LGBTQ mental health:

Exploring advocacy approaches to health inequalities

Jacqui Jobson, 2018

mental health foundation

WINSTON CHURCHILL MEMORIAL TRUST

Contents

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To all Lesbian, Gay, Bisexual, Trans and Gender Diverse, Intersex and Queer+ elders and activists. We stand on your shoulders.

Abbreviations and Glossary

Gender Identity is the deeply felt sense that each person has of their own gender, which may or may not correspond with the gender assigned at birth on the basis of sex. This includes a personal sense of our body. People may choose to modify our bodily appearance or function by medical, surgical, or other means. Gender identity expression includes dress, speech and mannerisms, which need not match traditional ideas about femininity and masculinity.

Independent Advocacy is taking action to support people to say what they want, secure their rights, pursue their interests and obtain services they need. Advocacy providers and Advocates work in partnership with the people they support and take their side, promoting social inclusion, equality and social justice. (Definition from Advocacy Charter revised 2018).

Intersectionality is when two or more oppressions overlap in the experiences of an individual or group, creating interconnected barriers and complex forms of discrimination that can be insidious, covert and compounded.

Intersex is a person who is born with reproductive systems, chromosomes and/or hormones that do not fit typical binary notions of male or female. Typically intersex people are assigned one sex, male or female, at birth. Some intersex people identify with their assigned sex, while others do not, and some choose to identify as intersex.

LGBTQI + Communities Lesbian, Gay, Bisexual, Trans, Queer and Intersex plus. (used in Australia - **Sistergirl/Brotherboy** is a term used to describe gender diversity in Aboriginal and Torres Strait Islander communities / used in Canada - **2S** refers to Two Spirit is used by Indigenous People to describe from a cultural perspective people who are gay, lesbian, bisexual, trans, or intersex.) **Lesbians, Gay Men, Bisexuals, Trans and Queer people are all part of different communities and should not be treated as one homogenous group.**

Trans is an umbrella term for a diverse range of experiences of gender identity and/or gender expression where these differ from the gender assigned at birth on the basis of sex. This includes people who identify as transsexual, transgender, trans-vestite/cross-dresser, non-binary people, gender fluid or otherwise gender variant people. Some people within these categories may identify with the Trans umbrella and others may not. Transgender is a descriptive term to refer to those whose gender identity differs from the gender assigned at birth on the basis of sex.

Queer is a formerly derogatory slang term used to identify LGBT people. Some members of the LGBT community have embraced and reinvented this term as a positive and proud political identifier when speaking among and about themselves.

Note about language: I've chosen to use the term LGBTQ Communities throughout this report. This may be contentious as we do not routinely include Queer in the UK but I've included it because many young people and others are increasingly choosing Queer as their main identity. I haven't included Intersex; although I learned about the health needs of Intersex people and their political struggle in Australia, and LGBTI is the common acronym used, I think the UK experience is different in that Intersex communities in the UK don't always align themselves with LGBTQ communities. For LGBTQ please read the more inclusive but longer LGBTQIIA2S plus and all the other colourful variations of the Gender/ Sexuality spectrum!

About Me

I've been Director of Advocacy Centre North for over 15 years and have considerable experience within the not-for-profit sector in North East England. I've held a variety of roles in mental health settings, working health inequalities and Independent Advocacy. I've been involved for many years with service, stakeholder and policy development at a regional and national level; I'm interested in work that makes a difference, in particular around health inequalities, discrimination and equality issues.

I sit on the national Advocacy Action Alliance steering group where I'm able to contribute to influencing practice not only within the Independent Advocacy sector but also across Health and Social care.

I've been a trustee for several charities addressing inequalities (Health and Race Equality Forum, West End Women and Girls, and Out Post, now part of the Albert Kennedy Trust, and I'm currently a trustee for Rainbow Home, supporting asylum seekers and refugees in the North East of England).

As an "out" older lesbian mental health survivor, I wanted to focus on using some of my professional skills and work life passion to benefit my community, develop much needed services for LGBTQ communities and also improve practice in mainstream services that our communities access.

There were a few things that happened that resulted in me applying for a Churchill Fellowship. I had some coaching sessions, which have been incredibly useful in shaping my thoughts about my future work life. My children have both left to go to university; a really new positive chapter in their lives; I wanted to have something equally positive and hopeful to focus on in my life as my Rainbow Family experience changes. I've also been involved in research at Newcastle University and this has piqued my interest in publishing research/ideas. Lastly, for a while now I've wanted to make sure that my policy work in Independent Advocacy has a lasting impact on the Equalities Agenda. I hope this Fellowship will give me an opportunity to do just that.

Executive Summary

There is substantial evidence, from the UK and internationally, demonstrating LGBTQ people experience inequality and discrimination, which results in poorer health outcomes, particularly in the area of mental health. Inequalities of access and structural discrimination within health and social care services further compound the issues for LGBTQ communities.

Through my Churchill Fellowship I was able to identify areas for improvement not only within the UK Independent Advocacy sector but also within the wider health and social care arena.

I visited Toronto, Canada and Sydney/Melbourne, Australia – three cities which have made significant progress regarding LGBTQ rights; as a result they have developed specific LGBTQ health and social care services and have also advocated for LGBTQ communities in relation to improving equality of access and cultural competence in health and social care. Hopefully, by sharing what I have learned I can highlight the need for resources to develop LGBTQ specific services in areas that have higher populations of LGBTQ people and also to encourage all advocacy organisations to review their policy and practice in relation to LGBTQ inclusion and accessibility.

I visited seven organisations in Toronto and ten in Sydney/ Melbourne (three cities with high LGBTQ+ populations) to ascertain what excellent LGBTQ health and social care looks like and how these approaches could be adapted and developed in the UK.

My Findings

- My visit to two organisations (Rainbow Health Ontario and LGBTI Health Alliance) showed that a primary aim of supporting the LGBTQI health and social care organisations with systemic and strategic advocacy (including with government policy) is essential. This had a huge impact on my learning in that I was able to see that the future of improved provision for LGBTQ people in all services, including mental health, lies in community collaboration and coordinated responses to change social policy.
- Independent Advocacy is ideally placed to champion the rights of LGBTQ people as individuals and as a minority group within health and social care settings. An intrinsic role of Advocacy is to support human rights and ensure equality of access and challenge discrimination.
- Independent Advocacy could contribute to addressing LGBTQ inequalities with specific LGBTQ advocacy projects and also through addressing cultural competence issues within their own organisations and for the people for whom they provide advocacy.
- I gained insights into emerging theory from US, Canada and Australia regarding Minority Stress from the Meyer Minority Stress Model (Meyer 2003) and Trauma Informed Practice (particularly in Toronto) as applied to LGBTQ communities. This demonstrates that sexual minority health inequalities are in large part a result of stressors induced by a hostile, homophobic, bi and transphobic culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimisation and may ultimately impact upon access to health and social care. It is a model which places the emphasis on the need for societal rather than individual change.
- In localities with a higher LGBTQ population, I was able to visit several examples of specialist LGBTQ mental health and counselling services (The 519, Sherbourne Health, Qlife, VAC).

These services gain the trust of the LGBTQ community by providing support from people who are LGBT or Q themselves and/or have had significant training and experience in working with LGBTQ people, and who understand the underlying stressors relating to mental health needs and appropriate available support.

- Organisations in both countries have sought to address invisibility and inequality within health and social care by focussing on the need for an understanding of cultural competency and improved cultural safety. Both have developed government supported tools and frameworks to support improvements within mainstream services.

- Trans health is a priority area – there has been an increase in the visibility of Trans people and more people are accessing health services, but it is still a key area of inequality – service responses have not yet caught up and only those with the most agency are able to navigate them successfully. Independent Advocacy is needed for Trans people to get equal access not only to gender specific transition services but to all health services - especially in the field of mental health where transitioning and minority stress can have high impact.

- Particular attention must be paid to Intersectionality: when LGBTQ identities intersect with other minority groups it can create multiple, systemic discrimination; there can be prejudice within the LGBTQ community which adds to stress and a feeling of being unsafe in either identity community. I witnessed innovative work to support the specific needs of LGBTQ older people and youth, BAME (Black Asian and Minority Ethnic) groups including Indigenous peoples, People with Disabilities and those in poverty.

- LGBTQ health prevention was a strong focus, both in the impact of preventative healthcare on mental health and also through suicide prevention initiatives targeted specifically at the LGBTQ communities.

Recommendations

Independent Advocacy Organisations should:

- Acknowledge that LGBTQ health and social care issues are core business, alongside other equality strands, and must be included in strategic planning.
- Identify their local LGBTQ communities and work with them to identify needs and local responses including specific LGBTQ advocacy and/or advocacy support to reduce systemic inequalities.
- Ensure that their organisation's policy and practice is culturally competent for LGBTQ people.

Voluntary and Community Sector (VCS) should:

- Play a key role in partnering with LGBTQ people to support, organise and network. VCS have always been best placed to work with seldom heard communities and minority groups.
- Meet their obligations under the Equality Act 2010 by ensuring they are culturally competent, have an awareness of LGBTQ issues in relation to their client group and by appropriately monitoring access to their services.

Public Sector/Commissioners should:

- Ensure their links with Independent Advocacy services and LGBTQ community groups are engaged and well supported within their organisations.
- Be proactive in meeting their duties under the Equality Act 2010, improvement in monitoring data and specific improvement plans need to be regularly updated and recommendations resourced and acted upon in partnership with local communities.
- Have an understanding of LGBTQ needs in relation to their service provision, and work to improve cultural competency through training and policy development.
- Mental health providers (including inpatient and residential services) should ensure that their services are safe and culturally competent.
- Should understand that LGBTQ people are disproportionately affected by mental health issues and Minority Stress theory should inform their practice.
- Ensure urgently needed resources to provide LGBTQ specific services in relation to mental health, older people and Trans people are made available.

