



# Out but not Left Out

Mental Health Service Provision for LGBs living in Leeds: An assessment of service needs and mapping of service provision in the city

Nathalie Noret, Ian Rivers & Andrew Richards

## **Executive summary**

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### **Part 1: Mapping of Services**

190 services were identified through the Leeds Mental Health Directory and invited to participate in the study. In total 61 services agreed to participate. A questionnaire was designed for the purpose of the project to examine to what extent services acknowledge the specific needs of the Lesbian, Gay and Bisexual (LGB) community in Leeds, whether services currently have initiatives implemented to acknowledge these needs and lastly whether services were aware of any LGB service users accessing their services. The key findings from this part of the project were as follows: 91% of services felt they acknowledge the specific needs of the LGB community 87.5% of services reported that they had initiatives in place to deal with the specific needs of LGB individuals. 94.5% of services reported having implemented these initiatives 91% of services sampled reported that LGB clients had accessed their service, however only 47% asked service users about their sexual orientation and only 35% of services recorded information on the sexual orientation of their clients.

### **Part 2: LGB Community Study**

76 participants were recruited for this project and completed a short questionnaire on their mental health and experiences of accessing services in Leeds. The main findings were as follows: 39.7% of the total sample

had been diagnosed with a mental health problem and 48.6% reported having accessed a mental health service in Leeds 33.3% of participants had reported self-harming and 53.3% reported having suicidal thoughts. Of those who reported self-harming 24% had not accessed a mental health service. Similarly 33% of those who reported having suicidal thoughts had not accessed a mental health service

**Recommendations** On the basis of the results of this study, recommendations are made to tackle the following three issues:

- Increase awareness of the specific needs of the LGB community
- To increase awareness of the mental health services currently available
- Make mental health services more accessible to LGB individuals

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## Acknowledgments

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The research team and the Leeds Lesbian, Gay and Bisexual Mental Health Partnership would like to thank all the mental health services that took the time to complete the questionnaire and participate in this study, this project is in no way a criticism of the work they do and their responses and comments were gratefully received. We would also like to thank all the participants for taking the time in completing the questionnaires and for taking the time to tell us their stories. Not all stories could be reported in the main project but have been included in their entirety in the appendices. The researchers would also like to thank the Leeds, Lesbian, Gay and Bisexual Mental Health Partnership for funding and supervising the research project. The Partnership consisted of representatives from the following agencies and thanks are given for their support and guidance throughout the research:

- Community Links
- Leeds City Council
- Leeds Mind
- Leeds Mental Health Trust
- Rainbow Ripples

Unfortunately, one person who was part of this project passed away before she could see it finished. Her name was Mae Stephenson. She was a lesbian and a user of mental health services. She was a generous woman, who helped many gain strength and the confidence to believe in themselves. Because Mae believed that mental health services in Leeds are not meeting the needs of the LGB community, she joined the Leeds LGB Mental Health Group from the

beginning and was part of the interviewing panel for the researcher for the project. So, it is also thanks to her that this work is being published now, and that in the future – we hope- other lesbians, gay and bisexuals will receive the appropriate mental health support that all deserve and need.

## **Introduction**

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This study reports on the results of a six month research project commissioned by the Leeds Lesbian, Gay and Bisexual Mental Health Partnership. The report provides an overview of relevant research in the area before outlining the main findings of the study and providing recommendations based on these findings.

### ***The prevalence of mental health problems***

Until recently the majority of research conducted into the mental health status of Lesbian, Gay and Bisexual (LGB) individuals has been conducted in the US. Results of such studies have consistently found a higher prevalence of mental health disorders, higher rates of self-harm and suicide ideation and lower rates of mental health service access (King & McKeown, 2003). Studies have found higher levels of anxiety and depression (Hershberger & D'Augelli, 1995), higher levels of alcohol and substance abuse (Hughes & Eliason, 2002) and a higher risk of suicide, suicide ideation (persistent thoughts about suicide) and/or self harm (Savin-Williams, 1994, Remefidi, 1998, D'Augelli, Hershberger & Pilkington, 2001). Recent research conducted in the UK is beginning to replicate findings found in American research. King et al (2003) in their study for MIND, sampled 1,285 LGBs in the UK. They identified that 43% of their sample suffered with a mental health disorder as defined by the Clinical Interview Schedule (CSI-R) and 31% of the sample had attempted suicide. Comparisons with their

heterosexual sample also found that LGBs scored higher on the CSI-R and reported higher rates of Self-harm. Such findings support those previously found in the Count Me In survey (Webb & Wright, 2001) which found 20% of participants had attempted suicide and 40% had suffered with suicide ideation. Findings from more small scale qualitative studies have produced similar findings. Through interviews with 20 lesbians who grew up in isolated areas in the UK, Bridget (1994) found that 84% of the sample had suffered with prolonged periods of depression, 40% had suffered with anxiety and 50% had self-harmed. In their study with 95 young gay and bisexual men, Hutchinson, Porter & Le Voil (2003), found that 28% had self-harmed, 27% had self-harmed and 54% had thoughts about suicide.

