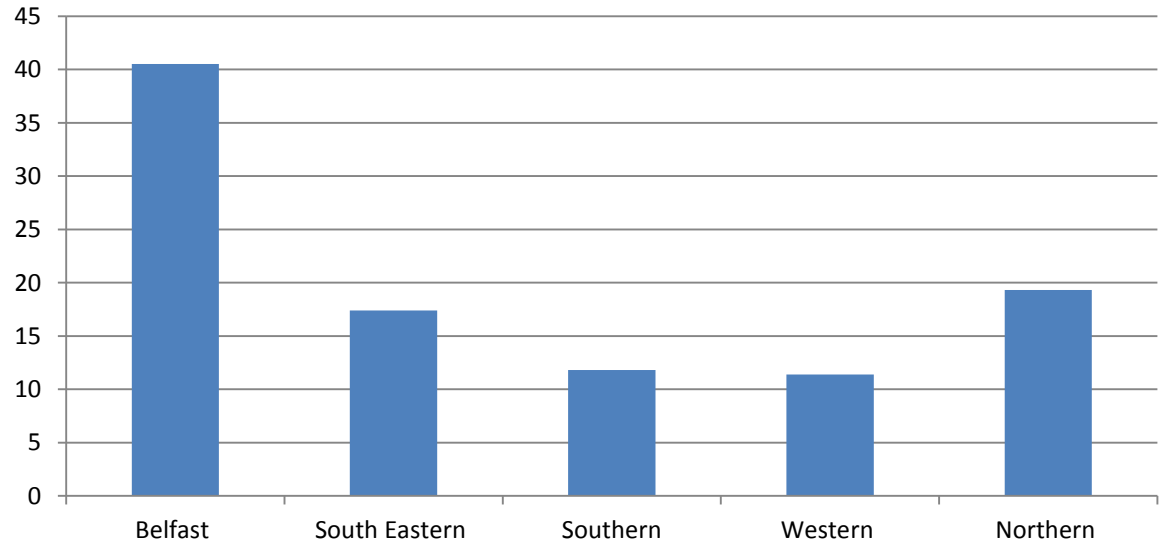


Chart 1: Percentage breakdown of respondents by Health and Social Care Trust

There were no set targets related to geographic spread and as with previous LGB&T research and scoping exercises, there is an over representation of people living in larger urban areas. This may be due to better LGBT community infrastructure, a presumption of more tolerant attitudes and a visible LGBT community. The majority of respondents were from the Belfast Trust area, which includes Belfast and Castlereagh Council Areas. Previous surveys by The Rainbow Project have shown similar trends. The Belfast area is the regional capital and has a well-established and vibrant LGBT sector and commercial scene.

The number of respondents from the Western and Southern Trust Areas were 11.4% and 11.8% respectively. As these areas are largely rural, in comparison to other health and social care trusts, the level of response was as expected.

Do you live in a…?

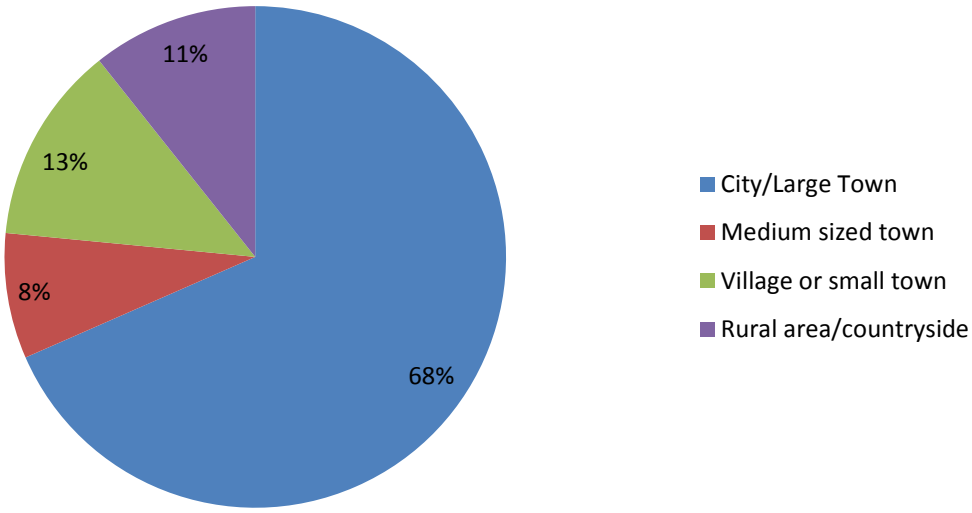


Chart 2: Percentage breakdown of respondents' area of residency

68% of respondents lived in a city or large town. The figures above suggest that either there is a preference for LGB&/T people to live in larger urban environments or that LGB&/T people living in these areas have greater access to surveys of this nature and the LGBT network. This may be due to a better LGBT sector and community infrastructure within urban areas, a presumption of more tolerant attitudes and a more visible LGBT community. 8% of respondents live in a medium sized town, 13% live in a village or small town and 11% live in a rural area or the countryside.

Gender

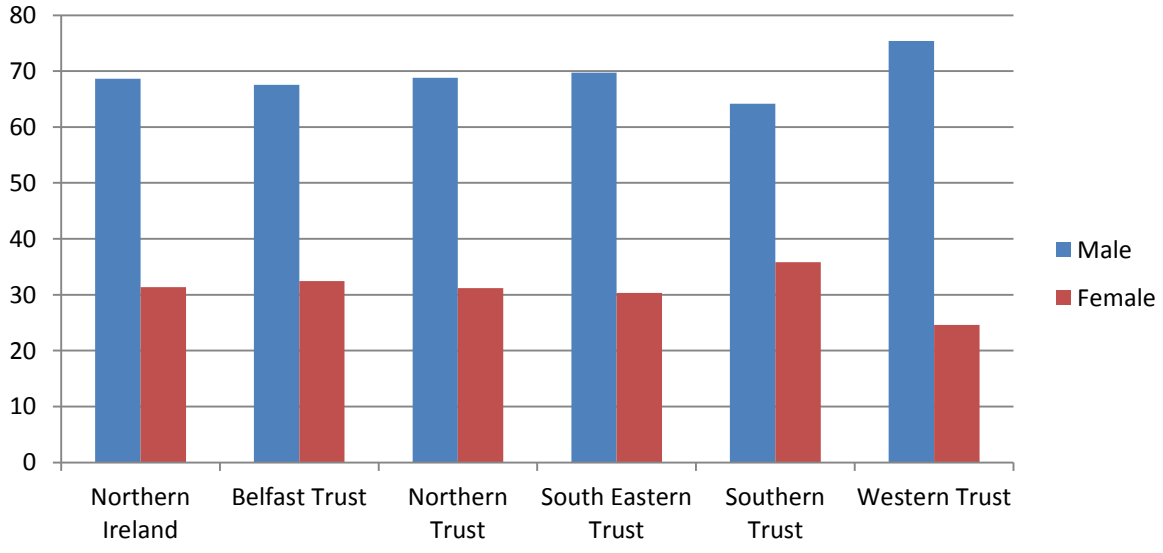


Chart 3: Percentage breakdown of gender of respondents by Health and Social Care Trust

There was no set target in terms of gender of respondents, however we hoped to continue to build on the previous work of The Rainbow Project in achieving even higher numbers of female respondents. 392 (68.6%) respondents identified as male and 179 (31.3%) identified as female. This may be due to continuing difficulties in ensuring that LGB&/T women can access and respond to online surveys. Anecdotal evidence suggests that LGB&/T women use the internet, in particular LGB&/T sites, much less than gay and bisexual men. Women's organisations and groups within the LGBT sector were involved in the promotion of the survey and female orientated social network sites were employed to try and increase the response rate from women.

Do you, or have you ever identified as a transgender or trans person?

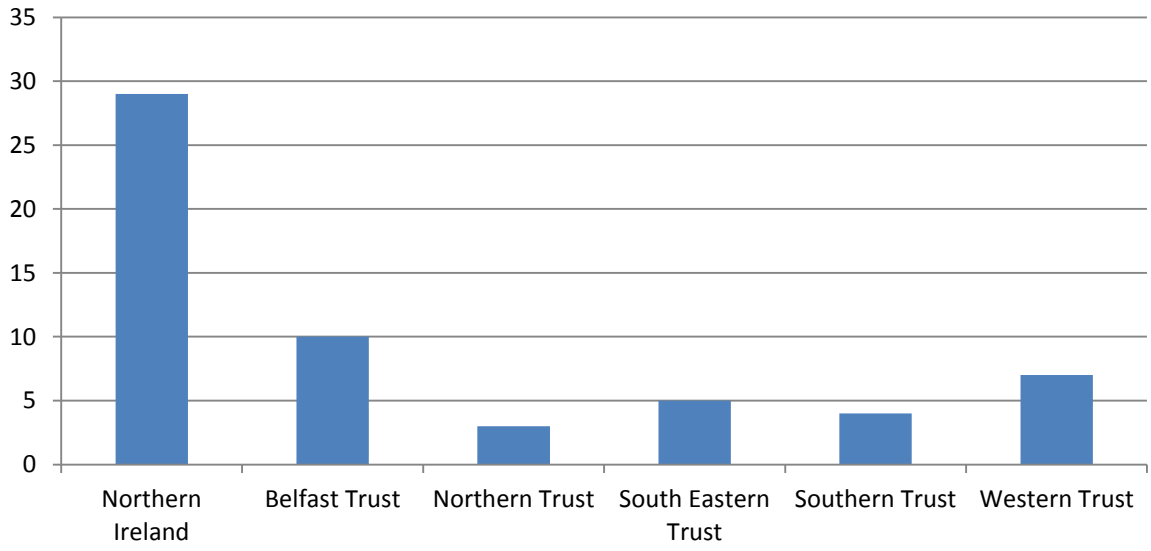


Chart 4: Percentage breakdown of respondents transgender respondents by Health and Social Care Trust

29 respondents (5%) identified as transgender. There was no set target in terms of transgender response, however it was hoped to continue to build on the previous work of The Rainbow Project in achieving even higher numbers of responses from transgender people. A previous scoping exercise carried out by the Rainbow Project had 40 (4.2%) transgender respondents. A number of transgender social networking sites were used to promote the survey as well as transgender groups and individuals.

What is your age?

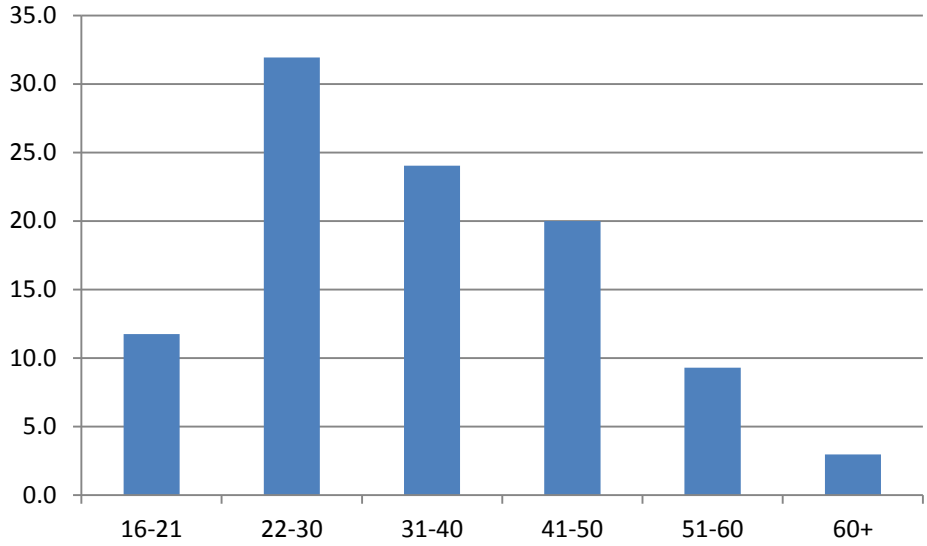


Chart 5: Percentage breakdown of respondents by age

The majority of respondents were under 50 years of age with a large number in the 22-30 age category. This perhaps could be linked to the fact that the survey was extensively online based and older people are less likely to use the internet than younger people.

The largest number of respondents were between the ages of 22 and 30 years of age (31.9%), followed by 31-40 years of age (24%) and 41-50 (20%).

Smaller numbers fell between 16-21 (11.8%) and 51-60 (9.3%) and a very small number were over 60 (3%).

How do you describe your sexual orientation?

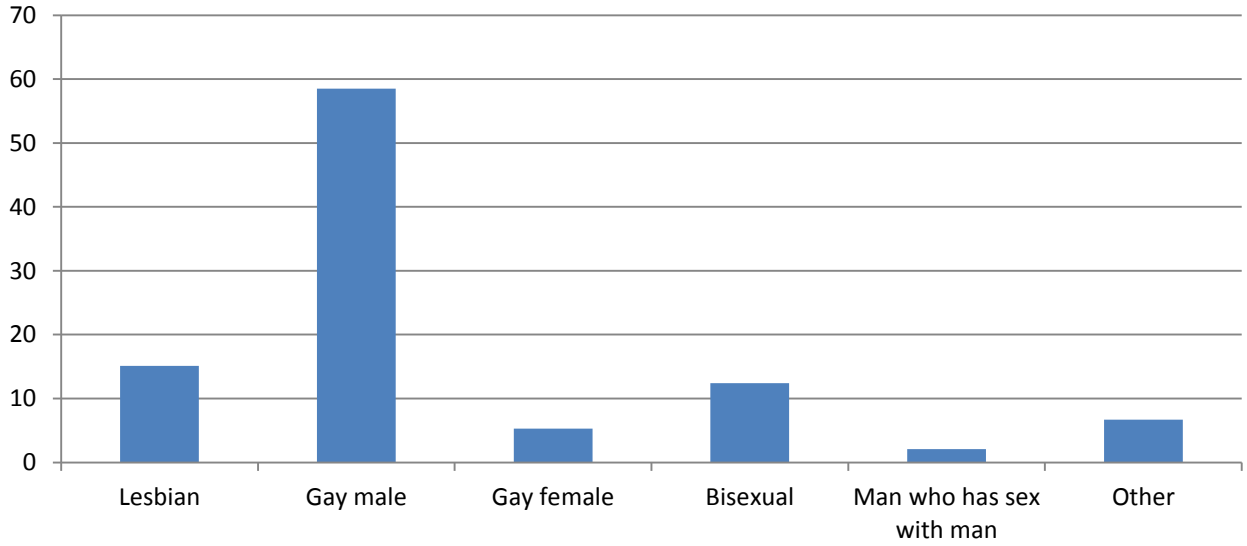


Chart 6: Percentage breakdown of respondents by sexual orientation

58.5% of respondents identified as gay men and 20.4% identified as a gay woman or lesbian. 12.4% identified as bisexual, with women (20.7%) more than twice as likely to identify as bisexual than men (8.7%). 2.1% of men identified as men who has sex with men (MSM) and 6.7% identified as a variety of other descriptors, including heterosexual, normal, me, Pan sexual, Omni sexual, and a person. There are methodological challenges in relation to self-identification including whether LGB&/T respondents are classified according to their identity or behaviour.