Introduction

Most LGBTQ people live healthy and happy lives, however, despite some progress being made in recent years regarding acceptance and inclusion, a disproportionate number of people experience poorer health outcomes. Research shows that there are huge health disparities for LGBTQ people, because of the effect discrimination and marginalisation has on mental health and wellbeing.

LGBTQ mental health needs to be understood in the context of historical and ongoing discrimination against LGBTQ people – the World Health Organisation only removed homosexuality from its list of mental health disorders in 1990 and despite recent advances in legal equality (for example equal marriage) and a public perception of increased acceptance, there is still significant stigma attached to being lesbian, gay or bisexual and trans people continue to be pathologised as having a mental health disorder. Discrimination against LGBTQ people can be a daily reality, LGBTQ people still experience bullying and violence, workplace discrimination, and LGBTQ Hate Crime is on the rise.

LGBTQ mental health is shaped by a sense of positive self-worth and belonging; the level of stress people experience and coping strategies; the inclusiveness of their workplace and communities and also the resources available. LGBTQ people are at higher risk of mental health issues because:

- They experience stigma and discrimination resulting in high levels of stress and internalised homophobia.
- They are targets of sexual and physical assault, harassment and hate crimes.
- They may have experienced family rejection or childhood abuse; the family would normally be a protective factor growing up but this is often not the case for those with sexuality and transgender identities.
- They experience internalised homophobia or transphobia – including concealing orientation/gender or modifying behaviour in anticipation of violence.

LGBTQ lives are also resilient in the face of challenges and each LGBTQ person will have a set of strategies to allow them to operate in a world that sees them as "different". They may be part of a close knit LGBTQ community or have excellent support from within their biological family, close friends or workplace. Being "out" and feeling able to challenge homophobia, biphobia or transphobia can be seen as a sign of resilience.

Sometimes a single discriminatory or violent incident or a series of smaller micro discriminations can contribute to LGBTQ people having mental health needs, despite having personal coping strategies and feeling included in their community. Others will have been feeling isolated and unsupported, coping on their own with their sexual or gender identity.

Health Inequalities in relation to LGBTQ Communities are well documented; research has shown from both a UK and International perspective that inequality exists in terms of general health:

"We know that LGB&T people are far more likely to report having mental health conditions than the general population, which can lead to longer term health conditions requiring greater care and support needs." (Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey, Marc N. Elliott et al, 2014).

"We also know that inequalities particularly exist within mental health

in that more LGBTQ people have mental health problems than in the general population."

"Lesbians, Gay Men and Bisexual people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and DSH than heterosexual people….There is at least twice the risk of suicide attempts in lesbian, gay and bisexual people compared to heterosexuals, this risk increased to four times in gay and bisexual men. Depression, anxiety, alcohol and substance misuse were at least 1.5 times more prevalent in LGB people." (Mental Disorders, Suicide and Self Harm in Lesbian Gay and Bisexual People, National Institute for Mental Health in England (NIMHE) 2007).

While there is evidence that there is a high prevalence of LGBTQ people needing health and social care, it is also widely documented that mainstream services are at best, not meeting the needs of the LGBTQ communities, and at worst are discriminatory despite public sector services having a duty to treat LGBTQ people equally and fairly, as sexual orientation and gender reassignment are protected characteristics under the Equality Act 2010:

"There is evidence to suggest that LGBT people experience poor care in mental health services: Diagnosis Homophobic described very negative and, in some cases, abusive experiences of LGB mental health patients in secondary care and there is little research evidence that this situation has improved. 2 in 5 lesbian women, 1 in 3 gay men and 1 in 4 bisexual men have experienced negative or mixed reactions from mental health professionals and nearly a third (29%) of transgender people who accessed mental health services felt that their Trans status was regarded as a symptom of mental illness." (Public Health England (2016) The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document).

"LGBT+ people are often overlooked in needs assessments and consequently in commissioning decisions – because of a lack of specific data and poor consultation. "Generalist" services are failing to meet current need: without specialist support, LGBT+ people will continue to experience mental health inequality, stigma and discrimination." (LGBT+ Mental Health report, Health Committee, London Assembly February 2017).

*"Given the high prevalence of mental health conditions, self-harm and suicide amongst LGBTQ people, it is particularly concerning that **half** (51%) of mental health workers, counsellors, psychologists and psychotherapists say they do not consider sexual orientation to be relevant to one's health needs. **One in ten** (10%) are not confident in their ability to understand and meet the specific needs of lesbian, gay or bisexual patients and service users, whilst a **quarter** (24%) are not confident in their ability to respond to the specific care needs of trans patients and service users."* (Unhealthy Attitudes, Stonewall Report 2015).

This then becomes a vicious circle in terms of inequality as *"Fewer LGB disabled people are accessing the health, mental health and social care services they feel they need than heterosexual disabled people."* (Public Health England (2016) The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document).

This inequality is further amplified in relation to Trans people:

"Just under a quarter of respondents in the Trans Mental Health Study (McNeil et al 2012) reported that they had encountered hurtful or insulting language when accessing general health care. Just under a fifth had experienced being ridiculed on the basis of their gender. 16% reported health professionals showing an inappropriate level of curiosity about some parts of their body. Over a quarter reported that practitioners had used terms that made them feel uncomfortable.

In relation to providing appropriate transition-related care, professionals' lack of knowledge and consequent unwillingness or refusal to engage was widely reported in the 2012 Trans Mental Health Study. Over half of respondents were told by a health professional that they were not equipped to provide appropriate care. Over a quarter reported a health professional refusing to discuss a transition-related health concern." Trans Lives Matter-North East Conference Briefing (Felix McNulty, Emma Smith, Ann McNulty 2017).

There is generally very little LGBTQ health advocacy in the UK; although there are a small number of organisations that provide general LGBTQ support including advocacy, they do not use the model of Independent Advocacy (with the exception of MindOut). Independent Advocacy as a service model would be able to meet the needs of LGBTQ people who are struggling to have their voice heard and their rights upheld. Independent Advocacy works to protect rights and promotes equality and social justice and therefore would be in an excellent position to advocate around this issue. Advocates have a strong background in using their skills to work in partnership with people to help understand options and decisions, to take action to secure rights and obtain appropriate services and to amplify the voices of those who feel they are not able to stand up for themselves. Having an advocate to take their side could improve health outcomes for LGBTQ people and their families who are facing discrimination from within health and social care services.

I've therefore set out to gain knowledge about what the advocacy issues are for LGBTQ people in two countries that have made more progress regarding LGBTQ rights in general and where, as a result LGBTQ specific health and social care services, are more developed. Both Sydney and Toronto have well established LGBTQ infrastructures including organisations who specifically deal with LGBTQ Health. Both countries have specialist LGBTQI health services and I set out to discover how LGBTQ health advocacy services could be developed in the UK to address the issues of discrimination and equality of access on a practical/ individual and social policy level.

My visits helped me not only to gain an understanding of the services available in Toronto, Sydney and Melbourne, I also had many discussions with leaders in the field who had visited or previously worked in the UK and understood the context of our health and social care systems and therefore I will endeavour to set out how my findings could be applied to the UK. The knowledge gained would build on any work that my organisation and others are currently undertaking regarding LGBTQ discrimination and human rights in general health and social care advocacy and build the case for developing specialist LGBTQ advocacy both at local regional and national levels in the UK.

Aims and Objectives

There is currently a gap in the provision of Independent Advocacy for LGBTQ communities, both in terms of mental health and in general Independent Advocacy from a human rights and equality perspective; by visiting Sydney and Melbourne, Australia and Toronto, Canada where services do exist, I aimed to learn from their community of networked organisations in order to develop much needed services in the UK.

My objectives were:

- To gain knowledge of good practice, learn how they developed, what the main issues are, what works well (as well as challenges) in the different services, and to use the knowledge to assess if these approaches would work well in the UK.
- To develop a persuasive argument for and strategic approach to the development of LGBTQ mental health advocacy in the UK.
- To raise awareness of the potential need for LGBTQ mental health advocacy to the Independent Advocacy sector in the UK.
- To raise awareness with health commissioners and the charitable funding sector, including the arguments and case for the development of funding services in the UK.

I visited seven organisations in Toronto and ten organisations in Sydney/Melbourne finding out about what excellent LGBTI health and social care support services look like and how the Independent Advocacy movement in the UK could learn from these initiatives by meeting with key leaders in the organisations and asking them to reflect on their past, current and future with a view to supporting my learning into what excellent Independent Advocacy could look like for LGBTQ communities in the UK.

Findings

Mental Health

Having started my journey with an interest in inequality and mental health and the LGBTQ community, one of my main learning points was that mental health issues for LGBTQ people have a direct correlation with discrimination and the stress that this causes. This confirmed to me that tackling discrimination with regards to LGBTQ people (alongside other groups that are affected by inequality) should definitely be a core activity of the Independent Advocacy sector.

I started my journey in Toronto at the beginning of Pride month (June 2017) and then my second journey to Australia was around the time of Sydney Mardi Gras (February/March 2018); this enabled me not only to see individual services but also joint working on initiatives around Pride.

University of Toronto Re:Searching LGBTQ Health team

Lori Ross, Associate Professor at University of Toronto agreed to host me in Toronto and made some amazing connections for me around the issues of mental health in the LGBTQ community. She leads the Re:Searching LGBTQ Health team at the Dalla Lana School of Public Health, where their research focuses on understanding the mental health needs of minoritised communities with a view to increasing access to services. It was evident that Re:searching team actively partners with, and is trusted by the LGBTQ community, in working through a community participation lens. Research completed focussed on postpartum mental health among sexual minority women; bisexual identity – implications for mental and sexual health; cultural representations of gender in psychiatric narrative; Trans health and health service access for LGBTQ people with a focus on mental health.