### ***Possible explanations for higher rate of mental health problems***

Research has suggested that the higher prevalence of mental health disorders in the LGB community could be due to the elevated levels of stress due to homophobia, social exclusion, poor social support and victimisation often experienced by LGB's (Meyer 2003, Douglas-Scott, Pringle & Lumsdaine 2004). D'Augelli, Hershberger & Pilkington (2001) identified that LGB youths are at a higher risk of developing a range of mental health and health problems including alcohol and drug abuse, risky sexual health behaviour and higher rates of mental health problems. They argue that factors generally associated with suicide attempts in adolescence such as prior psychiatric disorders, extreme

interpersonal stressors and losses in particular related to parents and partners and negative life events are predictors of suicide in LGB youths as well. However, they also argue that such stressors are often more extreme in the lives of LGB youths. In terms of research into bullying, Rivers (1995) identified that being bullied in school is likely to have a long term impact on the psychological well being of lesbians and gay men. King et al (2003) examined what they defined as *markers of discrimination*, behaviours such as verbal and physical abuse, bullying at school and property damage. They found a strong relationship between experiencing such behaviours and scoring above the threshold on the CSI-R, as well as a strong association between experiencing such acts of discrimination and self-harm. Such findings support previous research from both the UK and US.

#### ***Service Provision and access***

Several studies in the UK have highlighted the deficiency in service provision for LGB's with mental health problems. Douglas-Scott, Pringle & Lumsdaine (2004) argued that homophobia in health services can make them inaccessible or inappropriate to LGB service users. Research conducted for MIND by Golding (1997) found that 58% of their sample of 55 participants would not feel safe disclosing their sexual orientation within a mainstream mental health setting. Furthermore, 44% of the sample feared staff would assume that their mental health problems were related to their sexuality and 40% feared discrimination and/ or prejudicial treatment. Such findings have been common themes in the research into

this area. A similar research project was carried out in 2003, and found that when they were open about their sexual orientation, a third of gay men, a quarter of bisexual men and 40% of lesbians reported mixed or negative reactions from mental health professionals. Reported reactions ranged from open homophobia to a lack of empathy (King & McKeown, 2003). PACE (2001) conducted a survey with a total of 70 participants, 35 service providers and 35 service users. The majority of service providers identified homophobia as having an impact on mental health and stated that they felt there was no equality of access to mental health services. The service users reported incidents of homophobia within mental health services and there was a general dissatisfaction with services and service provision. Furthermore, through interviews with 10 LGB individuals, 6 LGB specific support agencies and 22 health services, Taylor (2004) found that service users identified a number of barriers to service access which included; service users not feeling comfortable discussing sexuality issues, staff demonstrating little understanding about LGB issues, homophobia and not being involved in their own care package.

**Background and aims of current study**

This project builds on previous research in the LGB community in the UK focusing on answering the following key questions:

- Identify the mental health support needs of LGB living in Leeds
- Examine the experiences of LGBs who may have accessed service provision in Leeds
- Identify service providers in Leeds and examine their opinions on the service provision available to LGBs

## **Part 1: Service provision for LGB individuals with mental health problems**

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### **Aims of Part 1**

The aims of the first part of the study were to:

- Create a questionnaire based on the AIIA criteria (see appendix III) to measure the current service provision for LGB individuals with mental health problems
- Identify and make contact with mental health services in the city of Leeds services
- Using the questionnaire based on the AIIA criteria, identify the current level and nature of service provision in Leeds for LGBs with mental health problems
- Are there any initiatives in place relating to this acknowledgement?
- Have the initiatives been properly implemented?
- Does the LGB community access the service?