Do you consider yourself to have a disability?

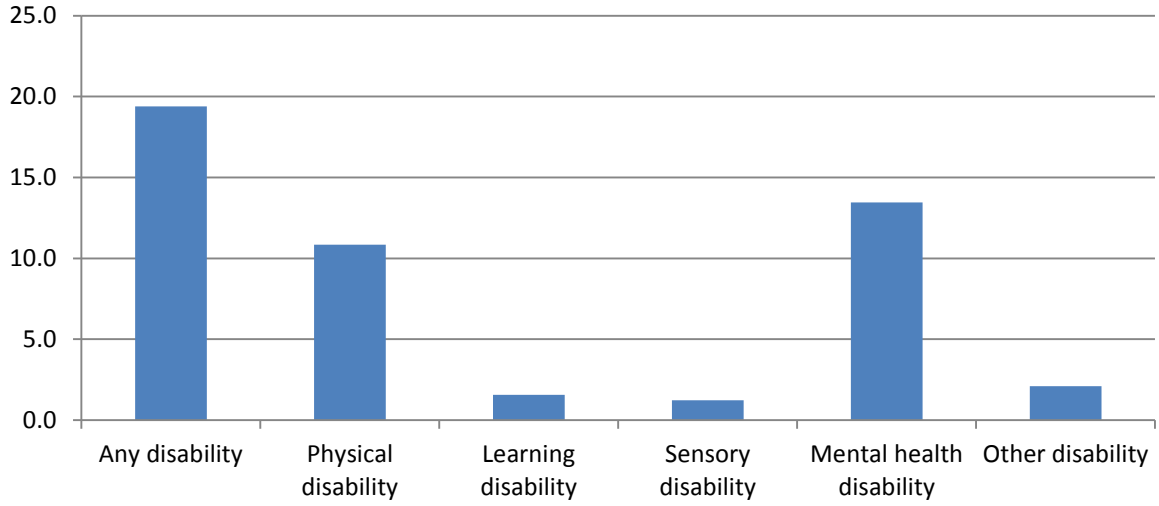


Chart 7: Percentage breakdown of respondents living with a disability by type of disability

[The Disability Discrimination Act 1995 defines a disabled person as someone who has 'a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities]

Respondents were asked 'Do you consider that you meet this definition of disability?' 111 (19.4%) respondents considered themselves to have a disability. This closely ties with the incidence of disability across the wider population in Northern Ireland. Looking only at the adult population, it can be seen that over one-fifth (21%) of adults in Northern Ireland have at least one disability[1].

Of these 111 respondents who identified as having a disability;

- 62 considered themselves to have a physical disability
- 9 considered themselves to have a learning disability
- 7 considered themselves to have a sensory disability
- 77 considered themselves to have a mental health disability
- 12 considered themselves to have an 'other' disability

[1] The Prevalence of Disability and Activity Limitations amongst adults and children living in private households in Northern Ireland – NISRA 2007.

Please indicate which of these best identifies your community background.

Community Background	% of respondents
Catholic	40.1
Protestant	30.7
Neither	29.2

Table 1: Percentage breakdown of respondents by community background

40.1% of respondents indicated they are from a Catholic community background, 30.7% from a Protestant community background and 29.2% from neither. In previous LGB&/T based research or scoping exercises, there has been a significant number of respondents who identify with neither Catholic nor Protestant community background. These figures were as follows; '*All Partied Out? Substance Use in Northern Ireland's LGB&T Community, Rooney 2012'* – 19% of respondents identified as from neither community background. '*Though Our Eyes - Perceptions and Experiences of Lesbian, Gay and Bisexual People towards Homophobic Hate Crime and Policing in Northern Ireland*, O'Doherty' - 15% of respondents identified as neither community background. This scoping exercise identified a significant increase in people from LGB&/T communities not identifying with either of the traditional main communities in Northern Ireland.

To which ethnic group do you belong?

Ethnic Group	% of respondents
Black African	0.2
Black Caribbean	0.2
Chinese	0.4
Irish Traveller	0.2
Mixed ethnic group	0.7
White	98.4

Table 2: Percentage breakdown of respondents by ethnic group

The vast majority of respondents stated their ethnicity as white. There is a relatively representative response from those of black and minority ethnic background at 1.7%. Similarly, the same may be said for membership of many LGBT groups throughout Northern Ireland. The need to find new ways to effectively engage with LGB&/T people from ethnic minority backgrounds has been identified by these groups and some initial work has begun. In Northern Ireland as a whole, 1.8%[2] of people in the most recent census identified as being from a black or minority ethnic background.

[2] http://www.nisra.gov.uk/Census/key_stats_bulletin_2011.pdf

What is your current relationship status?

Relationship status	% of respondents
Civil Partnership/Married to same-sex partner	9.1
Married to opposite sex partner	5.9
Dissolved civil partnership/Divorced from a same sex partner	0.7
Divorced from an opposite sex marriage	3.0
Co-habiting	19.8
Separated	1.4
Single	59.5
Widowed	0.5

Table 3: Percentage breakdown of respondents by relationship status

The highest percentages of respondents (59.5%) were single. The next highest percentage was those who were co-habiting with either a same-sex or opposite partner at 19.8%. Those in a civil partnership accounted for 9.1% and those married to an opposite sex partner were 5.9%.

How much responsibility do you have for the care of….?

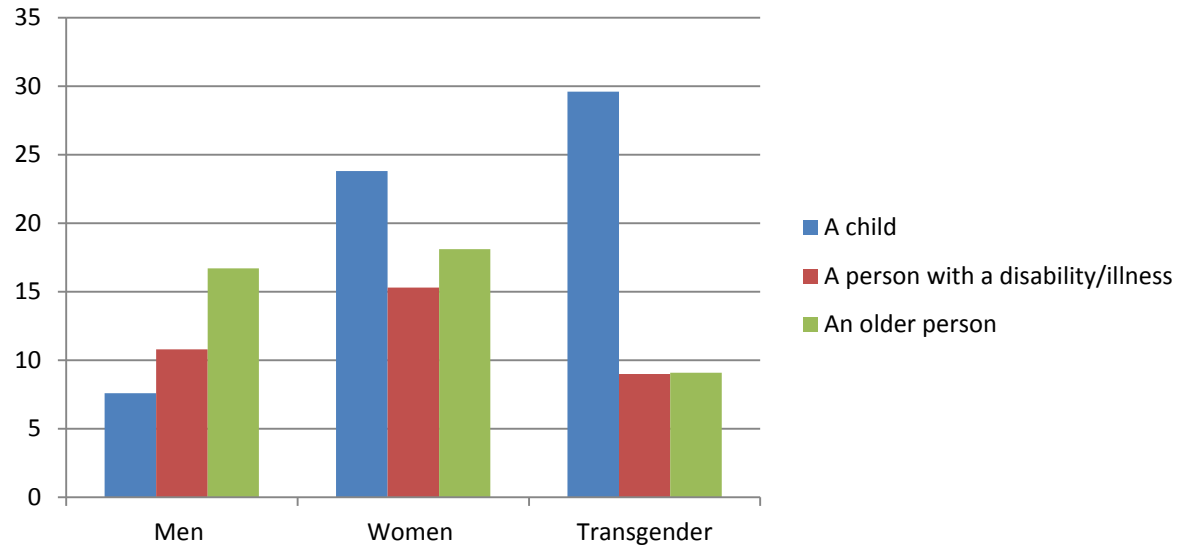


Chart 8: Percentage breakdown of respondents by gender, gender identity and caring responsibilities

The majority of respondents had no responsibility for the care of others. 87.4% have no responsibilities related to a child, 87.9% have no responsibility related to someone with an illness or disability, and 82.9% have no responsibility related to an older person. However, significant minorities do have some form of responsibility, particularly in relation to children for LGB women and transgender people.

Amongst men;

- 7.7% have some or sole responsibility for a child.
- 10.8% have some or sole responsibility for a person with a disability or illness.
- 16.8% have some or sole responsibility for an older person.

Amongst women;

- 23.8% have some or sole responsibility for a child.
- 15.3% have some or sole responsibility for a person with a disability or illness.
- 18.1% have some or sole responsibility for an older person.

Amongst transgender people;

- 29.6% have some or sole responsibility for a child.
- 9% have some or sole responsibility for a person with a disability or illness.
- 9.1% have some or sole responsibility for an older person.

3. Sexual orientation and gender identity experiences

All of the evidence suggests that when LGB&/T people are 'out' they are happier and healthier. Some of the key reasons for this include not having to hide a part of their identity and having validation of a real identity rather than a constructed or fake identity. However there are many barriers for people in 'coming out'. These include, but are not limited to; the continuing social ascription of inferior status of LGB&/T people compared to their heterosexual peers, potential negative reactions from family, friends, community or colleagues and fear or experiences of violence. This is in addition to the historic criminalisation and classification of mental illness of people from minority sexual orientations and/or gender identities.

LGB&/T people also experience a lack of visibility of LGB&/T role models, visibility of other LGB&/T people in their communities, families, workplaces, schools and in wider society, and rarely see themselves accurately represented in the media. This lack of visibility contributes to the social ascription of inferior status.

This section presents information on the experiences of Lesbian, Gay, Bisexual and/or Transgender (LGB&/T) people in relation to their minority sexual orientation and/or gender identity. Respondents were asked a range of questions around visibility, their experiences of homophobia/transphobia and experiences of violence, discrimination and prejudice in their lives. This section is an overview of the common everyday experiences of LGB&/T people related to their sexual orientation and/or gender identity. These experiences may help to inform the understanding as to why LGB&/T people experience poorer emotional health and wellbeing outcomes compared to their heterosexual peers.

How comfortable do you feel with your sexual orientation and/or gender identity?

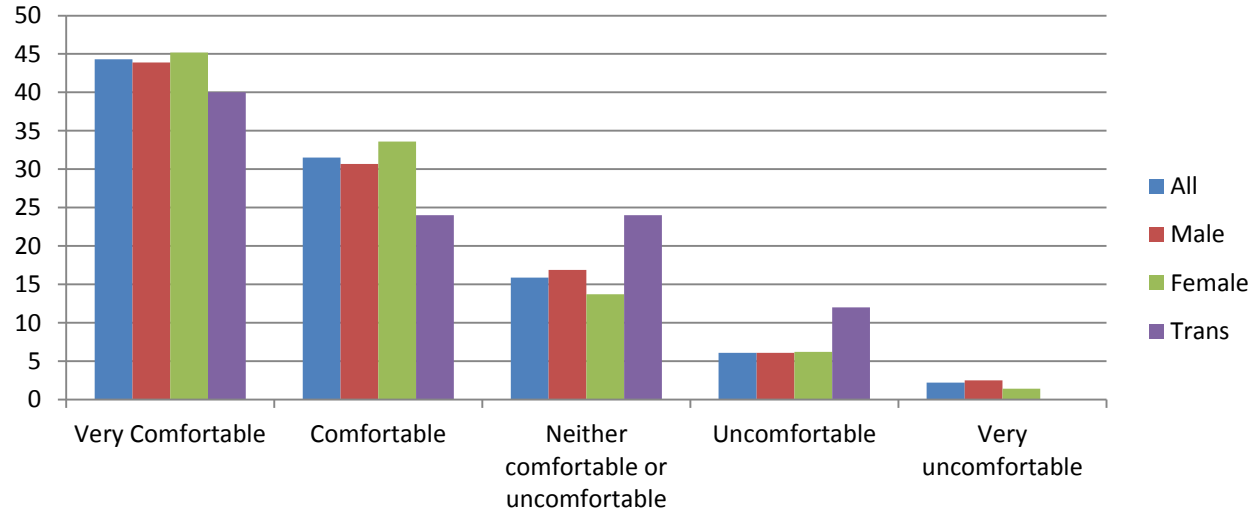


Chart 9: Percentage breakdown of respondents by gender, gender identity and level of comfort with their sexual orientation and/or gender identity

Most respondents felt either *very comfortable* or *comfortable* with their minority sexual orientation and/or gender identity. Across all populations this figure totalled 75.8%. There were negligible differences across male (74.6%) and female (78.8%), which was slightly higher, but the total amongst Transgender people was significantly lower at 64%.

8.3% of all respondents felt *uncomfortable* or *very uncomfortable* with their minority sexual orientation and/or gender identity. There was again little difference between male (8.6%) and female (7.6%), yet for Transgender respondents the figure was 12%.

The majority of LGB&/T people do not feel uncomfortable with their sexual orientation and/or gender identity; however a significant minority do. It is likely that those who feel uncomfortable are at greater risk of poorer emotional health and wellbeing.

"I don't feel that there is enough support for the LGB and T community and that makes you feel somewhat inadequate as a human being" –
Gay male, 27, Belfast

At what age did you become aware that you might be an LGB&/T person and what age were you when you first 'came out' to someone?