Lori and her team talked about invisibility and erasure within the health system and the use of stereotypes which were not legitimate leading to discrimination. The team talked about the importance of LGBTQ inclusive research, ensuring that LGBTQ health inequality issues are researched in a way that is acceptable to the communities so that authentic evidence can be used to argue for

The Re:Searching Health team

systemic change. Lori highlighted new work around poverty and LGBTQ communities, especially people of colour and working class discrimination; if poverty is prevalent it becomes the most pressing issue - “if you’re not attending to poverty, the other issues don’t matter.”

Daniel Grace, Assistant Professor at University of Toronto, talked about his work with gay men and HIV and AIDS community based research, looking at Queer Health from a rights based approach, advocating for structural access. He talked about mental health issues in the LGBTQ communities being “syndemic” – multiple epidemics in relation to minority stress and intersectionality. He noted that access to services and navigating the system were issues and that advocacy is needed to challenge for both individuals and for progressive policy to improve social inequity and health outcomes.

Alex Abramovitch, Independent Scientist at the Institute for Mental Health Policy Research talked about LGBTQ2S youth homelessness; ensuring homeless provisions are safe spaces and provide appropriate access to mental health services. Alex had led some participatory research, and produced a film using a “broker dialogue” method where those in power listened to what young people had to say about addressing the needs of LGBTQ homelessness (https://youtu.be/hR7L52w5SW8). He also talked about the importance of Trans competent health care, especially in relation to mental health, confirming that Trans youth are one of the groups with the highest risk of suicide. Alex and Lucy Costa from the Empowerment Council at CAMH talked about the importance of working to change practice re cultural competence and challenging discrimination within the mental health inpatient settings. Lucy talked about work with Lori Ross examining how people’s sexuality and gender identities were recorded within the hospital and whether their treatment was affected by this. The Empowerment Council is user led voice for clients/survivors and ex-clients of mental health and addiction services, primarily of CAMH. They conduct systemic advocacy and ensure the representation of the client perspective.

The 519 LGBTQ community Centre

I visited The 519 Centre many times during my visit to Toronto during Pride month, as part of my Churchill Fellowship and also as a customer. It is a community based centre which offered space for grass roots LGBTQI2S community groups of interest (over 300 groups); they also run programmes which are staff facilitated: a

Mural in the park next to The 519

family resource and parenting programme; a refugee programme; and a trauma informed counselling service. Their group activities

cover: emotional wellbeing and empowerment; housing support; a Trans homeless project; a homeless drop-in and a Seniors Programme.

Becky McFarlane, Senior Director, Programs and Services talked about supporting people with complex needs around poverty, homelessness and addiction using a non-medical lens. She introduced me to the concept of minority stress and using an analysis of trauma to develop practice, policy and procedural framework of trauma informed practice so that the whole organisation was aware of the impact of trauma on the LGBTQ communities and individuals. The centre aimed to create a trauma informed supportive environment to avoid re-traumatisation and to support recovery. This was particularly relevant to LGBTQ refugees. Becky also talked about the importance of intersectionality and particularly where race and queer identity insect.

The 519

Community noticeboard in The 519

Rainbow Health Ontario and Sherbourne Health

I spent my second week at Rainbow Health Ontario (RHO) which works to improve the health and wellbeing of LGBTQ people in Ontario, and to increase access to competent and LGBTQ friendly health care services across the province. They do this by providing education and training to providers, advocating for public policy change, sharing information, and research and consulting with

service providers and organisations. RHO have numerous resources on their website regarding mental health, including listings of LGBTQ affirming mental health services and evidence briefs regarding mental health for LGBTQ people.

They provided their own in depth organisational capacity training around mental health and wellbeing/LGBTQ awareness. They hosted Canada's only LGBTQ Health conference - you can see the full programme which has a huge diversity of subjects and was being developed during my visit:

https://www.rainbowhealthontario.ca/wp-content/uploads//2018/03/RHO2018CON-FULLPROGRAM.pdf

Devon and Sherbourne Health staff getting ready for the Pride Parade

Rainbow Health Ontario has a long history which started in 1997 when The Coalition for Lesbian and Gay Rights in Ontario (CLGRO) released Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social- Services Systems. The report listed 78 recommendations for change.

Devon McFarlane, Director, supported me throughout the week to see the full range of the work RHO was doing around all health issues in relation to LGBTQ and I was excited by the progress that this organisation had made in making a difference to the lives of LGBTQ people through systemic advocacy. He also arranged for me to visit some of the services based at Sherbourne Health.

Sherbourne Health has LGBTQ mental health teams, offers specialist LGBTQ positive counselling - as well as more specialist support for those with more complex mental health needs such as psychosis. They also offered groups such as Trauma, Recovery, Education and Empowerment (TREE) groups, MIND your MIND (CBT) and Mindfulness groups. Sherbourne also had expertise in Trans mental health as well as the impact of medical intervention and gender reaffirming medical interventions. It was interesting to see a range of mental health services which were obviously well used and trusted by the LGBTQ community, in what is essentially a medical setting. This showed me that the most important issues are about values and attitudes rather than environment.

Rainbow Health Ontario, in partnership with CAMH (Toronto's mental health hospital) and Researching LGBTQ Health have produced an evidence brief on LGBTQ mental health which includes recommendations for healthcare providers, such as:

- Carry out awareness of how LGBTQ minority issues impact people's lives
- Understand that negative social messages and the effects of minority stress may impact negatively on physical and mental health
- Health care providers need to ensure that they are not further traumatising people as a result of institutional discrimination
- Understand that those who belong to multiple minority communities may face more barriers to maintaining good mental health
- LGBTQ equality is a health issue as well as a political one

- Specialist services provided by trusted agencies are essential
- Develop affirmative strengths based assessments which do not focus on LGBTQ people's sexuality as a deficit/challenge
- Create a supportive environment where services have developed cultural competence and an understanding of LGBTI people's experience and where LGBTQ people feel they can safely talk about the totality of their lives

LGBTI Health Alliance and member organisations

I spent a week at LGBTI Health Alliance in Sydney and was hosted by Andrew Little, Deputy Executive Director, who involved me in all the Alliance's projects. The Alliance were in the process of planning the National LGBTI Health Conference. (https://healthindifference.org).

The two main mental health projects were the Qlife and MindOUT projects.

I met with Lucy Abbott, Ross Jacobs and Tarn Lee from QLIFE who told me about their unique partnership to create a national network of peer based, volunteer led counselling helplines available everyday throughout the year. Phone counselling and web chat services are provided by volunteers engaged in their home-state centres, with national support provided by a team of paid staff. The main issues identified were exploring identity, relationships (family, social and intimate) parental support of young people, stigma, social exclusion and minority stress. The partners are:

- Gay and Lesbian Welfare Association Queensland (GLWA)

LGBTI Health Alliance team

- Living Proud in Western Australia
- Switchboard Incorporated in Victoria
- Twenty10, which incorporates GLCS in New South Wales
- LGBTI Health Alliance provides technical and training support

The network model ensures that there is a minimum standard of practice whilst allowing for local differences and it helps with capacity as if one location is busy the calls are rerouted. The innovative partnership draws together a depth of peer-based

My Mardi Gras claim to fame - as pictured in the local media

expertise and wisdom, and extensive resources, which makes it possible for people to access LGBTI-specialised information, counselling and referrals from anywhere in Australia. I also visited two of the organisations and viewed the helpline spaces (Twenty 10 and Switchboard Victoria). I was also lucky enough to be invited to join them to parade in the Sydney Mardi Gras.

The other mental health focussed project at the Alliance was the MindOUT project. MindOUT develops and delivers national suicide prevention initiatives aimed at improving the mental health outcomes and reducing suicide and suicidal behaviour amongst LGBTI people and communities. They have developed resources for the mental health sector to implement; provide training for professionals on LGBTI mental health, including suicide and mental health prevention; and work with priority populations such as Aboriginal and Torres Strait Islander people, young people, people with intersex bodies and people with disabilities.

They also have a "champions" project that works with 19 organisations to improve the capacity to identify and respond to LGBTI mental health needs within their organisations, and to optimise service delivery to LGBTI people by ensuring that the service is responsive, inclusive and safe. MindOUT! produced a guide to creating inclusive organisations (https://lgbtihealth.org.au/resources/championing-inclusion/) which is the framework used by the champions to work within their organisation. Giverny Lewis showed me their excellent training package on LGBTI depression and anxiety called "Rainbow Blues" which is for LGBTI people with lived experience and their communities, raising the awareness of depression and anxiety, its impact, equipping people with useful strategies and signposting to support services.

The LGBTI alliance has led the development of a National LGBTI mental health and suicide prevention strategy which is supported by the Australian Government: https://lgbtihealth.org.au/wp-content/uploads/2016/12/LGBTI_Report_MentalHealthandSuicidePrevention_Final_Low-Res-WEB.pdf

There is also a guide to support professional who are working in a therapeutic context with LGBTI people; https://lgbtihealth.org.au/resources/working-therapeutically-with-lgbti-clients/; and a series of webinars around LGBTI mental health issues; https://lgbtihealth.org.au/mindout-webinars/

Network MIND Webinar developing LGBTIQ Inclusive Practice can be found at https://www.youtube.com/watch?v=NzjfCSEZKw0&feature=youtu.be

I also visited two larger LGBTI service providers which had a long history of HIV and AIDS activism and are now diversifying to work across the whole spectrum of LGBTI communities. ACON in Sydney and Thorne Harbour Health (formerly VAC) in Melbourne are both members of the LGBTI Health Alliance. Simon Ruth (CEO VAC) and

Visit to Thorne Harbour Health (formerly VAC) with CEO Simon Ruth

James Gray (ACON) talked about their role as large organisations providing a range of health services to LGBTI Communities. Both organisations had specific programmes to care manage LGBTI people with complex and needs with enhanced case management and care and recovery coordination.