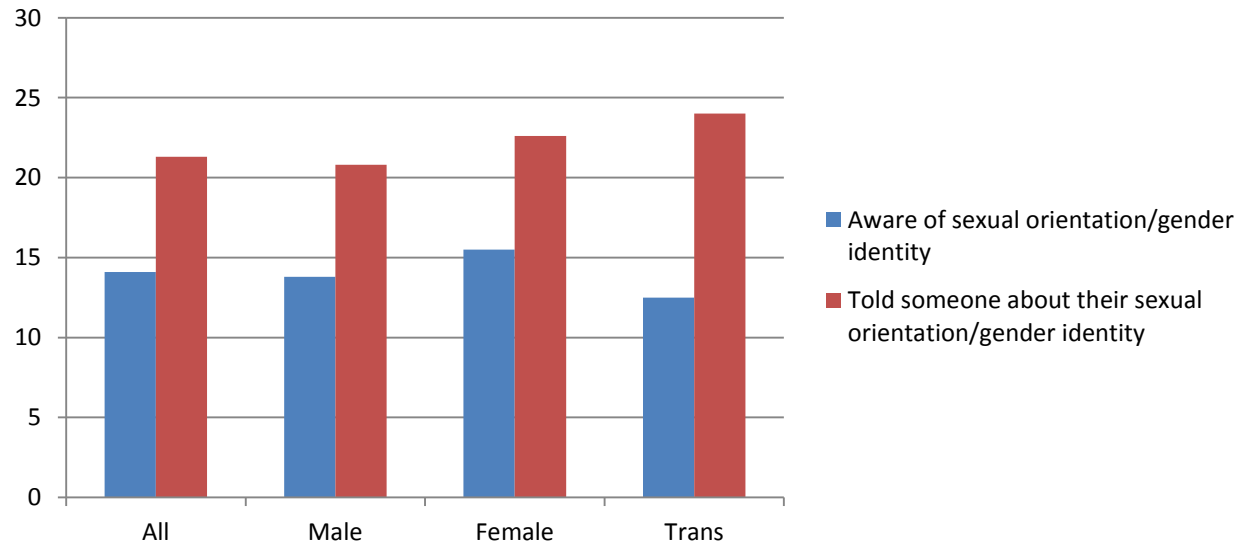


Chart 10: Percentage breakdown of gender, gender identity, age of awareness and coming out

The average age across all groups at which people became aware of their minority sexual orientation and/or gender identity was 14.1 years. For males the average age was 13.8 years, 15.5 years for females and for 12.5 years for transgender people. Across all survey respondents, the average age of coming 'out' as either of minority sexual orientation and/or gender identity was 21.3 years of age. For males, this figure was slightly lower at 20.8 years. LGB women were slightly higher at 22.6 years. The figure for transgender people was 24 years of age. 6.7% of respondents had not disclosed to anyone their minority sexual orientation or gender identity. 93.3% of respondents had told someone.

To what extent are the following aware of your sexual orientation and/or gender identity?

	Very Aware	Somewhat aware	Not at all aware	Does not apply
Parent(s) Carer(s)	**63.5**	12.9	15.9	7.7
Siblings	**63.1**	13	14.8	9
Other family	**41.9**	31.7	24.6	1.8
People in your community	28.4	**42.7**	24.9	4
Friends	**75.6**	16.8	6.5	1
Work colleagues	**44.4**	21.4	20.2	14.1

Table 4: Percentage breakdown of respondents social and peer connections awareness of their sexual orientation and/or gender identity

Respondents were most likely to be open about their sexual orientation and/or gender identity to their friends with 92.4% noting they were *somewhat aware* or *very aware*. Respondents were also very likely to be open about their sexual orientation and/or gender identity to their families with 76.4% of respondents noting their parents or carers, and 76.1% noting that their siblings and 73.6% of their other family were *somewhat aware* or *very aware* of their sexual orientation and/or gender identity. 71.1% of respondents felt that people in their community, and 65.8% of respondents felt that their work colleagues were *somewhat aware* or *very aware* of their sexual orientation and/or gender identity.

Homophobia, Transphobia and Violence

This section focuses on LGB&/T people's experiences of school and everyday lives. This section may give some indication as to why LGB&/T people may experience poorer emotional health and wellbeing compared to their heterosexual peers. The experiences of negative attitudes, homophobia, transphobia, heterosexism and sexism may contribute to the poorer emotional health and wellbeing outcomes experienced by LGB&/T people.

All children and young people are expected to attend education between the ages of 5 and 16. These are key formative years for many people, and for LGB&/T people, it is often in these years that they first become aware of their minority sexual orientation and/or gender identity. The following four questions sought to ascertain people's experiences in education related to their sexual orientation and/or gender identity.

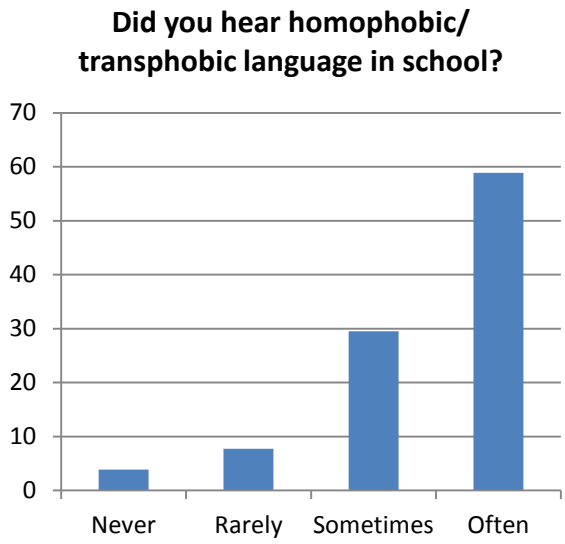
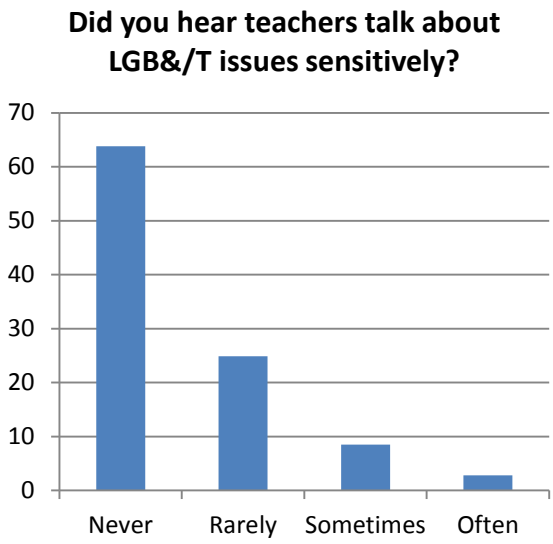


Chart 11: Percentage breakdown of respondents experiences of homophobic/transphobic language at school



Chat 12: Percentage breakdown of respondents experiences of teachers dealing with LGB&/T issues

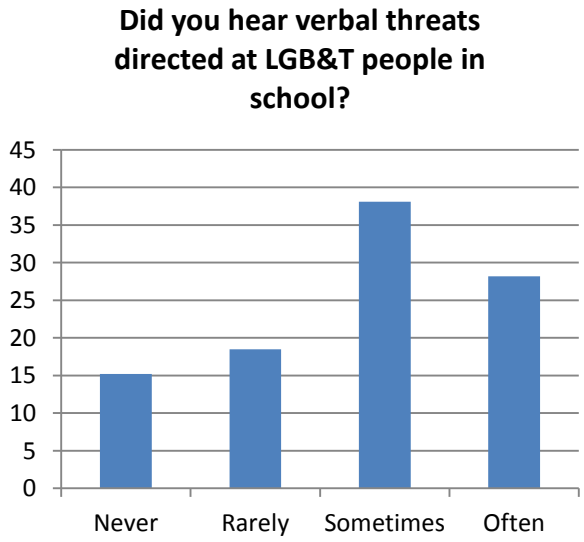
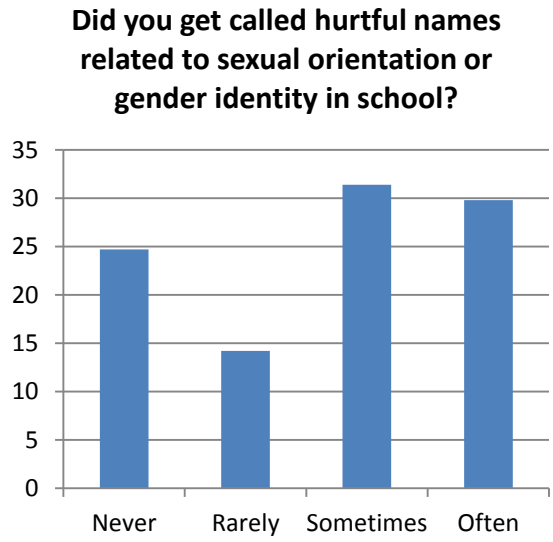


Chart 13: Percentage breakdown of respondents experiences of verbal threats at school



Chat 14: Percentage breakdown of respondents experiences of name calling in school

The tables above provide some stark insights into the experiences of LGB&/T people in schools. Previous research reports and scoping exercises have explored these issues more directly. The key figures from these questions are;

- 88.6% had heard homophobic/transphobic language in schools often or sometimes.
- 88.7% had never or rarely heard teachers talk about LGB&/T issues sensitively.
- 66.3% had often or sometimes heard verbal threats directed at LGB&/T people in schools.
- 61.2% had been called hurtful names related to sexual orientation and/or gender identity.

The following next four questions sought to identify peoples experiences related to their actual or perceived sexual orientation and/or gender identity in their everyday lives.

Outside of school/college, how often have you ever……

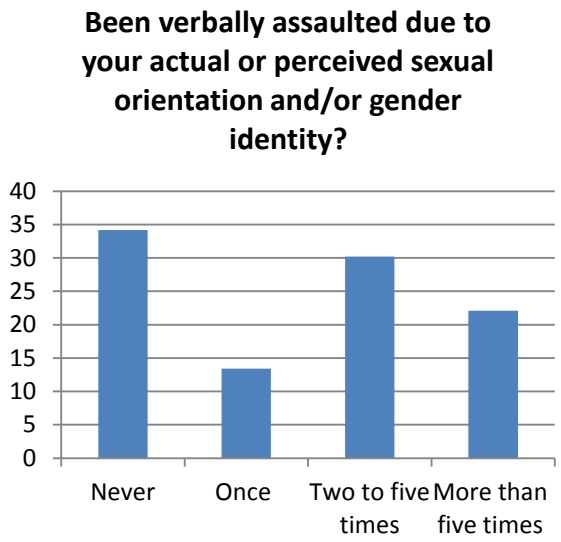
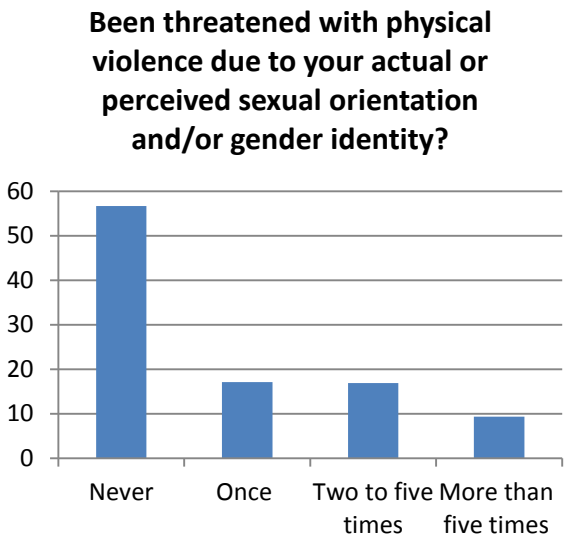


Chart 15: Percentage breakdown of respondents experiences of verbal assaults



Chat 16: Percentage breakdown of respondents experiences of physical violence

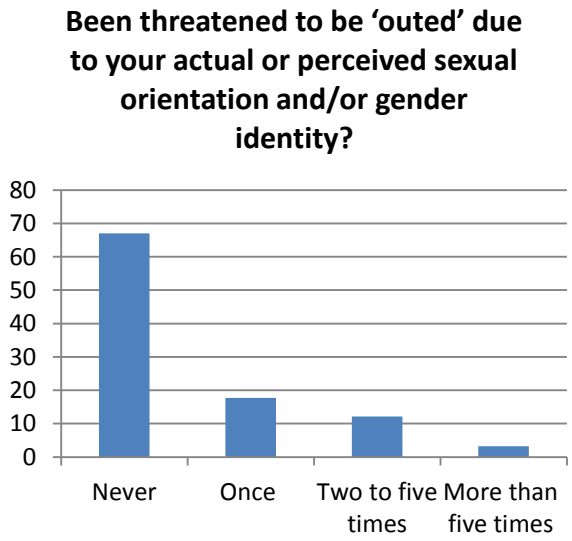
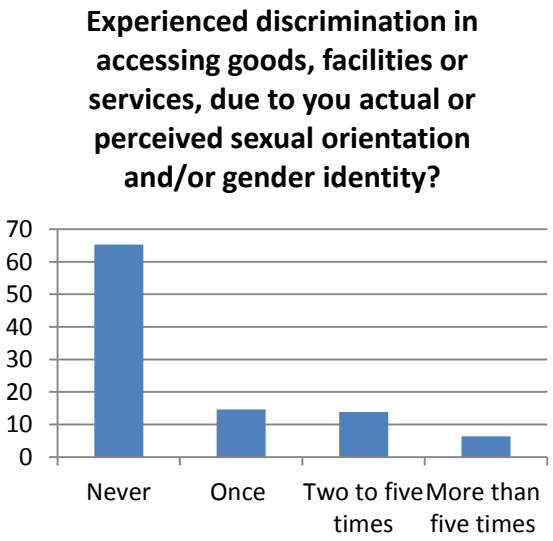


Chart 17: Percentage breakdown of respondents experiences of threats to be 'outed'



Chat 18: Percentage breakdown of respondents experiences of teachers dealing with LGB&/T issues

These responses provide some insight into the experiences of LGB&/T people in their everyday lives related to their actual or perceived sexual orientation and/or gender identity. The key figures from these tables are;

- 65.8% had been verbally assaulted at least once.
- 43.3% had been threatened with physical violence at least once.
- 33% had been threatened to be 'outed' at least once.
- 34.7% had experienced discrimination in accessing goods, facilities or services at least once

The responses above, related to experiences of invisibility, homophobia/transphobia and violence, discrimination and prejudice provide an understanding of poorer emotional health and wellbeing experienced by LGB&/T people. These common experiences of invisibility, homophobia/transphobia, and the range of violence from threats to physical violence, whether direct or indirect, indicate a level of intolerance that is a common experience for LGB&/T people. This intolerance, as experienced by other minority or marginalised groups is a clear indicator for risk of experiencing poorer emotional health and wellbeing outcomes.

In addressing poorer emotional health and wellbeing experienced by LGB&/T people, it is imperative that these everyday and school experiences are ameliorated, the social ascription of inferior status is removed, visibility is supported and a zero tolerance towards homophobia and transphobia is adopted, in addition to ensuring access to support services and assertively reaching out to these groups.

The next section will look at emotional health and wellbeing of LGB&/T people, their experiences of self-harm, suicide, suicidal ideation and depression. The experiences, as indicated by this chapter, will directly inform the next.

4. Experiences of Emotional Health and Wellbeing

This chapter explores the direct experiences of LGB&/T people in relation to their emotional health and wellbeing. Respondents were asked to answer questions related to their mental wellbeing, use of prescription drugs, whether they had any problems that they may have needed help with and whether they had experienced common mental health issues.

Emotional Health and Wellbeing – The Warwick-Edinburgh Mental Wellbeing Scale

WEMWBS is a 14 positively worded item scale with five response options from 'none of the time' to 'all of the time'. It covers most aspects of positive mental health currently in the literature, including both hedonic and eudemonic perspectives: positive affect (feelings of optimism, cheerfulness, relaxation), satisfying interpersonal relationships and positive functioning (energy, clear thinking, self-acceptance, personal development, mastery and autonomy). Items are summed to give an overall score that can be presented as a mean or median score.

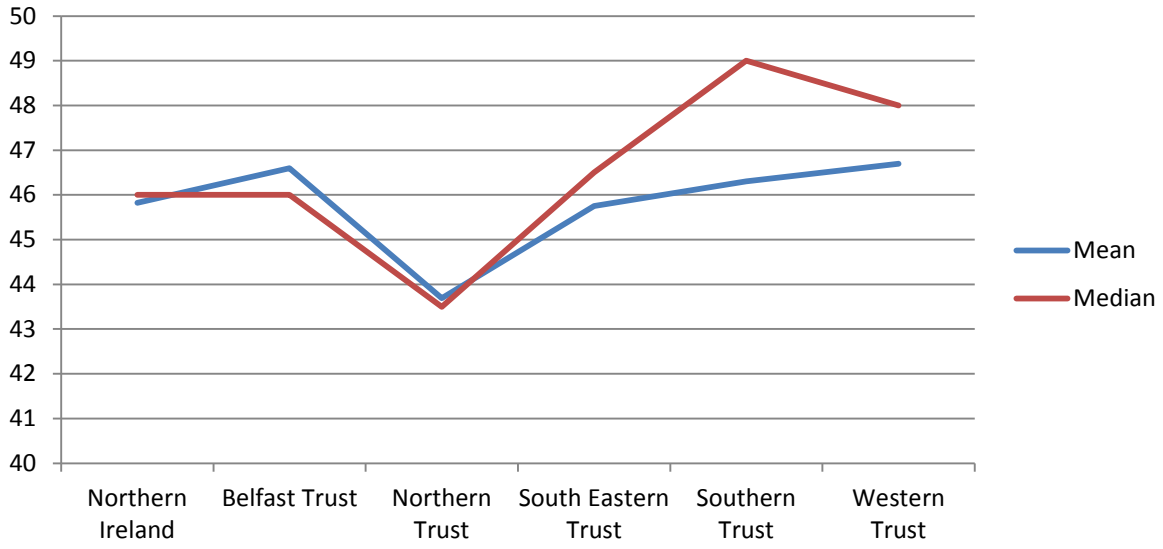


Chart 19: Mean and median breakdown of WEMWBS score by Health and Social Care Trust

The scores presented above are mean and median scores for all respondents across Northern Ireland and also along each Health and Social Care Trust Area. The Northern Ireland mean is 45.8. The Belfast Trust Area mean is 46.6, the Northern Area Trust mean is 43.69, the South Eastern Trust Area mean is 45.75, the Southern Area Trust mean is 46.3 and the Western Area Trust mean is 46.7. The mean score for the Northern Ireland population as a whole is 50[3]. This would suggest that LGB&/T people have poorer mental wellbeing comparative to their heterosexual peers. However, the scale categorises a score of 40-59 as average.

[3] Comparison of Health Survey Northern Ireland 2010/11 and 2011/12 - DHSSPS

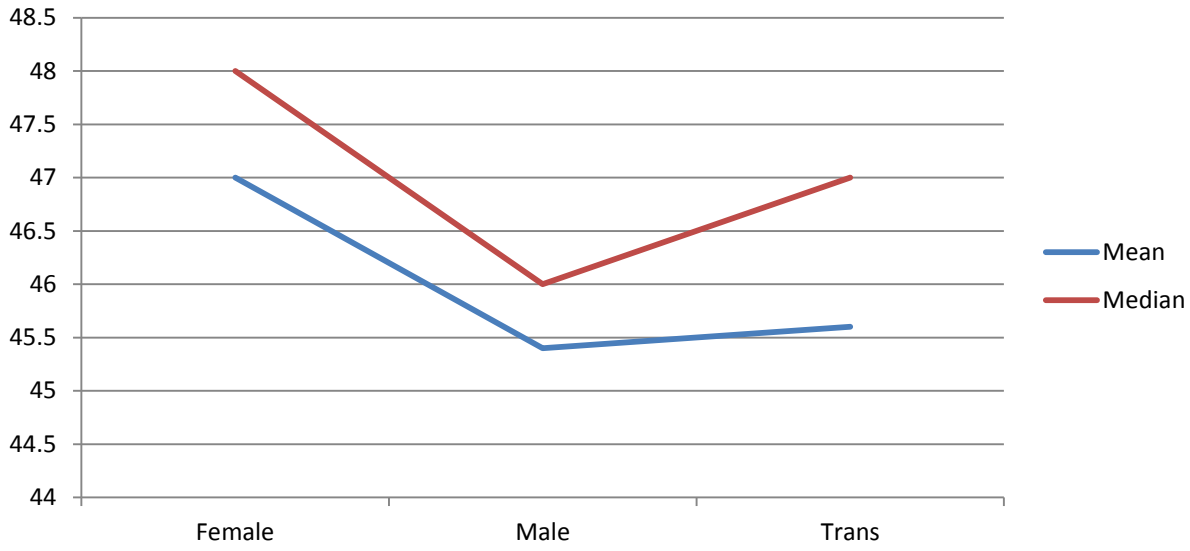


Chart 20: Mean and median breakdown of WEMWBS score by gender and gender identity

The scores presented above are mean and median scores presented across demographic groups. The mean score is 47 for females, 45.4 for males and 45.6 for transgender people. This would suggest that LGB&/T people have poorer mental wellbeing comparative to their heterosexual peers.

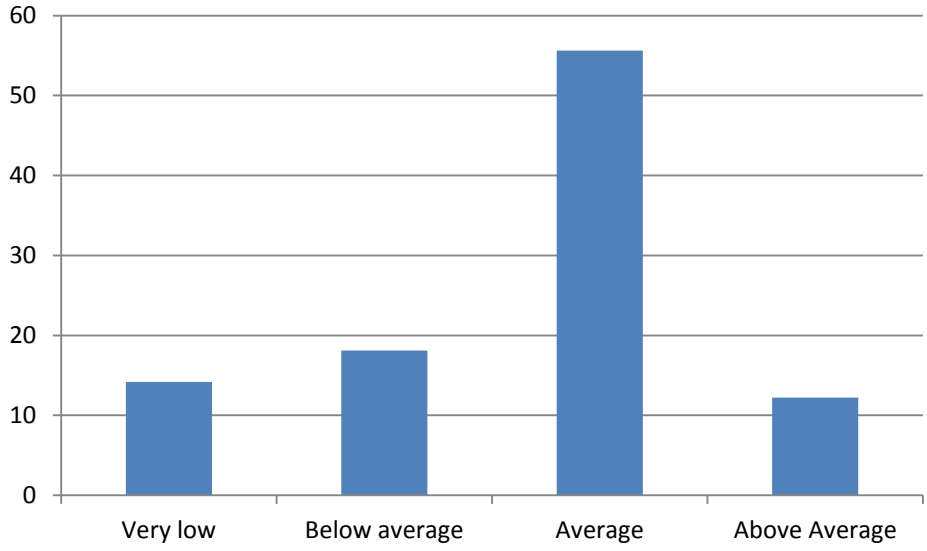


Chart 21: Percentage breakdown of WEMWBS score by scale category

This graph presents the findings of individual scores on the WEMWBS scale. 14.2% of respondents scored *very low* with a score below 32. 18.1% scored *below average* with a score ranging from 32 to 40. 55.6% scored *average* with a score between 41 and 59. 12.2% scored *above average* with a score between 59 and 70. Collectively, a significant minority of LGB&/T people scored *very low* or *below average*. 32.3% of respondents scored below 40 on the WEMWBS scale.

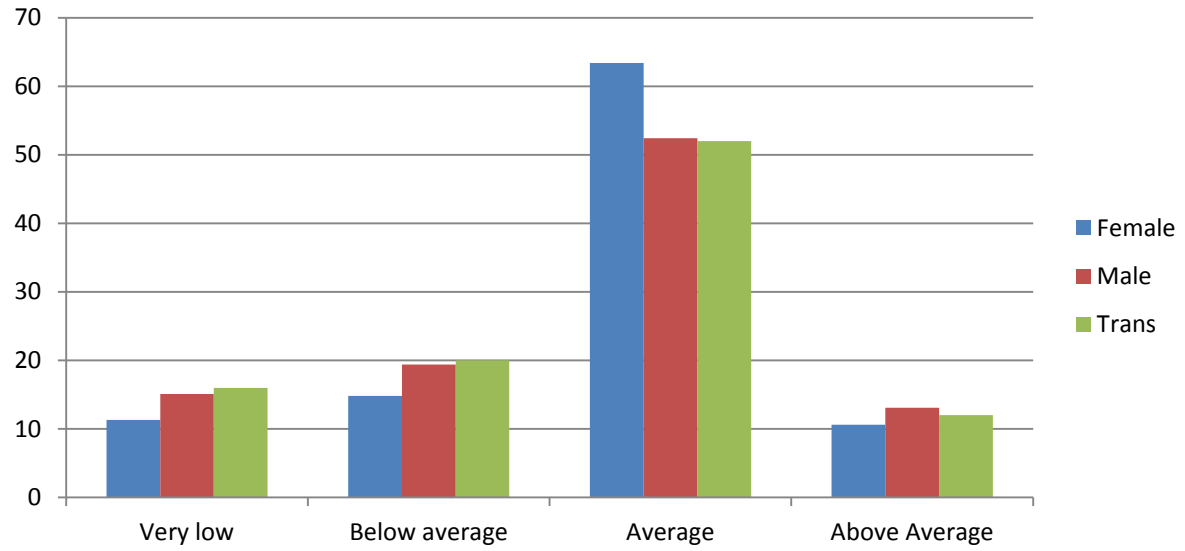


Chart 22: Percentage breakdown of WEMWBS score by scale category, gender and gender identity

This data was then reflected across the demographic groups that responded to the survey.

Amongst male respondents the figures were;

- 15.1% scored *very low* with a score below 32.
- 19.4% scored *below average* with a score ranging from 32 to 40.
- 52.4% scored *average* with a score between 41 and 59.
- 13.1% scored *above average* with a score between 59 and 70.

Amongst female respondents the figures were;

- 11.3% scored *very low* with a score below 32.
- 14.8% scored *below average* with a score ranging from 32 to 40.
- 63.4% scored *average* with a score between 41 and 59.
- 10.6% scored *above average* with a score between 59 and 70.

Amongst transgender respondents the figures were;

- 16% scored *very low* with a score below 32.
- 20% scored *below average* with a score ranging from 32 to 40.
- 52% scored *average* with a score between 41 and 59.
- 12% scored *above average* with a score between 59 and 70.

"Negative media coverage surrounding LGB&T issues, especially from politicians surrounding marriage equality lately. NI is still quite a religious nation and is not as progressive on social rights as the rest of the UK so LGB&T people are made to feel unequal/less. I also think that school can be a really tough time for LGB&T students as NI has a largely rural population where LGB&T issues are a rarely discussed and tolerance towards diversity" – Transgender female, 22, Belfast

In the past year, have you had any personal, emotional, behavioural or mental health problems for which you needed professional help?

Response	% of respondents
Yes, but I did not try to get professional help	12.5%
Yes, and I did ask for professional help	**39%**
Yes, but have never felt the need for professional help	13.1%
No, I have had few or no problems	35.3%

Table 5: Percentage breakdown of respondents experiences of personal, emotional, behavioural and mental health problems

39% of respondents had experienced personal, emotional, behavioural or mental health problems and had asked for professional help. 12.5% had experienced these issues but had not sought professional help. 13.1% of respondents noted having had experienced these issues but did not feel the need for professional help. 35.3% of respondents had few or no problems related to these issues.

These figures suggest that 64.7% of respondents had experienced personal, emotional, behavioural or mental health problems for which they needed professional help.

Have you experienced/or been diagnosed with any of the following? (Multiple answers)

Personal, Emotional, Behavioural or Mental issues experienced	Experienced (number)	Diagnosed (number)
Anxiety Issues (including Obsessive Compulsive Disorder, Phobias, Post-Traumatic Stress, Agoraphobia)	144	120
Mood Issues (Including Depression, Bipolar Disorder)	141	146
Psychotic Issues (Including Schizophrenia, Delusional Disorder)	60	18
Personality Issues (Including Paranoid, Antisocial, Narcissistic and Adjustment Disorders)	95	29
Eating Issues (Including Anorexia Nervosa, Bulimia Nervosa and Binge Eating)	123	29
Sleep Issues (including Insomnia)	161	84
Sexual and Gender Identity Issues,(Including Dyspareunia, Paraphilia, Gender Dysphoria)	54	14

Personal, Emotional, Behavioural or Mental issues experienced	Experienced (number)	Diagnosed (number)
Impulse Control Issues (Including Tourette's, Pyromania, Kleptomania)	42	16
Substance Use Issues	73	16
Developmental Issues (Including Autism Spectrum, ADHD)	43	10
None of the above/Other	80	59
TOTAL	**1016**	**541**

Table 6: Breakdown of number of respondents experiencing and diagnosed with personal, emotional, behavioural and mental health problems

These figures suggest that a significant number of LGB&/T people are experiencing distress related to personal, emotional, behavioural or mental health problems that have not been diagnosed by a professional.