For the LGBTQI organisations that I visited in Australia and Canada, addressing mental health needs was the most important issue. In Toronto, Sydney and Melbourne, all three cities focussed on providing specific LGBTQ mental health services. In Toronto it was exciting to be around emerging practice regarding trauma informed services and in Australia mental health had been the subject of much discussion in the lead up to and aftermath of the Australian marriage equality debate (in which almost 80% of LGBTIQ+ people found the debate considerably or extremely stressful). I visited both countries during their "Pride Month" and there was a lot of affirmative and supportive activity during those months including some of the biggest Pride marches and parades in the world, Family Days and Arts/Cultural activities where people could connect with networks and gain strength from within their communities, and work with allies including government organisations. Seeking out supportive communities is one of the key ways that minority group members develop a resilient response to discriminatory experience.

Trauma informed and Minority Stress based services

This concept is being used in Canada, the US and Australia with LGBTQI communities in a way that is not yet being approached in the UK. The model is that Minority Stress (developed by Meyer in 2003) is the accumulated stigma, prejudice and discrimination to which minority and marginalised people are exposed and this ongoing stress can lead to trauma. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2072932/).

I had some awareness of trauma and its impact on adult lives through my work with a Big Lottery funded Fulfilling Lives project which has focussed on Psychological Informed Environments for people with multiple and complex needs (http://www.fulfillinglives-ng.org.uk/blog/pie-report/) however I had not been aware of the relevance to LGBTQ communities.

Trauma informed services focus on the trauma experience rather

than the person's current behaviour; there is emerging practice in the UK in relation to drug, alcohol and homeless services. Toronto LGBTQ organisations that I visited described themselves as trauma informed and are using the minority stress and trauma informed practice theories to provide access to mental health services for LGBTQ in a different way.

Having discussed this with some of my mental health colleagues on my return to the UK, it seems that this theory has not gained traction in the UK and there is very little consideration of specific minority stress and trauma in relation to the LGBTQ mental health population. Mental health practitioners would need to have training on how minority stress impacts on LGBTQ communities and how they could adapt their services using trauma informed practice, as well as having an awareness of LGBTQ issues and being culturally competent in their approach.

Organisational support will be needed to ensure this emerging theory is used in practice and adopted in a systematic way, through training and practice development support. Also, organisations could look at how they can assess the impact they have on LGBTQ communities through the act of retraumatisation (through discrimination/ institutional homo/transphobia adding to the stress of a person who has already had multiple cumulative negative experiences) and make sure that they are minimising this.

Academics at Re:searching LGBTQ Health talked about this in detail but it was impressive that services in Toronto were using the theory in practice. The 519 LGBTQ Community Centre and Sherbourne Health Centre talked about this not only in terms of counselling good practice but also about ensuring that staff and volunteers have an awareness of the impact of trauma and that the environment for LGBTQ community support focused on a safe environment for all.

In Australia, MIND OUT, QLIFE, ACON and VAC all used awareness of minority stress in their practice. Although they were not talking specifically about trauma informed practice all their guidance and practice referred to the concept that minority stress has an impact on LGBTQ lives. In the strategic framework document "Going Upstream" 2015 the LGBTI Health Alliance identified that *'A core theme is the effects of deeply held prejudice and discrimination on the mental health and wellbeing of LGBTI people and the need for health policy to incorporate this understanding in the development and delivery of LGBTI-inclusive mental health promotion'* (https://lgbtihealth.org.au/resources/going-upstream/) and the National LGBTI Mental Health and Suicide Strategy describes Minority stress as creating *'a hostile and stressful social environment that impacts on mental wellbeing… There is evidence that such experiences, in conjunction with existing predisposing risk factors, result in a heightened vulnerability to various mental health issues, in particular depression and anxiety, as well as an elevated risk for suicidal ideation and behaviours.' (*https://lgbtihealth.org.au/resources/national-lgbti-mental-health-suicide-prevention-strategy/)

I spent some time with Giveny Lewis, training coordinator at the Alliance, who was in the process of updating some of the organisation's "train the trainer" packs. She told me there was a core learning objective in the training "Rainbow Blues" being about understanding what contributes to Minority Stress, such as; actual stigma, prejudice and discrimination; expectations that you will experience this (resulting in anxiety and hyper vigilance); internalisation of negative messages; concealing your sexuality either wholly or in some situations.

Bisexuality and Mental Health

Bisexuality within the LGBTQ communities was highlighted in both Toronto and Sydney as an area where more work needs to be done. Bisexual people are often discriminated against and erased both from the heterosexual community and also within the LGBTQ communities. Bisexual as an identity includes people attracted to more than one sex and/or gender. This may include those who self-identify as bisexual, queer, pansexual, omnisexual, two-spirited, fluid, or who choose another non-heterosexual identity label. Lori Ross at Toronto University explained to me that her studies had identified Bi invisibility and erasure, and that Bi sexual people could be seen as having some of the worst health outcomes. She has been involved in studies looking at the impact of bisexuality on mental health and also the experience of Bisexual people using mental health services. (http://lgbtqhealth.ca/community/bisexual.php).

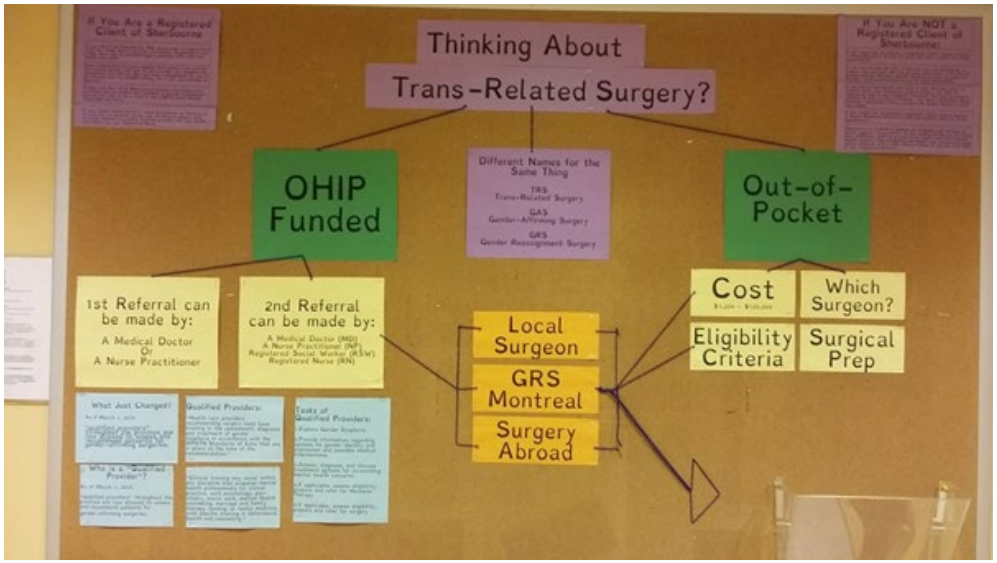
Trans Health and Mental Health

In Canada, I spent a week at Rainbow Health Ontario and Sherbourne Health Centre. One of the main priority issues highlighted was the specific and urgent needs existing in relation to transgender health. This particularly resonated with me because of the political environment within the UK; the number of people coming out as Trans, gender fluid and non-binary has increased over the last five years, however, this increased visibility has created a discriminatory backlash which is having an impact on the mental health of individuals within the Trans community. There is also discrimination from within the LGBTQ community which results in Trans people having a smaller network of safe spaces and a perception of not being able to rely on allies within the LGBTQ community as a whole; this will be impacting upon trauma and resilience for individuals and their community.

In both Australia and Canada, there were specific mental health support services for Trans and Gender Diverse people that are culturally sensitive and Trans inclusive, and work from a trauma based/minority stress perspective. One of my reflections was about how much further advanced Toronto was in terms of Gender Affirming medical intervention. The current system in the UK is outdated and is stigmatising and retraumatises people, because it often feels like the process itself is discriminatory, due to lack of resources, the hoops people have to go through and the lack of Trans Inclusive training and knowledge. Anna Travers previous CEO of Rainbow Health Ontario, said *'One of the most vulnerable times for Trans people is when they are ready for surgery, but face a prolonged wait.'*

I learnt that there are opportunities for a much more positive model through spending some time with the Trans-health Connection team (https://www.rainbowhealthontario.ca/trans-health/).

They were working to an innovative model of supporting medical intervention at a Primary Care level on an Informed Consent basis. This meant that with the support of the team, any primary care doctor who was unsure of how to support a Trans person, for example, about how to prescribe hormones in relation to transition, could seek support from other clinicians. The primary care doctors could then feel more confident when prescribing hormone therapy or referring for surgery without the need for a stigmatising referral to a mental health service for a diagnosis of Gender Dysphoria and then a lengthy process to verify this. People who had more complex needs and consent issues could still go through the mental health pathway.



Notice board in Sherbourne Health Centre

It was extremely informative to listen in to one of their weekly Mentorship sessions for professionals. They have also introduced guidelines for Primary Care: https://www.rainbowhealthontario.ca/TransHealthGuide/index.html.

Devon McFarlane from Rainbow Heath Ontario told me how this work has taken a lot of advocacy and campaigning, over decades, at a grass roots level, to change clinical guidelines. Legislation was introduced in Ontario in 2016 to widen access to gender affirming surgery and hormone treatment by allowing qualified providers to make referrals. This means that the referral process has been speeded up and that access to hormones is treated as an endocrine disorder, similar to diabetes or thyroid disorders and other sexual issues relating to hormones, rather than a mental health issue.