A significant number of respondents identified that they have been diagnosed by a health professional with a variety of issues related to personal, emotional, behavioural or mental health issues. The most common of these are as follows; mood issues, (146 people), anxiety issues, (120 people), and sleep issues diagnosed for 84 people. There are a significant number of other personal, emotional, behavioural or mental health issues which LGB&/T people have had diagnosis from a health professional, including a significant number of LGB&/T people (59) who had received a diagnosis but not those listed and chose none of the above/other.

The 3 most common personal, emotional, behavioural or mental issues experienced by LGB&/T people were Sleep issues (161), Anxiety issues (141) and Mood issues (140). Respondents also indicated significant experiences of Eating issues (123) and Personality issues (95). 80 people chose none of the above/other. In every circumstance except for mood issues, more people reported having experienced these rather than having been diagnosed by a health professional.

This suggests that substantial numbers of LGB&/T people are experiencing personal, emotional, behavioural or mental issues but are not seeking professional help and diagnosis. It is not possible to draw conclusions on the range of factors contributing to this trend on the basis of information gathered. However, poor help seeking behaviours among LGB&/T people is a trend in both this scoping exercise and previous studies carried out by The Rainbow Project. The next section will look at help seeking behaviours related to self-harm, suicidal ideation, suicide attempts and depression.

5. Experiences of self-harm, suicidal ideation, suicide attempts and depression.

This chapter explores the direct experiences of LGB&/T people in relation to self-harm, suicidal ideation, suicide attempts and depression. Respondents were asked to answer questions related to their experiences related to self-Harm, suicidal ideation, attempts of suicide and depression. These questions were informed by the literature review and surveys conducted by The Rainbow Project or others in relation to emotional health and wellbeing amongst LGB&/T people. The online and paper copies of this survey included reference to support service available should this element of the survey cause any distress to respondents.

5a. Experiences of Self- Harm

The National Institute for Clinical Excellence (NICE) has adopted the definition of self-harm as "self-poisoning or self-injury, irrespective of the apparent purpose of the act". Self-harm can take many different forms and as an individual act may be hard to define. Acts of self-harm may be an expression of personal distress where the person directly intends to injure him/herself.

In Northern Ireland a Deliberate Self-Harm Registry has now been established. Data taken from this registry helps to better inform the understanding of self-harm. However, data relating to sexual orientation and/or gender identity is not currently collated.

In 2012/2013 8,279 presentations were made to A&E for deliberate self-harm. Of these presentations, the difference between male and female was an almost even split of 4,139 male presentations and 4,140 female presentations. Additionally, the link between alcohol and deliberate self-harm is well established.

"Since January 1st, I've lost count. Sometimes every day for a week I would do something, like scratch against a sharp object to break the skin, or go under my fingernails with a pin to hurt myself." – Bisexual Male, 18, Cookstown

Have you ever self-harmed?

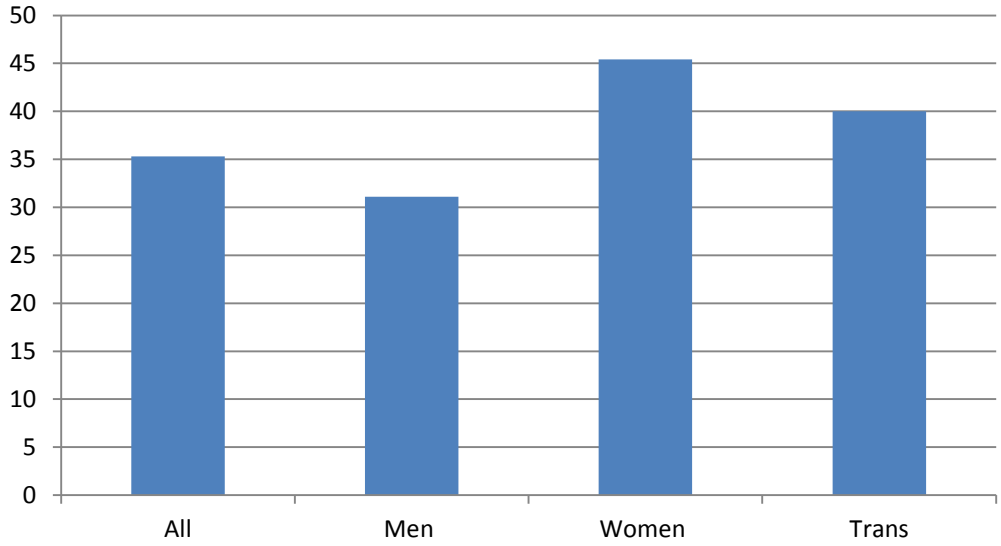


Chart 23: Percentage breakdown of respondents who had self-harmed by gender and gender identity

35.3% of respondents had self-harmed. Amongst women and transgender people the figures are higher at 45.4% and 40% respectively. The figure for men was lower at 31.1%. This does not correlate with the presentations of self-harm and A&E across the wider population. Incidents of self-harm are probably the most powerful single predictor of subsequent suicide.

Please describe the self-harm?

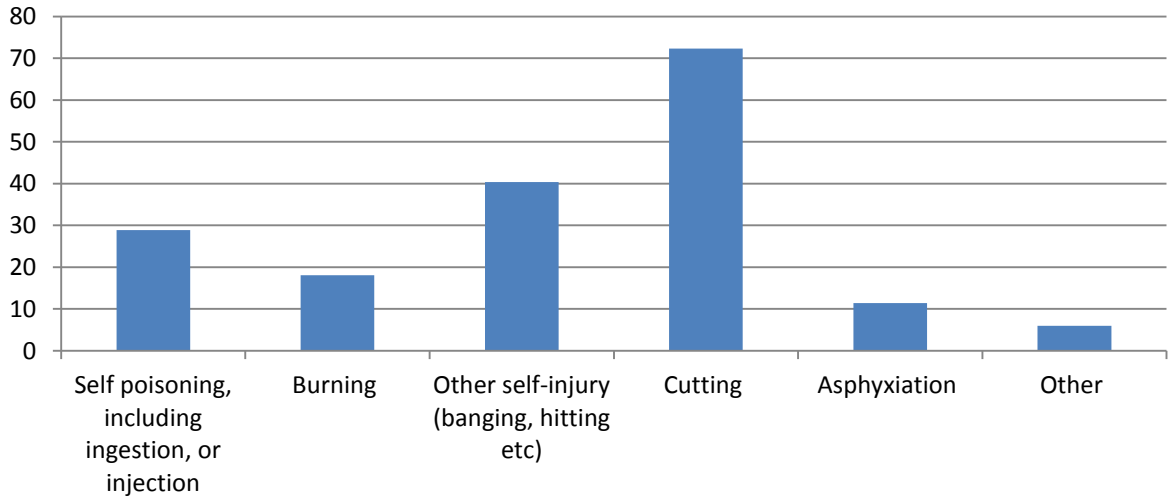


Chart 24: Percentage breakdown of the self-harming behaviour of respondents who had self-harmed

Among those respondents who had self-harmed the most common method of self-harm was cutting (72.3%) followed by other forms of self-injury (40.4%) and self-poisoning (28.9%). Lower numbers of respondents who had self-harmed had identified burning (18.1%) and asphyxiation (11.4%) and other methods at 6% of self-harming behaviours.

When was the most recent incident of self-harm?

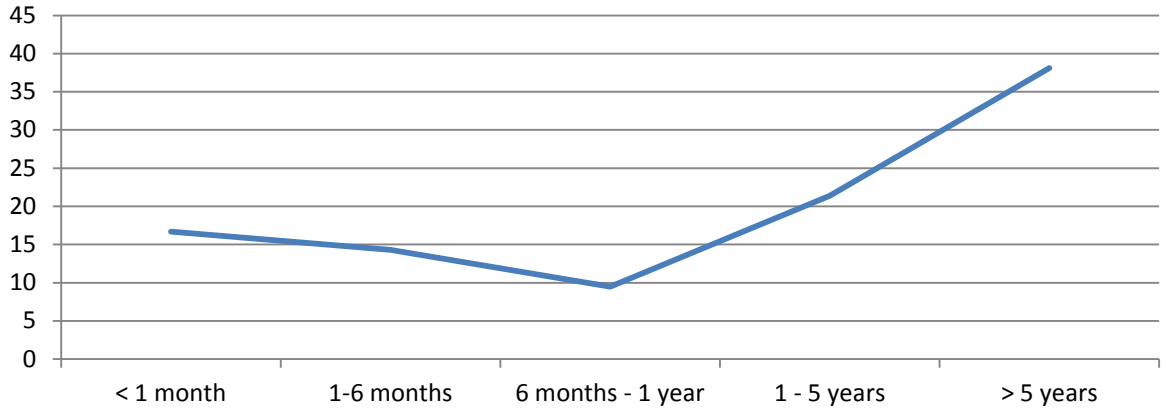


Chart 25: Percentage breakdown of the most recent incidence of self-harming behaviour by respondents who had self-harmed

A significant percentage (38.1%) of respondents who had self-harmed indicated their self-harming behaviour was historic and over five years ago. Similarly, significant percentages (40.5%) have also had an episode of self-harm within the last year.

What age were you when you first self-harmed?

The average age for respondents having their first incidence of self-harm was 17.66 years of age. The range of ages presented by respondents was from 9 at the youngest to 44 at the oldest.

Have you ever attended hospital after self-harming?

Of those who had experienced self-harm, a minority of those chose to attend hospital at 35.9%. The majority of respondents chose to never go to hospital. This suggests that a significant number of people are not attending hospital after self-harming and dealing with injuries themselves or supported by others.

Were you offered additional support after leaving hospital?

Additional Support	Yes	No	Unsure
Card before you leave (CBYL)	31.5	**57.4**	13
Follow-up appointment	**50**	48.1	1.9
Referral to other support	**65**	31.7	3.3
Other	13	**65.2**	21.7

Table 7: Percentage breakdown of respondents receiving additional support after leaving hospital

31.5% of those who had presented at hospital were offered the Card Before You Leave (CBYL). Since 2007, the CBYL scheme has been in place. This should provide a follow up next day appointment for those who present with self-harm or suicidal thoughts and are low-risk to themselves or others. Some of the respondents may have self-harmed before the introduction of this scheme. 13% were unsure. 57.4% were not offered CBYL.

50% were offered a follow-up appointment and this may be related to the lower figures for the CBYL scheme, as people may not have realised their appointment is part of the CBYL scheme. 48.1% of those attending hospital after self-harm were not offered a follow-up appointment, 1.9% of respondents were unsure.

Please identify the main reason(s) that caused you to self-harm? (Multiple answers)

Reasons for self-harming	% of respondents who had self-harmed
Stress/Anxiety	**12.3**
Express pain	4.9
Depression	**19.6**
To get back at someone	0.6
Feel something	7.4
Perfectionism	1.2
Emotional sexual abuse	7.4
Low-self worth	**14.7**
Wanted to die	**12.3**
To punish myself	8.0
To get attention	3.7
Struggling with sexual orientation or gender identity	8.0

Table 8: Percentage breakdown of why respondents who had self-harmed did so

Respondents could choose multiple options as part of this question. The key reasons that respondents identified for their self-harming behaviours were; Depression at 19.6%, Low Self-worth at 14.7%, and both wanted to die and stress/anxiety at 12.3%.

Did you seek help for the problems that led you to self-harm?

It is advised that those who self-harm seek support to help address this. 54.8% of respondents who had self-harmed did not seek help for the issues that had led them to self-harm. It is imperative that those who are engaged in self-harming behaviour seek support as this is a significant predictor to suicide. This response and previous responses suggest that a significant number of LGB&/T people are engaging in self-harming behaviour and are not presenting to hospital or seeking support for the reason that lead them to self-harm.

Can you tell us why you did not seek help afterwards? (Multiple answers)

Reason for not seeking help	% of respondents who had self-harmed
You felt you did not need support	**28.2**
You felt you would not be taken seriously	11.8
You felt you would be judged	**17.6**
You felt there was no support that could help	10.6
You did not know where to get help	4.7
You were concerned others would be told	11.8
There were no LGBT services available	4.7
Other	10.6

Table 9: Percentage breakdown of why respondents who had self-harmed did not seek help

There are a variety of reasons why people did not seek help. 28.2% of respondents who had self-harmed felt that they did not need support for their self-harming behaviours. The next most common reason for not accessing support was that respondents who had self-harmed felt they would be judged at 17.6%. Other significant reasons for respondents who had self-harmed not seeking help were; they felt they would not be taken seriously at or concerns that others would be told at 11.8% and they felt there was no support that could help or other reasons, both at 10.6%. The other reasons stated for not seeking support included; "because it wasn't serious enough", "I don't like asking for help", "because I tried again and again and intended to succeed".

"I was afraid of the consequences - of being diagnosed with something and medicated, of the stigma attached to mental illness, and afraid that it would be a permanent condition and not 'just' something I was going through - afraid that seeking help would lead to a diagnosis that meant there really was something fundamentally 'wrong' with me" –
Bisexual Female 20, Belfast.

How much is/was self-harm, related to your sexual orientation and/or gender identity?

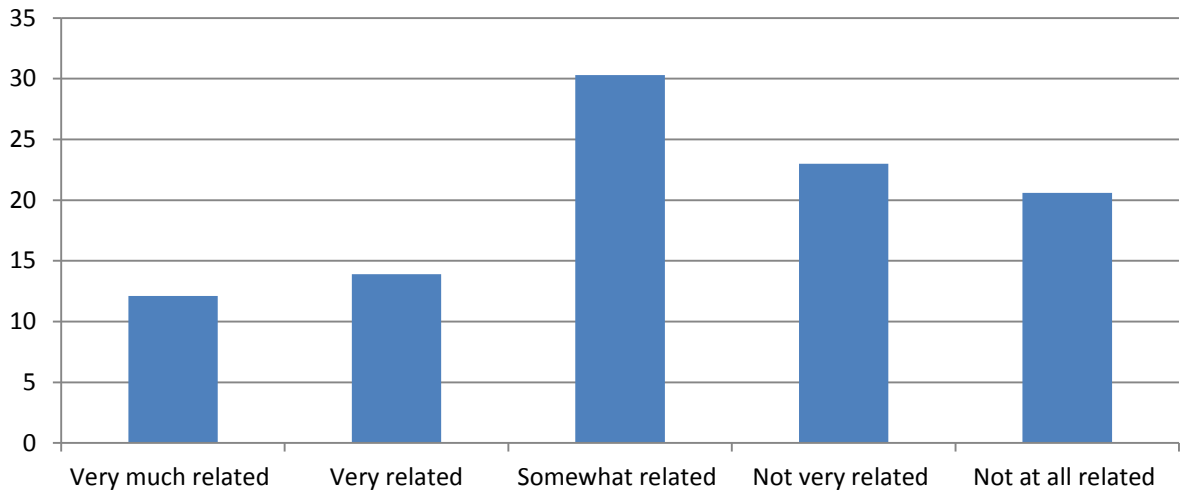


Chart 26: Percentage breakdown of how related respondents sexual orientation and/or gender identity was related to their self-harming behaviour

The majority of respondents who had self-harmed felt that this was somewhat to very related to their sexual orientation and/or gender identity (56.3%). 23% of respondents who had self-harmed felt that it was not very related to their sexual orientation and/or gender identity and for 20.6% it was not related at all. It is therefore imperative in addressing self-harm amongst LGB&/T populations, that the issues related to sexual orientation and gender identity are also addressed.

5b. Experiences of Suicidal ideation

"As soon as I said that I'm lesbian, it was like 'ah, that's what's wrong with her'. Only some of my issues were to do with my homophobic family. Illness, employment, stress, anxiety and poor self-image are more pertinent problems" - Lesbian woman, 37, Craigavon.

Suicidal ideation is a medical term for thoughts about or an unusual preoccupation with suicide. The range of suicidal ideation varies greatly from fleeting to detailed planning, role playing, and unsuccessful attempts which may be deliberately constructed to fail, or be discovered or may be fully intended to result in death. Although most people who experience suicidal ideation do not go on to make suicide attempts, a significant proportion do. Suicidal ideation is generally associated with depression; however, it seems to have associations with many other psychiatric disorders, life events, and family events, all of which may increase the risk of suicidal ideation.

Have you ever, or are you currently experiencing suicidal ideation? That is, thoughts of, plans to, and/or worries about, suicide?

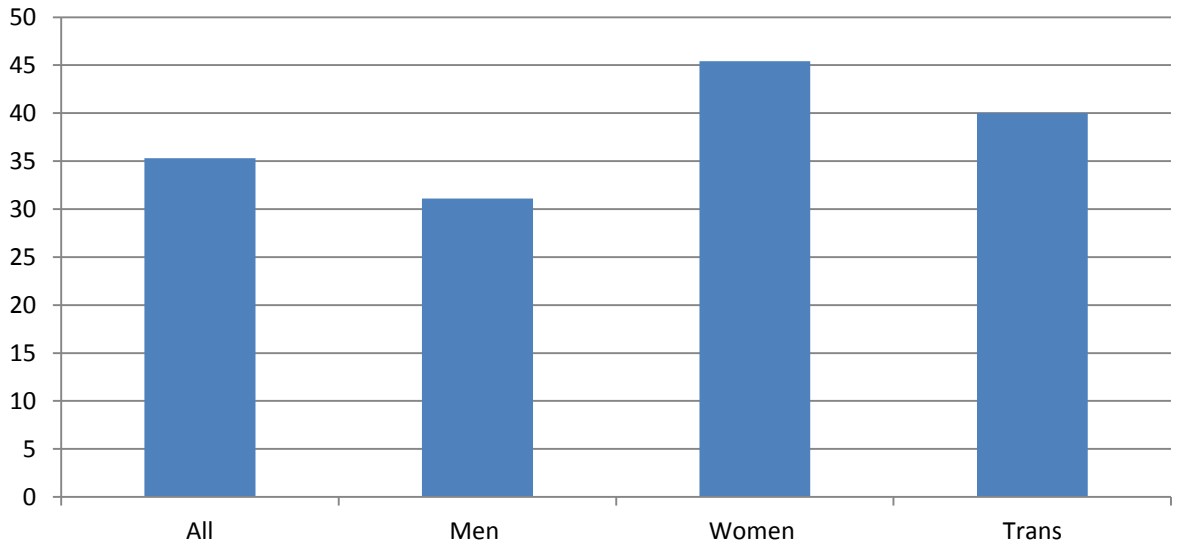


Chart 27: Percentage breakdown of respondents who have experienced suicidal ideation by gender and gender identity

Almost half (46.9%) of the respondents indicated that they have or are currently experiencing suicidal ideation**.** It is difficult to assess the incidence of suicidal ideation amongst the wider Northern Ireland population, with a wide variation in demographics within comparable data. Some reports suggest the incidence may be as high as 17%

amongst those aged 16 to 44 years of age[4]. These figures suggest that there is a huge disparity in the occurrence of suicidal ideation amongst LGB&/T people comparative to their heterosexual peers.

When was the most recent incident of suicidal ideation?

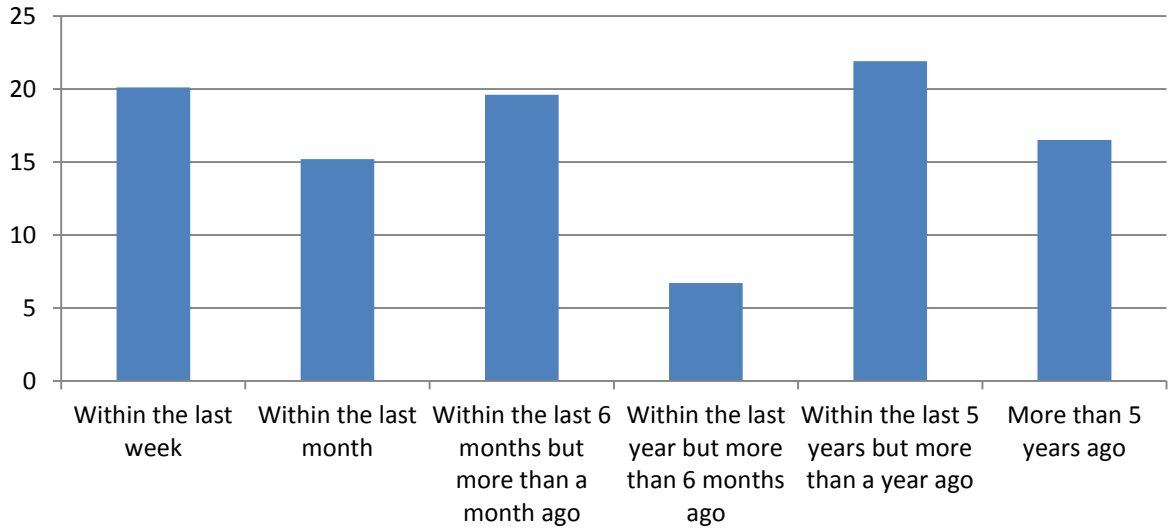


Chart 28: Percentage breakdown of the most recent incidence of suicidal ideation by respondents who had experienced suicidal ideation

The most common occurrence of suicidal ideation among respondents was within the last five years but more than a year ago at 21.9%. The next most common response was within the last week at 20.1%. This suggests that a number of respondents were currently experiencing suicidal ideation. 19.6% of respondents had last experienced suicidal ideation within the last 6 months but more than one month ago. Of particular concern is that 35.3% of respondents have or are currently experiencing suicidal ideation within the last month.

Key indicators of risk of suicide are having a plan and access to means to complete suicide. Over two thirds (67%) of respondents who had experienced suicidal ideation noted that they had made a plan to complete suicide. One third (33%) had not made a plan. 63.7% of respondents did not seek help when they experienced suicidal ideation.

[4] *Report based on the analysis of the ONS Survey of Psychiatric Morbidity among Adults in Great Britain carried out in 2000 for the Department of Health, the Scottish Executive Health Department and the National Assembly for Wales. Non-fatal suicidal behaviour among adults aged 16 to 74 in Great Britain. Meltzer et al 2000.*

What type of help did you seek? (Multiple answers)

Support service accessed	% of respondents who experienced suicidal ideation
Friend/ family member	50
GP	**63.4**
Counselling support	51.2
Telephone helpline	24.4
Community/voluntary organisation	14.6
Health and social care	24.4

Table 10: Percentage breakdown of which support services were accessed by respondents who had experienced suicidal ideation and had accessed help

Just over one third (36.3%) of those who had experienced suicidal ideation, sought help. The most common form of help seeking behaviours when experiencing suicidal ideation was speaking to a GP at 63.4% of respondents. The next most common methods of help that people sought was accessing counselling support (51.2%) and speaking to a family member or friend (50%). Other common methods of support sought by respondents were in accessing telephone support (24.4%) or support from health and social care (24.4%).

The suggested first course of action for those experiencing suicidal ideation is to speak with their GP to be assessed and given appropriate support. Respondents also used their own networks of support by directly accessing support services from community or voluntary sector organisations, telephone helpline services and counselling support. The other responses included accident and emergency, self-help, work colleagues and private psychiatric support.

Can you tell us why you did not seek help? (Multiple answers)

Reason for not accessing support	% of respondents who experienced suicidal ideation
You felt you did not need support	**36.2**
You felt you would not be taken seriously	22.3
You felt you would be judged	34.6
You felt there was no support that could help	21.5
You did not know where to get help	14.6
You were concerned others would be told	25.4
There were no LGBT services available	13.1

Table 10: Percentage breakdown of why respondents who had experienced suicidal ideation did not access support

The most common response among respondents who had experienced suicidal ideation was that they felt they did not need support at 36.2%. This suggests that respondents who had experienced suicidal ideation are using their own networks and structures of support when experiencing suicidal ideation. The next most common response was that they felt they would be judged at 34.6%. This suggests that there is still some way to go in breaking down taboos around seeking help for emotional health and wellbeing. The next most common

responses were, concerned others would be told (25.4%), that they would not be taken seriously (22.3%) and that there was no support that could help at (21.5%).

A smaller number of respondents felt that they did not know where to get help at 14.6% and 13.1% felt that it was because there were no LGB&/T services available. The majority of respondents were worried that they may experience suicidal ideation again at 55.9%.

Please tell us what type of support you would prefer to access if you were to experience suicidal ideation again? (Multiple answers)

Type of support	% of respondents who experienced suicidal ideation
I would not access support	16.7
Counselling support	**43.7**
Telephone helpline	26
GP	33
Community/Voluntary organisation	20.9
Other health and social care support	16.3
Friend/Family member	33.5
LGBT community provision	38.1

Table 11: Percentage breakdown of respondents preferred type of support if they experienced suicidal ideation

Respondents could choose more than one option in response to this question. The most common choice for preferred support when experiencing suicidal ideation was to access counselling support at 43.7%. The next most common preference was for LGBT community provision (38.1%). Around one third of respondents choose to that they would either prefer to seek support from a family member of friend (33.5%) or GP (33%). Around a quarter would like to access telephone helpline support (26%); a fifth would seek support from Community/Voluntary organisations (20.9%).

How much is/was suicidal ideation related to your sexual orientation and/or gender identity?

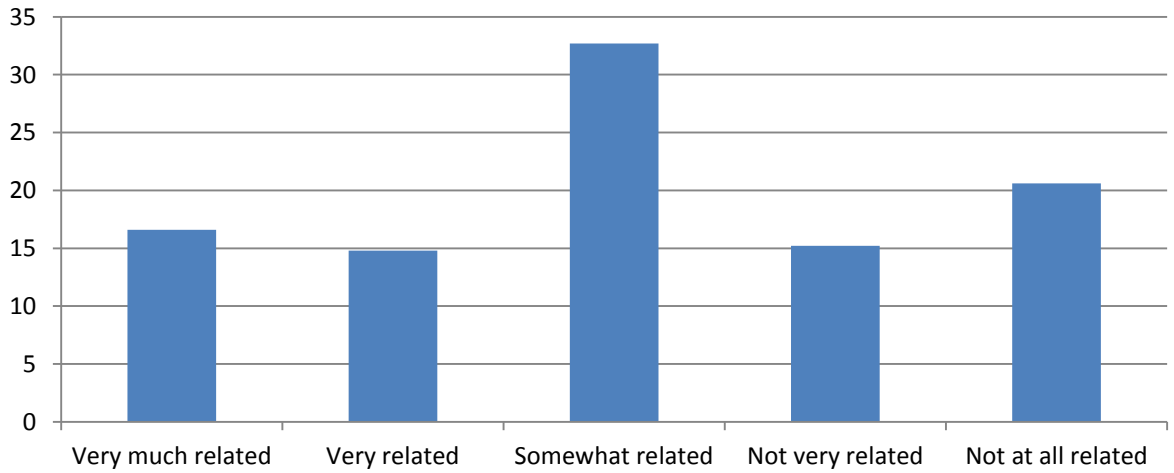


Chart 29: Percentage breakdown of how sexual orientation and/or gender identity related to respondents experiences of suicidal ideation

For a significant number of respondents, suicidal ideation was *very much related* or *very related* to their sexual orientation and/or gender identity at 16.6 % and 14.8% respectively, totalling 31.4% of respondents.

If we total those respondents who had experienced suicidal ideation who identified their experience as *somewhat*, *very* and *very much related*, we find that suicidal ideation behaviour was related to sexual orientation and/or gender identity in 64.1% of cases. It is therefore imperative that in addressing suicidal ideation amongst LGB&/T people, the issues related to sexual orientation and gender identity are also addressed.

5c. Experiences of Suicide

Every year, almost one million people die from suicide; a "global" mortality rate of 16 per 100,000, or one death every 40 seconds. Suicide worldwide was estimated to represent 1.8% of the total global burden of disease in 1998[5].

Suicide is complex with psychological, social, biological, cultural and environmental factors involved. Mental disorders (particularly depression and alcohol use disorders) are a major risk factor for suicide in Europe and North America; however, in Asian countries impulsiveness plays an important role.

Over the last 10 years the 3 year rolling rate of registered suicide in Northern Ireland has increased from 9.5 per 100,000 in 2001/03 to 16.0 per 100,000 in 2009/11. In Northern Ireland, the total number of suicides for each of the years, 2009, 2010, and 2011 has been 260, 313, and 289 respectively[6]. Significantly, in the data gathered from respondents, surmised below, it is important to be conscious that this represents data only from those that have survived after a suicide attempt. There may be a number of people from LGB&/T communities who may not have survived.