Devon said *'This has had a huge impact on mental health within the Trans community, not only for those individuals who have used the service and were previously on the long waiting lists for treatment, but also because it creates an environment of positive support - even though there is still much to be done, it feels like we are travelling in the right direction'*. Devon identified that some of the challenges were in relation to intersectionality, mental health and substance misuse, specific issues for Newcomers (immigrants, refugees) and the Indigenous population including Two Spirit people. In terms of the Trans Health Connection programme, the challenge is in maintaining the impetus and continuing to provide training and coaching for allied professionals. Devon talked about the benefits of working together with other agencies in Ontario regarding Trans issues to support policy work and systemic change.

Changes in policy have had an impact on the access to services. A survey of experiences with surgery readiness assessment and gender-affirming surgery among trans people living in Ontario by Villalobos et al (March 2018) reported that the impact:

- Cleared the Centre for Addition and Mental Health's pre-regulation change legacy waitlist of 1600 assessments for both funding approval and for TRS, and has reduced the wait time for new clients of theirs by over 50%;
- Boosted capacity in Sherbourne Health Centre's ARC (Acute Respite Care) short-term, post-surgical recovery programme to provide care following TRS - a service accessed by 27 clients to date;
- Through Rainbow Health Ontario, developed and delivered training curricula for service providers to increase comfort and clinical competency for providing referrals - 327 providers in 11

LHINs have so far received this training;

- Taken key steps to build a TRS surgical programme at Women's College Hospital including the development of a community-informed Model of Care and acquisition of surgical expertise.

Rainbow Health Ontario also talked about Trans mental Health from a trauma informed perspective – specifically shame based trauma, and providing support to improve resilience and prevent suicide.

Sherbourne Health Centre provided respite hospital inpatient services and had developed an additional 4 bed spaces for support with recovery from transition related surgery where they do not have support available needed for successful recovery in the community. Melanie Oda showed me around the unit that had obvious signs of a Trans welcoming environment and with staff who had a high level of cultural competence. The support was a 24/7 short term service with a full time Nurse Practitioner; they supported people who were vulnerable, homeless, in shared accommodation and did not have access to appropriate washrooms for post treatment care, as well as people who had no support in the community and were isolated. The aim was not only to support their immediate medical needs but also to ensure that relevant referrals were made to services in the community and to programmes within Sherbourne regarding mental health and counselling.

Sherbourne had identified the need for advocacy for Trans people and had created a post to work with gender-diverse and Trans clients across the City of Toronto and Sherbourne Health Centre to ensure clients have equitable access to health care, and essential social services and community resources at the appropriate times in their transition. They provided advocacy and support, collaborating with all members of the care team and partner organizations to ensure client access to care and resources. The System Navigator develops links to community resources to meet the needs of the clients and ensures that all clients receive respectful, competent and safe care and services. Rainbow Health Ontario and Sherbourne have also developed a peer programme with diverse lived experience that supports the training of community health services. I've reflected that this is a model that could be developed within the Independent Advocacy Sector in the UK in partnership with local Trans organisations.

In Australia, I spent some time with ACON in Sydney and Thorne Harbour Health (formerly VAC) in Melbourne. Simon Ruth, CEO Thorne Harbour Health, told me about their service called Equinox which is a peer led Trans and Gender Diverse Health Centre, informed by a VAC Trans Advisory group. It is a health and wellbeing service which includes General Practice healthcare, sexual health, hormone initiation and management, Pre-Exposure Prophylaxis (PrEP) and counselling. (https://thorneharbour.org/lgbti-health/trans-and-gender-diverse-health/).

Thorne Harbour Health (formerly VAC) has also produced guidelines for general practitioners for hormone therapy for Trans and Gender Diverse patients based on an informed consent model. (https://thorneharbour.org/news-events/news/vac-launches-protocol-initiation-hormone-therapy-trans-and-gender-diverse-patients/).

In both Australia and Toronto, there was a sense of not only focussing on Trans people with mental health needs, such as anxiety and depression, but also ensuring that people in the Trans community who had developed more complex needs (such as addictions, psychosis), people who were homeless and sex workers,

who could need more long term or intensive support, were also often finding it difficult to get access to services. Sherbourne Health Centre's programme of mental health support includes the Trans Community specifically and also provideds support to other organisations to ensure they were Trans-inclusionary. Thorne Harbour Health also provided support to other agencies, for example, guidelines for working with Trans people in Drug and alcohol services (https://equinoxdotorgdotau.files.wordpress.com/2017/06/012f7e37-tgd-support-reference-guide-aod-2.pdf).

Breaking News: there has since been some exciting news regarding the World Health Organisation decision to move Gender Incongruence (discomfort with the gender assigned at birth) out of the Mental Health Disorder classification into Sexual Health. This has long been campaigned for by the Trans Community and allies, and will reduce the stigma of seeking support, will improve access to health care and hopefully, by de-pathologising Gender Identity, will have a long term positive impact on discrimination, abuse and violence against Trans people.

Intersectionality

Within the LGBTQ community there are lots of smaller communities and each individual is their own unique person. LGBTQ represents a spectrum of Sexual identity and Gender identity; we come together in strength to tackle the discrimination we face and to celebrate our differences. Being discriminated against because of sexuality or gender can be made worse when you also belong to another group that is also discriminated against and marginalised, and this will have an impact on your mental health.

Types of discrimination that intersect with Sexual Identity and Gender Identity are those on the grounds of Race; Religion; Age; Disability (including Mental Health); Economic and Class status. In Canada and Australia, all the places that I visited were aware of the impact of intersectionality and saw it as an important area to address because all discriminations interlink and people are part of multiple groups. A black, older lesbian with mental health issues may need to deal with discrimination from within the different communities. For example, she could experience racism and homophobia and ageism from other people with mental health needs, and from within the LGBTQ community she could experience racism, ageism and disability discrimination. Becky McFarlane at the 519 talked about LGBTQ organisations having the institutional power to address intersectional issues by ensuring that services were targeted at those who were most in need and not those who already had significant privilege.

Professor Peter Hopkins, Newcastle University has produced a very helpful video explaining Intersectionality (https://www.youtube.com/watch?v=O1islM0ytkE).

LGBTQ Black, Asian and Minority Ethnic (BAME) issues and Mental Health

I was particularly interested in learning more about the overlap between LGBTQ and BAME (Black, Asian and Minority Ethnic) issues, as for over 10 years I've managed one of the few BAME health advocacy services outside of London, and the mental health of BAME communities is certainly an issue that requires advocacy. In Canada, the term Racialized people or groups was used and in Australia the same group is referred to as individuals from Culturally and

Linguistically Diverse (CALD) communities. There are also Indigenous People in Canada (First Nation) and Australia (Aboriginal and Torres Strait Islanders). LGBTQ First Nation People in Canada are called Two Spirit People and in Australia are called Brotherboy/Sistergirl. In both Sydney and Toronto there were specific services for the Racialized/ CALD communities and also for the indigenous people in recognition that there has been extreme systemic discrimination against this group.

The 519 and Egale had specific Two Spirit services that acknowledged that Indigenous Two Spirited people suffer from multiple and complex discrimination which acknowledged the impact of institutional racism can have and offer support regarding challenges that this created in terms of mental health as people felt isolated from their culture and discriminated against within the LGBTQ community. Egale have produced a short graphic video outlining the issue as part of their "Two Spirits, One Voice" Initiative (https://egale.ca/two-spirits-one-voice/).

The 519 had an extremely vibrant migrant and refugee programme, as Toronto is seen as a safe haven for refugees from around the world. The Settling programme facilitates networking, meal sharing, counselling and supports hundreds of LGBTQ newcomers. The Newcomer Community services sees over 500 clients per year. The 519 also provides support to another very vulnerable group: Black and Latinx Trans people especially those who are street homeless and are sex workers.

The Australian LGBTI Health Alliance really impressed me with a sense of cohesion around intersectionality in that they are aiming to ensure that the health inequalities of all LGBTQ communities are addressed, whilst supporting those who are affected by multiple discrimination. An example of this was their work with the Aboriginal and Torres Strait Islanders LGBTI communities. MindOUT! is doing some specific work in partnership with a reference group called "Tekwabi Giz" which is a collaboration of groups and people of Aboriginal and Torres Strait Islander descent. They were supporting the Alliance and its members to understand the cultural and health needs of their people specifically in relation to LGBTQI mental health. (https://lgbtihealth.org.au/tekwabigiz/).

LGBTQ Ageing and Mental Health

There were significant resources in both Australia and Canada targeted at LGBTQ inclusion for Older People. LGBTQ people over 55 are much more likely to be worried about growing older and the affect this will have on their mental health. They worry that the discrimination they have already experienced will be magnified when they need to seek support. Older LGBTQ people are more likely to be living alone and without a family or wider social support network and may need to rely on more formal care services.

In Toronto, I met with Iradele Plante, Seniors Program Coordinator and Facilitator and Sam Filipenko at Egale Canada Human Rights Trust (Egale) which is an organisation working to improve the lives of LGBTQI2S people in Canada and enhance the global response to LGBTIQ2S issues through research, education and community engagement. Egale has a senior advisory council made up of Older LGBTIQ2S seniors. They had carried out a survey and a consultation day for LGBTIQ2S seniors to identify issues faced by these communities across Canada. Iradele discussed the online consultation results received in June 2017. The main concerns raised were: isolation and its effects on wellness; invisibility and how this intersects with other identities such as race; poverty especially among Lesbian Bi and Trans women; residential home and long term

care particularly regarding dementia, HIV status and forced re-closeting; and Trans specific challenges, especially end of life care. While LGBTQ specific organisations' support (peer support and drop-in programmes) were important for social inclusion and connections, more needed to be done regarding wider health, care and housing discrimination.