Have you ever attempted suicide?

Just over a quarter of respondents had at least one attempt at suicide (25.7%). The International Association of Suicide Prevention estimates that around 5% of the population may attempt suicide at least once in their lives. This suggests that there is a huge disparity in terms of attempts of suicide comparative to the wider population.

When this data is analysed against specific demographic cohorts, we find that attempts at suicide are highest amongst transgender people at 43.5%. This is substantially higher than amongst the wider LGB&/T population and suggest that this group is most at risk of attempts at suicide. The next highest figure is amongst men at 26.6% and women slightly lower at 23.6%. This fits with higher incidence of completed and attempted suicides amongst men comparative to women in the general population.

[5] World health organisation http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/
[6] PHA Health Intelligence Briefing – December 2012

How old were you when you first attempted suicide?

The average age for the first attempt was 20.88 years of age. The age range in these figures ranged from 8 years of age to 49 years of age. A number of respondents did not provide a single figure or could not accurately recall an exact age.

When was the most recent suicide attempt?

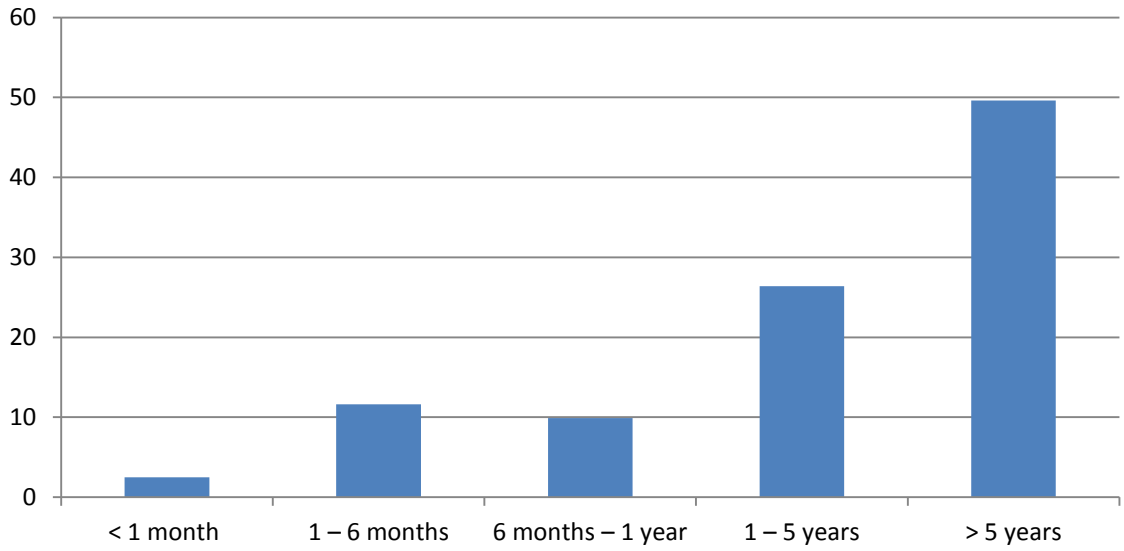


Chart 30: Percentage breakdown of the most recent suicide attempt among respondents who had attempted suicide

Almost half of respondents (49.6%) who had attempted suicide did so *more than five years* ago. The next most common response from respondents was *within the last five years but more than a year ago* 26.4%. 11.6% of respondents had attempted *within the last 6 months but more than a month ago* at. 9.9% had attempted *within the last year but more than 6 months ago* and 2.5% had attempted *within the last month*. Of all those that had attempted suicide, 24% had attempted within the last year.

Did you attend hospital after the most recent suicide attempt?

Of the respondents that had attempted suicide, there was an exactly equal split between those who attended hospital after their most recent attempt and those who had not, both at 50%.

Were you offered additional support after leaving hospital?

	Yes -%	No - %	Unsure - %
Card before you leave	29.8	**63.2**	8.8
Follow-up appointment	**41.4**	53.4	5.2
Referral to other support	**51.7**	45.0	3.3
Other	7.7	**80.8**	11.5

Table 12: Percentage breakdown of respondents who had attended hospital after attempting suicide and had been offered additional support

29.8% of respondents who had attended hospital after attempting suicide were offered the Card Before You Leave (CBYL). Some of the respondents may have self-harmed before the introduction of this scheme. 41.4% of respondents who had attended hospital after attempting suicide were offered a follow-up appointment and this may be related to the lower figures for the CBYL scheme, as people may not have realised that there appointment is part of the CBYL scheme. 53.4% of those attending hospital after attempting suicide were not offered a follow-up appointment.

Did you seek or get offered help after your suicide attempt?

48.7% of respondents who had attempted suicide did not seek or get offered help after their most recent suicide attempt.

What type of help did you seek? (Multiple answers)

Type of support	% of respondents who had attempted suicide and sought help
LGBT Community provision	5.3
Spoke to friend or family member	24.6
Spoke to your GP	**54.4**
Accessed counselling support	50.9
Accessed telephone helpline	19.3
Support from community/voluntary organisation	8.8
Support from other health and social care	45.6

Table 13: Percentage breakdown of the type of help sought by respondents who had sought help after attempting suicide

Respondents could choose more than one answer in this question to identify what type of help they sought after a suicide attempt. 54.4% of respondents who had attempted suicide and sought help did so from their GP while 50.9% accessed counselling support. The next most common response was support from other health and social care at 45.6%. Almost a quarter (24.6%) sought help from a friend or family member and almost a fifth (19.3%) sought help from a telephone helpline.

Other responses included support from community/voluntary organisation at 8.8% and from LGBT community provision at 5.3%.

Can you tell us why you did not seek help? (Multiple answers)

Reason for not seeking help	% of respondents who had attempted suicide and not sought help
You felt you did not need support	**32.7**
You felt you would not be taken seriously	**21.8**
You felt you would be judged	**34.5**
You felt there was no support that could help	20
You did not know where to get help	18.2
You were concerned others would be told	**21.8**
There were no LGBT services available	14.5

Table 14: Percentage breakdown why respondents who had attempted suicide but had not sought help did so

Respondents could choose more than one statement in this question. The most common response among respondents who had attempted suicide but not accessed help were that they felt they would be judged at 34.5% or they felt they did not need support at 32.7%. This suggests that there is still some way to go in breaking down taboos around seeking help for emotional health and wellbeing or that people believe they can or need to deal with these issues themselves. The next most common responses were, concerned that others would be told or that they would not be taken seriously both at 21.8% and that there was no support that could help at 20%.

Are you worried that you may attempt suicide again?

40.3% of respondents who had attempted suicide were worried that they may experience a suicide attempt again. The concern among respondents that they may reattempt suicide indicates an attachment to life. This worry is indicative of a desire to stay alive, which can be used as a support. It is imperative that suicide prevention and emotional health and wellbeing support services reach out to those who may have experienced suicide attempts and who may be at risk of attempting suicide again.

How much was your suicide attempt related to being LGBT?

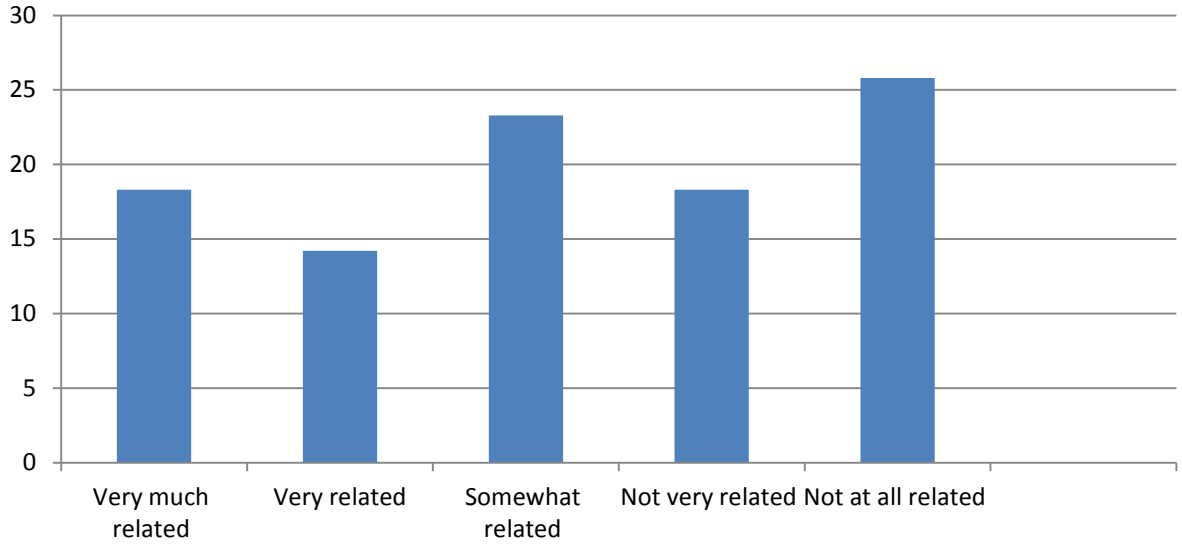


Chart 31: Percentage breakdown of how much respondent's sexual orientation and/or gender identity was related to their attempted suicide

For a significant number of respondents we find that their suicide attempt was related to their sexual orientation and/or gender identity (55.8%). It is therefore imperative that in addressing suicide attempts amongst LGB&/T populations, the issues related to sexual orientation and gender identity are also addressed.

5d. Experiences of Depression

Depression is the experience of feeling down, low or fed up. This, particularly in times of adversity or difficulty, is a normal human experience. Most people can recover without professional help. If these feelings persist or are prolonged, and begin to impinge upon ability to function in normal day to day activities, it may be symptomatic of something more serious. In this section, the depression referred to is 'clinical depression'. A person with clinical depression will feel depressed for longer periods of time (at least two weeks) and this will disrupt things in their life such as relationships or the ability to carry out their work. Clinical depression is a common but serious illness. People can recover, but depression may reoccur at another time in their life, often in response to stressful events or situations.

Depression is common and may affect up to 1 in 4 people at some stage in their lives, with women more likely to experience it than men, and impacting across people of all backgrounds. Some recent reports have suggested that somewhere between 8%-12% of the population of Northern Ireland may experience depression in any year[7].

[7] Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H. Psychiatric Morbidity Among Adults Living In Private Households 2000. London: The Stationery Office, (2001)

Have you ever or are you currently experiencing depression?

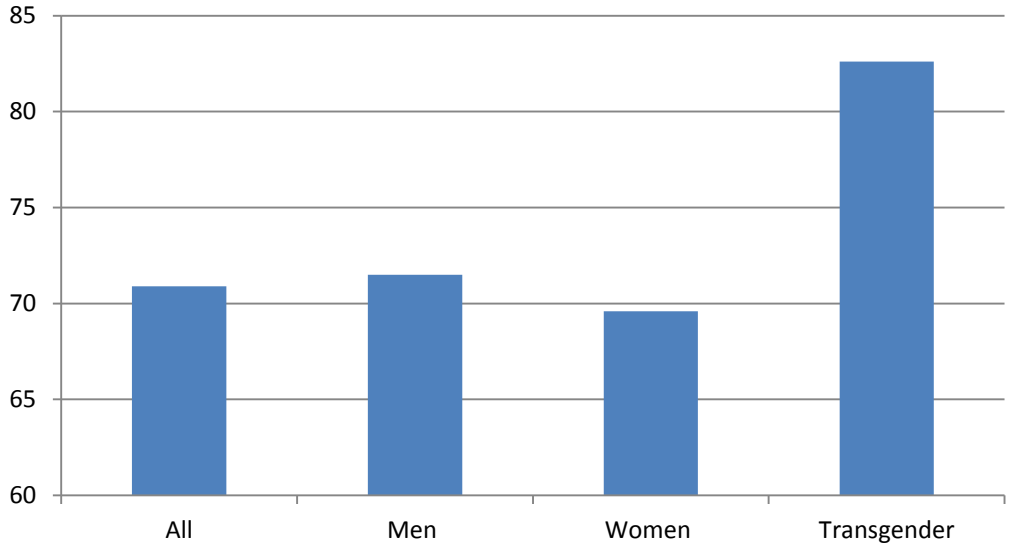


Chart 32: Percentage breakdown of experiences of depression by gender and gender identity

70.9% of respondents had experienced or are currently experiencing depression. Comparative to the wider population in Northern Ireland, there is a huge disparity in the rates of depression experienced by LGB&/T people.

The highest incidence of experiencing depression is amongst Transgender people at 82.6%. Amongst men, 71.5% of respondents experienced depression, which was slightly above the figure across the wider LGB&/T population. Among women, 69.6% had experienced depression which was slightly lower than the wider LGB&/T population.

When did you most recently experience depression?

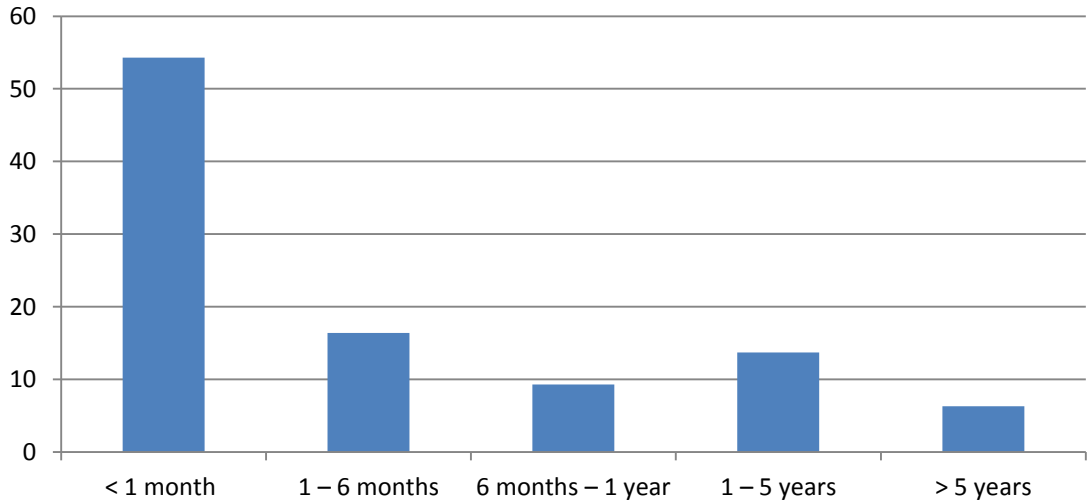


Chart 33: Percentage breakdown of the most recent occurrence among respondents who have experienced depression

Responses indicated that the majority had experienced depression within the last month (54.3%). This suggests that over half of all respondents are currently experiencing depression. 9.3% of respondents had experienced depression within the last year but more than 6 months ago and 6.3% of respondents had experienced depression more than 5 years ago.