I met up with Tushara, an Australian Churchill Fellow at Egale

Their recommendations included: further policy development at a local and national level regarding LGBTIQ2S seniors; more resources for culturally competent residential and day care and shared housing; LGBTQ inclusion training for health, care and housing workers; intergenerational connectivity and tackling ageism within the LGBTIQ communities.

The team also talked about their active involvement in campaigning for Bill C-16 to amend the Canadian Human Rights Act to include 'gender identity or expression' as protected grounds against discrimination at a federal level, which was passed while I was in Canada. (https://egale.ca/billc16/).

Egale had developed a resource supporting end of life planning and care needs of LGBTIQ2S Older Adults called Crossing the Rainbow Bridge which had proved to be a very popular resource. (https://egale.ca/crossing-rainbow-bridge/).

They were also involved in a wider consultation and community engagement with LGBTQI2S communities through online and face to face consultation to inform their strategic advocacy approach.

At Rainbow Health Ontario, I met with Devan Nambiar to discuss their work with seniors. Devan talked about discrimination in long term care homes and how older people fear that they will be viewed negatively. They therefore do not feel safe and so often go back into the closet in later life. Rainbow Health Ontario had previously developed a toolkit to support long term health care organisations to provide culturally competent care. (https://www.rainbowhealthontario.ca/resources/lgbt-toolkit-for-creating-culturally-competent-care-for-lesbian-gay-bisexual-and-transgender-persons/).

They had three care homes that were culturally competent and had received support both with training and implementation of policy and practice in relation to LGBTQ Health needs. Rainbow Health Ontario also provided training around senior health needs, exploring the impact of ageing, navigating the health system as an older LGBTQ person, and how services could start to become culturally sensitive and create an LGBTQ positive environment.

I also visited the Older LGBTQ drop-in at The 519 where I witnessed a vibrant community of older people making connections within their community.

As part of intergenerational activities, the 519 provide skill sharing workshops, an intergenerational speaker series called "Tell it like it is" and host the Senior Pride Network.

In Australia, I talked to Heath at the LGBTI Health Alliance about the Silver Rainbow programme which was developed as a response to the National LGBTI Ageing and Care Strategy 2012 (https://lgbtihealth.org.au/resources/national-lgbti-ageing-strategy/) for which the Alliance and members had been advocating for some years. The LGBTI Ageing Strategy was the first of its kind and involved funding to support accessible services, training initiatives to create culturally competent aged care but most importantly, amended legislation to ensure that LGBTI older people had rights to care appropriate to their needs so that adhering to policy become compulsory rather than it being a guide to be implemented at the care provider's discretion.

The Silver Rainbow LGBTI Aged Care Awareness Training Project is managed by the National LGBTI Heath Alliance and is being delivered collaboratively with project partners across every state and territory in Australia. I visited three partner organisations - ACON, GLHV and Trans Gender Victoria. Silver Rainbow project aims to develop an appropriate and effective training model of LGBTI awareness training to the Aged Care sector. This includes face to face, train the trainer and on-line training to support an increase in the number of providers who incorporate LGBTI inclusive practice within their person-centred models of care and who train LGBTI champions within their organisation. The Silver Rainbow training is in the process of being reviewed.

I met with Liam Leonard and Pauline Crameri in Melbourne who are based within La Trobe University and are part of GLHV which has LGBTI programs that focus on young people, LGBTI-inclusive practice and Aging and Aged Care. They are working in the research and advocacy space, providing training and resources as well as conducting research and social policy work regarding LGBTI health issues.

Liam talked about the well-established "The Rainbow Tick Standards" which is a world-first service accreditation programme for LGBTI Inclusive Practice and was developed with Quality Innovation Performance (QIP). The Rainbow tick is a voluntary programme aiming to address inequalities and assist services understanding and responding to the needs of LGBTI consumers. It has six standards: organisational capacity; cultural safety; professional development; consumer consultation; disclosure and documentation; and access and intake process. The programme offers a self-assessment toolkit and then organisations apply for an external accreditation through QIP (https://www.glhv.org.au/lgbti-inclusive-practice). Pauline Crameri talked about her work with Val's Aging and Aged Care, a programme working across Victoria to improve healthy ageing

pathways and care and visibility of older LGBTI people. Val's together with GLHV offers LGBTI inclusive aged care training, consultation, and provides evidence based research, information and resources to build the capacity of services to be welcoming and inclusive of older LGBTI people (http://www.latrobe.edu.au/arcshs/vals).

Pauline and Liam talked about the impact that worrying about discrimination in care and nursing homes has had on older people's mental health when they start to look at options for care. Many people avoid contact with health and care services for too long as a result of this fear. Val's aims to provide training to agencies to improve cultural competence, so that older people's fears no longer reflect reality. La Trobe University is currently carrying out the first national survey of LGBTI older people's health and wellbeing called Rainbow Ageing (http://rainbowageing.org.au/).

Young LGBTQ People and Mental Health

In Canada, Sherbourne Health Centre has a Support Our Youth (SOY) programme which is specifically for LGBTQ+ youth. Over 250 people attend per week with numerous groups running including a group for young LGBTQ with mental health needs called Our Mad Selves. The programme works from an innovative community development perspective providing group and one to one support for LGBTQ and questioning youth. When I visited the programme looked very well used with lots of activity preparing for Pride.

In Australia, I visited Twenty10 in Sydney as it is one of the QLife counselling partners; a huge part of their work is in relation to young people. I talked to Terence Humphreys about the broad range of services they provide to LGBTI youth aged 12-25, including housing, mental health, counselling and social support. Their vibrant space is a life saver for some of the young people who attend regularly and are able to use their safe space to hang out with free food, Wi-Fi and opportunity to wash laundry and access peer or one to one support.

LGBTQ Community and other Health Prevention issues

Many of the organisations also talked about the need to look beyond mental health, to address the impact that minority stress has on wider issues which affect wellbeing. LGBTQ people are more likely to smoke, use drugs and alcohol, and to have issues with eating and body weight; these issues can also have an impact on mental health. As previously discussed LGBTQ people are less likely to seek early help which then creates a vicious circle of lack of support. ACON, Thorne Harbour Health (formerly VAC) and Rainbow Health Ontario all sought to provide information and group support regarding health prevention issues including early cancer screening and drug and alcohol support.

In both countries but particularly in Australia, there was also emerging awareness of the impact that family and intimate partner violence can have on mental health. Vicki Harding, Director at Inner City Legal Centre in Sydney told me about their programme to identify and support LGBTQ people; the Safe Relationships Project provides men and women who are experiencing and escaping domestic violence in Same Sex relationships with support, advocacy, referral and information. The project workers provide court assistance and support to access other services. They have a safe room at the court and have the ability to identify LGBTQ people at court and offer them immediate assistance. In Melbourne, Queerspace is leading a partnership called IHeal alongside

Switchboard Victoria, Transgender Victoria and the Victorian AIDS Council to support family violence referral, counselling and support, peer support, early intervention and perpetrator intervention programmes. The service which is offering counselling, advocacy and casework as well as support groups and education is supported by the Victorian LGBTI Taskforce, bringing together expertise from the LGBTI and family violence sectors to provide increased support for Victoria's LGBTI communities (https://ds.org.au/our-services/iheal-family-violence-recovery-support/).

Systemic Advocacy, Partnership and Community Based working

Re:Searching LGBTQ Health, Rainbow Health Ontario and LGBTI Health Alliance all talked about how important it was to work alongside the LGBTQI Plus communities from a community development perspective. Working with the smaller community interest groups to ensure the voices of those most seldom heard were brought forward and working with and on behalf of the communities, consulting and working in partnership at every stage. Devon McFarlane, Anna Travis and Nick Mule all talked about respecting the historical community development work that had gone into Rainbow Health Ontario over the years, which was started by the Coalition for lesbian and Gay Rights Ontario in 1997 when research was produced on the experiences of sexual minorities in health and social care. Anna Travers talked about building capacity and fostering networks and communities of practice among health care providers, researchers, policy makers and decision makers and helpful allies.

Lauren Foy from the NSW Gay and Lesbian Rights lobby talked

I was given this rainbow flower arrangement by a stranger in the street!

about the importance of understanding the historical perspective of substantial legislative change and working in collaboration. Andrew Little, Deputy Executive Director of LGBTI Alliance discussed the importance of engaging Alliance members and trying to reach respectful consensus, rather than imposing and forging ahead with changes, whilst taking a strong strategic lead as the peak body in Australia for organisations and individuals working to improve health outcomes for LGBTI people and their communities. Celebrating the diversity and dynamism of members ensures innovative collaborations and dynamic cross-sector partnerships. Warren Summers, membership and communications coordinator, talked about his role at the Alliance in supporting members and partnerships by working towards inclusivity both in language and action and finding a way to create a space to have the most difficult debates whilst

breaking down barriers of privilege and valuing strong quiet voices.

LGBTQ Advocacy provision- it's not either or, it's both and more

I've learnt from my visits to Australia and Canada that there is a need for specialist LGBTQ services in localities where there is a high population of LGBTQ people, as well as an implementation of equality initiatives and cultural safety measures across all sectors. In Toronto, Sydney and Melbourne LGBTQ communities were well served with a large range of projects and initiatives which covered a spectrum of identified needs and identities, however, the organisations based in these cities had a national reach networking with smaller organisations to implement national best practice (both countries have huge challenges regarding rurality and distances between large population cities which we do not have in the UK).

Local authority areas with the highest populations of LGB communities in the UK (ONS experimental statistics 2015) are Inner London Boroughs (Lambeth, Southwark, Camden, Hackney, Islington, Haringey), Brighton and Hove, Manchester, Cardiff, Edinburgh, Glasgow with Cambridgeshire, Devon, West Yorkshire, Lancashire, Dorset and Tyne and Wear.