Across all respondents, of those that have or are currently experiencing depression, 80% have or had experienced this within the last year. 20% of respondents, who have experienced depression, did so more than a year ago**.**

Did you seek help when you experienced depression?

A slight majority of respondents did not seek help when they experienced depression (50.6%).

"Only mild, I'm used to dealing with it myself now" – Gay Male, 24, Castlereagh

What type of help did you seek? (Multiple answers)

Type of help	**% of respondents who have experienced depression**
LGBT Community provision	7.3
Spoke to friend or family member	32.1
Spoke to your GP	**78.2**
Accessed counselling support	33.3
Accessed telephone helpline	7.3
Support from community/voluntary organisation	6.1
Support from other health and social care	18.8

Table 15: Percentage breakdown of the type of help sought by respondents who had experienced depression

Of those respondents that sought help when they experienced depression, the most common response amongst respondents was to speak to their GP at 78.2%. A third (33.3%) of respondents accessed counselling and almost a third spoke to a friend or family member (32.1%). Other sources of support accessed included support from other health or social care (18.8%); accessing a telephone helpline or LGBT community provision (7.3%) and support from a Community/Voluntary organisation (6.1%).

The suggested course of action is that those experiencing depression should seek support from their GP initially, to ensure that there may not be other reasons for this experience. Respondents also sought counselling support, with talking therapies being one of the principle ways of addressing depression and preventing relapse. Respondents also sought help from family or friends, utilising their own networks of support.

Are you worried that you may experience depression again?

Over three quarters of respondents were worried that they may experience depression again (78.5%) and just over a fifth were not worried that they would experience depression again.

Please tell us what type of support you would prefer to access if you were to experience depression again? (Multiple choices)

Type of support	% of respondents who have experienced depression
I would not access support	13.8
Counselling support	**25.5**
Telephone helpline	2.5
GP	22.7
Community/Voluntary organisation	3.1
Other health and social care support	6.4
Friend/Family member	12.6
LGBT community provision	13.5

Table 16: Percentage breakdown of the type of help respondents who had experienced depression would prefer to access

Respondents could choose more than one option when answering this question. 25.5% of respondents would prefer to access counselling support. 22.7% would prefer to access support from their own GP. 13.8% of respondents would not access support, and a similar figure (13.5%) of respondents would prefer to access LGBT community provision. 12.6% of respondents would access support from a friend or family member.

Other less common preferred options for support included other health and social care support (6.4%), community/Voluntary organisations, 3.1% and telephone helpline 2.5%.

6. Experiences of Services Accessed and Social Isolation

This chapter aimed to solicit the views of LGB&/T people that have accessed services relating to their emotional health and wellbeing. This chapter also asked some questions related to social isolation and health seeking behaviours. These are designed to provide recommendations in how to best provide services for LGB&/T people and identify levels of social isolation.

"I simply don't know, I guess I just need to talk" – Bisexual male, 45, Belfast

Please respond to the following statements to tell us how you have felt over the last four weeks.

	Almost Always	Most of the time	About half the time	Occasionally	Not at all
It has been easy to relate to others	23.8	**36.8**	16.6	14.9	7.9
I felt isolated from other people	9.2	14.8	13.1	**39.7**	23.2
I had someone to share my feelings with	**29.8**	24.8	12.2	19.7	13.5
I found it easy to get in touch with others when I needed to	27.5	**27.7**	13.7	18.7	12.4
When with other people, I felt separate from them	8.2	12.9	18.5	**36.3**	24.2
I felt alone and friendless	8.1	10.7	9.4	29.3	**42.5**

Table 17: Percentage breakdown of respondent's feelings around social isolation questions

Do you feel that experiences of poorer emotional health and wellbeing are…

Statement response….	% of respondents
More common amongst LGB&T people	**53.8**
Less common amongst LGB&T people	0.4
The same amongst LGB&T people and non-LGB&T people	25.1
Don't know/Unsure	20.6

Table 18: Percentage breakdown of respondents feelings towards emotional health and wellbeing among LGB&/T people

Just over half of respondents (53.8%) felt that experiences of poorer emotional health and wellbeing are more common amongst LGB&/T people. Only 0.4% of respondents felt that this was less common amongst LGB&/T people. 25.1% felt that these experiences were the same between LGB&/T and non-LGB&/T people.

As this report has lain out, and as a substantial body of research and reports have identified, there is a significant disparity of emotional health and wellbeing outcomes between LGB&/T people compared to their heterosexual peers. However, among respondents to this survey, just over half felt that these experiences were more common amongst LGB&/T people. This suggests that among LGB&/T people, knowledge around potential poorer experiences of emotional health and wellbeing is not something that is widely known.

Would you know how to access advice or support in relation to emotional health and wellbeing?

Almost two thirds (65.5%) of respondents felt that they would know how to access advice or support in relation to emotional health and wellbeing. Just over a fifth were unsure (20.1%) and a smaller number (14.3%) did not know how to access advice or support in relation to emotional health and wellbeing.

This suggests that almost a third of LGB&/T people were unsure or did not know how to access advice or support in relation to emotional health and wellbeing. One of the key elements of promoting positive emotional health and wellbeing is to ensure that people are aware of ways in which to access advice and support.

Have you ever accessed advice or support in relation to emotional health and wellbeing?

Just over half of respondents (51.3%) had accessed advice or support in relation to emotional health and wellbeing. In relation to the earlier data presented in this report, this suggests that a significant number of LGB&/ T people who may need support related to emotional health and wellbeing are not accessing any form of support.

Were these services provided by…. (Multiple answers)

Service Provider	**% of respondents**
An LGBT group	23.7
A non LGBT group	19.7
Health and Social Care including GP	**68.9**
Private Organisation	13.6

Table 19: Percentage breakdown of where respondents had accessed support in relation to emotional health and wellbeing

The most common form of support sought was through health and social care including GPs at 68.9% of respondents. The next most common form of support services accessed was provided by an LGBT Group at 23.7%.

Did you disclose your sexual orientation and/or gender identity to the service provider?

Over three quarters (77.5%) of respondents disclosed their sexual orientation and/or gender identity to the service provider. Just over one fifth (22.5%) did not. In order to fully support the emotional health and wellbeing needs of LGB&/T people it is important that LGB&/T

people feel safe to disclose minority orientation and/or gender identity to those providing services to them. This will allow those providing support to better meet the needs of LGB&/T people, assess levels of social connectedness to other LGB&/T people, and assess other social supports from family, friends, and colleagues.

Were you satisfied with the service you received?

Over half (56.7%) of respondents were *satisfied* with the service that they received. Almost a third (30.3%) were *somewhat satisfied* with the service they received. A smaller number (13%) were *not satisfied* with the service they received**.**

Do you believe that it would be useful if LGB&/T people could access services for emotional health and wellbeing from LGBT organisations?

> *"LGBT services really helped but GP, Counsellor were aloof, not understanding" – Lesbian, 24, Newry*

The vast majority of respondents (83.8%) believed that it would be useful if LGB&/T people could access services for emotional health and wellbeing from LGBT organisations. 13.1% of respondents were not sure. A very small number of respondents thought that this would not be useful (3.1%).

In previous reports that The Rainbow Project has conducted, there has always been a stated preference for access to services through LGBT organisations. In 'All Partied Out', these figures ranged from 54% to 77% of respondents preferring to access a range of support services from LGBT organisations. This report shows a substantial increase in the number of people preferring to access services through LGBT organisations, and may reflect on the nature on emotional health and wellbeing support and taboos around this subject.

How relevant to you is it that services are provided by LGBT people or organisations?

Response	**% of respondents**
Very relevant	**43.0**
Fairly relevant	25.8
Neutral	22.1
Not very relevant	5.7
Not relevant at all	5.7

Table 18: Percentage breakdown of how relevant respondents felt LGBT delivered services were

Over two fifths of respondents (43%) felt that it was very relevant that services are provided by LGBT people or organisations. Just over a quarter (25.8%) of respondents felt that this was fairly relevant. Over a fifth, (22.1%) were neutral on this issue, and just over 1 in 20 felt that this was not very relevant (5.7%) or not relevant at all, also 5.7%.

68.8% of respondents felt that is were either very relevant or fairly relevant that services for emotional health and wellbeing are provided by LGBT organisations or people. This and the

previous question, highlight a clearly articulated preference amongst the majority of LGB&/T people that services, advice, information and support are provided by LGBT people or organisations.

Do you think it would be useful to have emotional health and wellbeing information specifically targeted at the LGBT community?

Over four fifths of respondents (84.5%) felt that it would be useful to have emotional health and wellbeing information specifically targeted at the LGBT community. 10.9% of respondents were not sure and less than 1 in 20 (4.6%) said that this would not be useful. There is a clearly stated preference amongst LGB&/T people that information related to emotional health and wellbeing is targeted at the LGBT community. Historically, the Suicide Prevention strategy had an action related to a campaign targeted at vulnerable groups to raise awareness of the increased level of risk related to suicide and self-harm.

Is your regular doctor/family doctor (GP) aware that you are LGBT?

Over two fifths (42.6%) of LGB&/T people are 'out' to their doctor as LGB&/T. Over a third (35.8%) said their doctor is not aware. Just over a fifth (21.6%) was unsure. It is extremely important that LGB&/t people are out to their GP/family doctor. This is the point of primary care and allows the GP to provide a higher level of care, identify issues that may disproportionally impact on LGB&/T people and identify levels of social connection.

7. Conclusions and Recommendations

Conclusions

Emotional Health and Wellbeing

1. As previous research reports and other scoping exercises have found, the incidence of poorer emotional health and wellbeing amongst LGB&/T people is higher than amongst the wider population.
2. The majority of LGB&/T people feel comfortable with their sexual orientation and/or gender identity; however a significant minority do not. It is likely that those who feel uncomfortable are at greater risk of poorer emotional health and wellbeing.
3. The experiences of invisibility, violence, discrimination and prejudice provide an understanding of poorer emotional health and wellbeing experienced by LGB&/T people.
4. These common experiences indicate a level of intolerance that is a common experience for LGB&/T people. This intolerance, as experienced by other minority or marginalised groups is a clear indicator for risk of experiencing poorer emotional health and wellbeing outcomes.
5. LGB&/T people have a lower than average score comparative to the wider population using WEMWBS (Warwick Edinburgh Mental wellbeing Scale). Almost a third (32.3%) of LGB&/T people scored low or very low on the WEMWBS Scale.

Self-harm, Suicidal ideation, Suicide Attempts and Depression

6. LGB&/T people have higher rates of self-harm, suicidal ideations, suicide attempts and depression than the wider population. Amongst different demographic groups in the LGB&/T population self-harm, suicide, suicidal ideation, and depression impact differently.
    a. LGB women (45.4%) and transgender men and women (40%) are most at risk of self-harm. This is lower amongst gay and bisexual men at 31.1%
    b. Trans men and women were the most likely to experience suicidal ideation (79.2%) with Gay and bisexual men next most affected (47.8%) and women marginally least likely to experience suicidal ideation (44.7%)
    c. Trans men and women were the most likely to have attempted suicide (43.5%), then Gay and bisexual men (26.6%) and LGB women a slightly lower at 23.6%.
    d. Trans men and women were the most likely to depression (82.6%) with Gay and bisexual men next most affected (71.5%) and women marginally least likely to experience suicidal ideation (69.6%)

Service Provision

7. LGB&/T people presented poor help seeking behaviour in relation to emotional health and wellbeing issues.
8. LGB&/T people have expressed a preference for the provision of emotional health and wellbeing services, advice, information and support by LGB&/T people or organisations.
9. The disproportionate impact of poorer emotional health and wellbeing amongst LGB&/T people is largely a symptom of their stigmatisation in Northern Ireland society and the social ascription of inferior status. Therefore, broader efforts to ameliorate this stigmatisation and social ascription are key to addressing this health inequality.

Recommendations

In order to improve the evidence base for policy development and resource allocation:

1. All providers of emotional health and wellbeing support should collate monitoring data on the sexual orientation and/or gender identity of those accessing to ensure appropriate service provision and monitoring of outcomes for this priority group.
2. Government surveys related to emotional health and wellbeing should collate data on sexual orientation and gender identity of those responding.
3. Data collated in this survey should be subjected to further analysis, with a focus on highlighting demographic factors and experiences that may contribute to poorer emotional health and wellbeing.
4. Further research should be commissioned into emotional health and wellbeing amongst older people and transgender men and women.
5. Emotional health and wellbeing and suicide and self-harm strategies should prioritise LGB&/T people. These strategies should include clearly measurable targets related to the emotional health and wellbeing of these populations.
6. Methods to collate data on those who self-harm and those who attempt and complete suicide must include mechanisms for ascertaining sexual orientation and/or gender identity.

In order to redress poorer emotional health and wellbeing within LGB&/T communities:

7. Public health campaigns on emotional health and wellbeing should target LGB&/T communities.
8. Government should resource and build capacity within the LGBT Sector to provide advice, information, support and services related to emotional health and wellbeing.
9. More social and peer support opportunities in alcohol free environments should be established for LGB&/T people.

In order to improve emotional health and wellbeing services for LGB&/T people:

10. Emotional health and wellbeing services should receive training on LGB&/T issues.
11. Service providers should advertise that they are LGB&/T friendly and have received appropriate training.
12. The LGBT Sector should work in partnership with emotional health and wellbeing providers, the Public Health Agency and Health and Social Care Trusts to develop LGB&/T affirming emotional health and wellbeing support services.
13. Local and regional emotional health and wellbeing steering groups should ensure and build capacity for representation from LGBT Sector organisations.