Many of the projects I visited saw the role of advocate as integral to their work both in terms of standing up for individuals and also systemic advocacy and I see this as an area of good practice that could be duplicated in the UK. Within the UK context of building a strong Independent Advocacy movement, I believe that the advocacy sector could take forward this area of practice and work with the local LGBTQ Communities to establish the need for specialist Health and Social Care Advocacy to be included within a Community Advocacy unmet need. It is becoming increasingly difficult to obtain funding for generic Community Advocacy, however, Charitable Trusts and other funders are always looking for innovative areas of practice. An example of best practice around this is MindOUT Brighton who have an LGBT Advocacy service which is a first in the country.

The case for LGBTQ inclusion in all Advocacy services is also valid. As well as potentially having mental health needs, LGBTQ people will represent at least 7% of our Advocacy user population. Statutory Advocacy provision has a duty within the Equality Act 2010 as a contracted public service to provide culturally appropriate services. A recent review of the Mental Health Act recommends that Independent Advocacy Services are audited in terms of being culturally sensitive to BAME communities and I believe that this is also an issue for LGBTQ communities. Within Statutory Advocacy we have focussed on core skills that will be adaptable to all service users but this doesn't take in to consideration any additional requirements in terms of cultural competence and safety, inclusivity and accessibility. Advocacy services will need to identify the needs and gaps in services for all the different LGBTQ communities separately; this includes identified advocacy needs for Trans and Gender Diverse populations. I would suggest that these recommendations could also extend to other minority populations such as the BAME communities.

Conclusions

Whilst most LGBTQ people live healthy, happy lives; it is well documented that a disproportionate number experience poorer health outcomes and that inequality exists within healthcare. This is particularly evident in the area of mental health; LGBTQ people are at higher risk of mental health issues because they experience stigma and discrimination, they can be targets of violence (one-off incidents or micro discriminations) and they may also experience internalised homo/transphobia. Independent Advocacy has the potential to support LGBTQ people who are experiencing discrimination or difficulties in accessing culturally appropriate services in the way that it supports other marginalised groups, for example, people with disabilities, BAME communities and older/ younger people.

I visited Toronto, Canada and Sydney/Melbourne, Australia, which are three cities where more progress has been made in the area of LGBTQ health issues, with a view to finding out about good practice in this area and whether any of my findings could be implemented in the UK.

Visiting mental health projects reaffirmed my belief that LGBTQ communities suffer discrimination and inequality in healthcare and that it is essential that mental health services are LGBTQ culturally competent and safe, and provided by workers who understand the specific needs of the LGBTQ population. Alongside competent services, there is a need for LGBTQ specific mental health support and this needs to be resourced. The advocacy sector, which has historically been a movement for social justice, is well placed to advocate for LGBTQ equality within the health and social care sector (especially within mental health) on an individual and systemic level. In order to do so, advocacy organisations need to become culturally competent themselves; in the way they are welcoming and accessible; through their policies; through training advocates to have specialist knowledge to support LGBTQ people; and, in areas of high LGBTQ population, to consider the development of LGBTQ specific advocacy services.

For me, one of the most interesting issues I learnt about was that of the concept of minority stress and the application of this and trauma to LGBTQ communities. All health and social care organisations, but especially mental health organisations, need to have an awareness of this issue and find a way to implement theory into practice. Advocacy organisations would also benefit from ensuring their services are trauma informed.

Trans health and mental health was an area that I was not expecting to become a priority area, however, it became clear to me that countries that have made more progress regarding LGBTQ rights and are “ahead of us” in terms of LGBTQ health, have identified that Trans people have specific and urgent needs in terms of discrimination and access to services. In the UK the number of Trans people who are out has been dramatically increasing and this has resulted in a media backlash. Whilst Canada and Australia also have some way to go, I felt that much more progress had been made in terms of Trans health and inclusion in comparison to the UK and it was inspirational to see that Trans people were at the centre of these developments and that this could also be possible in the UK in the near future.

Looking through an intersectional lens was also useful when identifying members of the LGBTQ communities who experience multiple marginalisation and discrimination and therefore are more likely to need advocacy. An example of this is that LGBTQ people who are members of a BAME community, especially a refugee

community, are likely to need advocacy not only around their mental health but also other areas of health and social care.

In both Canada and Australia, there has been significant development in the area of LGBTQ ageing, with both countries having made advances in government policy and guidance in this area. This is particularly relevant to statutory advocacy where a large proportion of services are provided to older people who lack the capacity to tell their own story and who may be invisible, as they go back into the closet as a form of self-protection. Advocacy organisations need to be mindful of this and to take measures to ensure their provision is culturally competent in this area.

Whilst the formal role of Independent Advocate in the LGBTQ world was not as developed as I hoped, I was able to learn about good practice in the field of LGBTQ health which has given me an insight into what excellent LGBTQ health provision could look like in the UK. I hope I'm able to transfer this knowledge into the advocacy sector in the UK, to disseminate information about inequalities for LGBTQ people in health and social care and how advocacy could be instrumental in improving equality and tackling discrimination. The research detailed in this report may serve as a reference for organisations to apply for funding to deliver advocacy to LGBTQ populations. I also hope to influence improvements in practice within the Independent Advocacy sector itself around LGBTQ cultural safety and competence.

Recommendations

I've chosen to divide my recommendations into target audiences so that they can have the maximum impact in a wide range of settings.

Recommendations for the Independent Advocacy sector

LGBTQ health and social care inequalities are a human rights issue, alongside other equality issues and therefore are core business of the Independent Advocacy sector. This issue needs to be raised within the advocacy sector at a national level through national networks and conferences, through the national Quality Performance Mark, and through provision of the Independent Advocacy Qualification. It is not good enough to say that we treat all people the same. We need to ensure we understand and meet the specific needs of LGBTQ populations.

Advocacy organisations are well placed to provide specialist LGBTQ health and social care advocacy in general and mental health advocacy in particular. Advocacy organisations should include LGBTQ Advocacy when considering applications for funding as part of an organisational planning and funding strategy.

If advocacy organisations are to lead the way in best practice, they will need to undergo equality and diversity audits within their organisations focusing on LGBTQ inclusion within their own services including statutory advocacy.

Advocacy organisations should ensure their strategic planning includes ensuring they are meeting the needs of all the protected characteristics within the Equality Act 2010 and have an Equality Action Plan in place to improve practice.

Advocacy organisations should be routinely gathering monitoring information about the sexuality and gender identity of their service users. Advocacy staff should feel able to confidently ask about this and training should be provided if necessary. Organisations need to analyse the data and compare to any local population statistics with all protected characteristics.

Advocacy organisations should hold the public sector to account regarding their duties under the Equality Act in relation to the clients they work with. Advocacy organisations are well placed to carry out systemic advocacy around examples of inequality and discrimination in order to highlight LGBTQ health inequalities within the health and social care systems, and should ensure they have appropriate mechanisms to do so. This could include working with local engagement groups such as Healthwatch on LGBTQ issues. Advocacy organisations should make links and partnerships with their local LGBTQ organisations to ensure that referral and signposting practice is improved.

Advocacy organisations should make sure that advocates, both paid and volunteer, have an awareness of the needs of LGBTQ people and are provided with LGBTQ awareness training. This should include having an awareness of how homophobic, biphobic and transphobic discrimination, minority stress and trauma has an impact on LGBTQ experience of using health and social care services and, in particular, mental health services.

Advocacy organisations should be aware of the particular needs of people who identify as Transgender, Gender Diverse or Non-Binary. As well as being part of the LGBTQ communities, there are specific and urgent needs in relation to this group. There is currently a hostile environment of discrimination in the UK which has arisen from discriminatory media discourse and discussion about changes to the Gender Recognition Act, at a time when more people are

identifying and coming out as being Trans or Non-binary.

Advocacy organisations should be aware of Intersectionality in that people from LGBTQ communities may also belong to other minority groups; this creates multi-layered and complex issues regarding identity, barriers and discrimination.

Recommendations for the Voluntary and Community sector

The Voluntary and Community sector (VCS) has always been best placed to work with those communities who are seldom heard and, through experience of previous discrimination, have low trust in statutory organisations. Organisations should use this privileged positon to ensure they are aware of the needs of LGBTQ people in their locality, that their services consider the needs of and are accessible to LGBTQ people and that they are linking with LGBTQ community groups and organisations and supporting the relevant organisations to network and create capacity.

Voluntary and community sector organisations, especially those who are funded by public bodies, should ensure that they are meeting their duties under the Equality Act 2010 by ensuring that they are asking LGBTQ people about their sexuality and gender identity, recording and analysing the data, and developing equality plans to improve their services.

Mental Health Voluntary and Community sector (VCS) organisations should ensure that their organisational understanding of mental health includes an understanding of minority stress and trauma informed practice in relation to minorities, including LGBTQ people, and that their service delivery reflects this.

Mental Health VCS organisations should be aware that mental health discrimination is an issue disproportionately affecting LGBTQ people and ensure that their services can meet the needs of LGBTQ people and communities. Mental Health VCS organisations need to ensure that their workforce has received LGBTQ awareness training around the specific mental health needs of the LGBTQ community.

Mental Health VCS organisations need to continue to work in partnership with Independent Advocacy organisations around supporting individuals around equality and human rights.

Recommendations for the public sector

Public Sector organisations should ensure that their links with Independent Advocacy organisations are maintained and improved, as this is an excellent way to support systemic change and improvements within an organisation. Public sector organisations should ensure that their staff at all levels within the organisation have an understanding of the positive role Independent Advocates can have in improving services through challenge. Advocacy organisations are well placed to feed back trends of small systemic issues, as well as supporting individual service users with complaints which highlight the need for systemic change.

Large public sector organisations should be meeting their Equality duties in terms of LGBTQ communities. Some large organisations are still not able to report on their monitoring data in relation to LGBTQ communities and so have not been able to develop specific plans in relation to all the LGBTQ communities within their reach and this is unacceptable. Organisations must improve their practice

in relation to meeting the specific needs of LGBTQ populations and resources should be allocated to this. Public sector organisations need to continue to work in partnership with Independent Advocacy organisations in supporting individuals around equality and human rights.

Public sector organisations should ensure that their organisational understanding of mental health includes an understanding of minority stress and trauma informed practice in relation to minorities, including LGBTQ people, and that their service delivery reflects this.

Public sector organisations should be aware that mental health is an issue disproportionately affecting LGBTQ people and ensure that their services can meet the needs of LGBTQ people and communities. Mental Health VCS organisations need to ensure that their workforce has received LGBTQ awareness training around the specific mental health needs of the LGBTQ community.

Recommendations for Health and Social Care Commissioners

LGBTQ specific services should be commissioned to meet the needs of people with mental health needs and older people from within the LGBTQ communities. In both Australia and Canada, public resources had been allocated for multiple health and social care initiatives for the LGBTQ communities in relation to prevention and specific provision. This included LGBTQ specific metal health services and counselling, as well as advocacy. Specific older people services included LGBTQ specific respite care and LGBTQ culturally competent older peoples care homes.

Commissioners should ensure that all their commissioned services are audited and monitored to see if they are LGBTQ inclusive and are meeting their Equality and Diversity duties as part of their contract.

Commissioners should ensure that strategic planning includes the needs of LGBTQ communities as part of the Equalities impact assessment.

Strategic planning around mental health and suicide prevention needs to have specific inclusion of the issues regarding LGBTQ people's mental health inequalities and actions to address these issues.

Appendix

Visits to organisations in Toronto June 2017 and Sydney/Melbourne February 2018

Names	Organisation	Summary	Website
Lori Ross, Daniel Grace, Alex Abramovitch and team	Re:Searching LGBTQ Health, University of Toronto	Social Action Research, Queer families, LGBTQ poverty, Trans people and Psychiatry and Older LGBTQ experience of care.	http://lgbtqhealth.ca
Lucy Costas	Empowerment Council, CAMH	Renowned MH Survivor Activist with an interest in LGBTQ research into sexuality/gender identity in case notes, Institutional gender identity / transphobia	http://www.empowermentcouncil.ca/
Becky McFarlane and Lisa Gore Duplessis	The 519 Community Centre - Space for Change	The 519 is a City of Toronto LGBTQ community agency with an innovative model of Service, Space and Leadership - striving to make a real difference in people's lives, while working to promote inclusion, understanding and respect.	http://www.the519.org/
Devon McFarlane, Devan Nambiar, Jordan Zaitav, Navi Bopari, Collen Westerndorf	Rainbow Health Ontario, A program of Sherbourne Health Centre	Rainbow Health Ontario works to improve the health and wellbeing of LGBTQ people in Ontario, and to increase access to competent and LGBTQ friendly health care services across the province. We do this by providing education and training to providers, advocating for public policy change, sharing information and consulting with service providers and organizations.	https://www.rainbowhealthontario.ca/
Nick Mule and Anna Travers	Rainbow Health Network	RHN is a network of individuals committed to equity-based, community-based and anti-oppressions values in promoting health and wellness for persons and communities of diverse sexual orientations and gender identities. RHN is a network of members/ volunteers who share the aim of improving the health care, social services/supports, and general well-being of LGBTTQ, through public education and advocacy	

Carolina Bernstein- Director of LGBTQ Health, Melanie Oda – ARC and Mental Health, Adam Benn- Manager LGBTQ Community Programs, Daniel Pugh & Rahim Thawer - LGBTQ mental health counsellors	Sherbourne Health Centre	Sherbourne offers a wide range of primary healthcare programs and services to lesbian, gay, bisexual, Trans, two-spirited, intersex, queer or questioning individuals. Our goal is to provide dignified, non-judgmental services to help clients feel better, cope better with day-to-day challenges and address specific LGBTQ health issues, services include: • Treatment and monitoring of temporary and chronic illness • Preventative health care including routine physicals, vaccinations and screening for disease • Trans Health Care • Counselling • LGBTQ youth health and mentoring (SOY) • LGBTQ Parenting and Families (LGBTQ Parenting Network) • LGBTQ province-wide health promotion (Rainbow Health Ontario) • Wellness workshops and support groups • Health promotion and education	http://sherbourne.on.ca/
Andrew Little, deputy chief executive Sherbourne Health Centre, Giveny Lewis- national coordinator training, Warren Summers- Membership and Communications Coordinator	LGBTI Health Alliance	The National LGBTI Health Alliance is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities.	https://lgbtihealth.org.au/
Heath Reed, Silver Rainbow	LGBTI Health Alliance	As above	

Lucy Abbott, Ross Jacobs, Tarn Lee – QLIFE	LGBTI Health Alliance	As above	
Charlie Willbridge- MindOUT	LGBTI Health Alliance	As above	
James Gray, Associate Director, Policy Strategy and Research	ACON	ACON is a New South Wales based health promotion organisation specialising in HIV prevention, HIV support and lesbian, gay, bisexual, transgender and intersex (LGBTI) health.	https://www.acon.org.au/
Terence Humphreys	Twenty10	Twenty10 incorporating GLCS NSW works with and supports young people, communities and families of diverse genders, sexes and sexualities. They work right across NSW and partner with similar organisations around Australia.	http://www.twenty10.org.au/
Lauren Foy, co-convener	NSW Gay and Lesbian rights Lobby	The Gay and Lesbian Rights Lobby's core focus is to lobby politicians, government, policy makers and the media to redress discrimination against the LGBTI community and to represent it at all levels.	https://glrl.org.au/
Jo Ball - CEO	Switchboard	Switchboard Victoria is a community based not for profit organisation that provides peer based volunteer run support services for lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) people and their friends, families and allies.	http://www.switchboard.org.au/
Simon Ruth- CEO and Jackson Fairchild, Manager Counselling, Family Violence and AOD services	Thorne Harbour Health (formerly Victorian AIDS Council (VAC))	VAC leads the fight against HIV/AIDS by providing care and support for people living with HIV, health promotion and advocacy. VAC is Australia's oldest LGBTI health organisation and Victoria's largest. Through a range of projects, VAC delivers community-led and culturally appropriate services that improve the health and wellbeing of LGBTI people living throughout Victoria and South Australia.	https://thorneharbour.org

Ro Allen	Commissioner	Ro Allen is the Commissioner for Gender and Sexuality for the Victorian Government in Australia which is supported by the Minister for Equality. Their role is to make Victoria a safer place for LGBTI people	https://www.vic.gov.au/equality.html
Kate Foord	Queer Space	Queerspace provides a safe and supportive community space run by Drummond Street services to obtain information and access services aimed at improving the health and wellbeing of the queer and LGBTIQA+ communities. Queerspace advocates, supports, researchers and engages through community driven voices and events with the LGBTIQ community and is staffed by queer identified practitioners, counsellors, group facilitators and community engagement workers	https://ds.org.au/our-services/queer-space/
Sally Goldner	TransGender Victoria	Transgender Victoria (TGV) work with and for, the trans and gender diverse (TGD) community as well as its allies, to create positive change in areas that impact the human rights of TGD people. TGV represents the TGD community in challenging discrimination and assists to empower TGD people so that they may lead full and meaningful lives.	http://www.transgendervictoria.com/
Liam Leonard, Director of GLHV	GLHV (formerly known as Gay and Lesbian Health Victoria)	GLHV is a lesbian, gay, bisexual, transgender and intersex (LGBTI) health and wellbeing policy and resource unit. GLHV is funded by the Victorian Government and sits within the Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University. GLHV is committed to improving the health and wellbeing of LGBTI Victorians and the quality of care they receive.	https://www.glhv.org.au/
Pauline Crameri, Co-ordinator of Val's LGBTI Ageing and Aged Care	Val's LGBTI Ageing and Aged Care	Val's LGBTI Ageing and Aged Care is a Victorian state-wide program working to improve healthy ageing pathways, care and visibility of older LGBTI people.	

UK Resources / Organisations

- http://www.stonewall.org.uk/our-work/campaigns/unhealthy-attitudes
- London Assembly Health Committee LGBT+ Mental Health: https://www.london.gov.uk/sites/default/files/lgbtreportfinal.pdf
- www.mind.org.uk/media/5204367/mind-lgbtqplusguide-2016-webres.pdf
- https://www.kcl.ac.uk/ioppn/depts/psychology/research/ResearchGroupings/LGBT-Mental-Health.aspx London
- Preventing suicide among lesbian, gay and bisexual young people A toolkit for nurses- Public Health England and Royal College of Nursing 2015: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/412427/LGB_Suicide_Prevention_Toolkit_FINAL.pdf
- http://opaal.org.uk/app/uploads/2017/06/OLGBT-Good-Practice-Guidance-Jan-17.pdf
- Preventing suicide among trans young people A toolkit for nurses - Public Health England and Royal College of Nursing 2015: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/417707/Trans_suicide_Prevention_Toolkit_Final_26032015.pdf
- The Reality of end of life care for LGBT people - Marie Curie 2016: https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/june-2016/reality-end-of-life-care-lgbt-people.pdf
- End of Life Care – LGBT route to success – Macmillan 2012: https://www.macmillan.org.uk/documents/aboutus/health_professionals/endoflifecare-lgbtroutetosuccess.pdf
- Professor Peter Hopkins, Newcastle University has produced a very helpful video explaining Intersectionality: https://www.youtube.com/watch?v=O1islM0ytkE