### **Methodology employed**

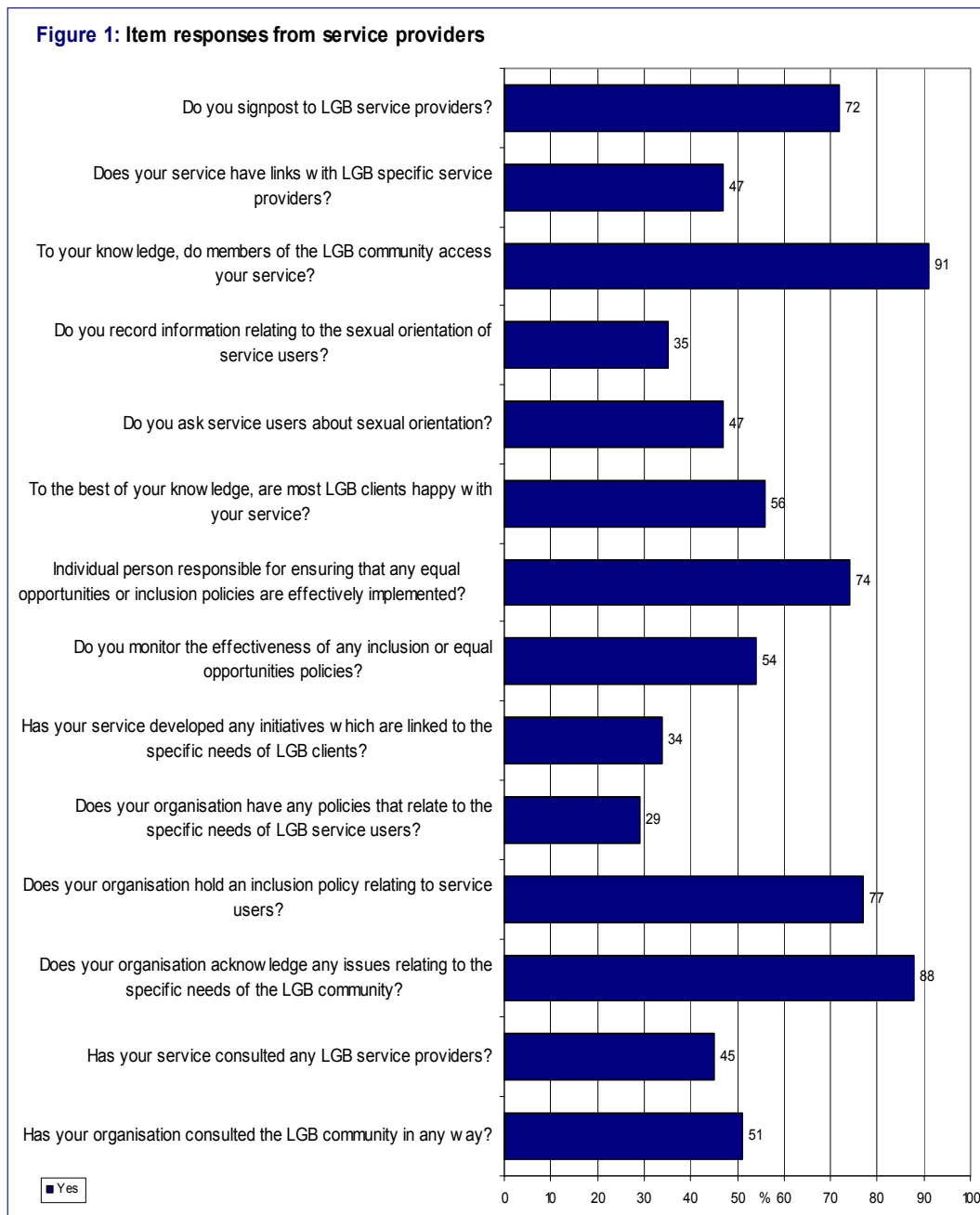
Mental health service providers in Leeds (n = 190) were identified through the Leeds Mental Health Directory and were contacted by letter and asked to complete a self-report questionnaire, if no response was received services were contacted with a follow up telephone call. In total 61 services responded and completed a questionnaire (32.1% response rate). The questionnaire was designed for the purpose of this study and was based on the Acknowledgment, Initiative, Implementation and Accessing (AIIA) criterion (see Appendix III) and also included questions on the age and gender of service users. Data were largely evaluated based on the following questions:

- Has the service acknowledged the specific needs and concerns of the LGB community in Leeds?

## Results – Part 1

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In total 61 services returned questionnaires (32.1% response rate). 89% of the services reported that their service provides services for both males and females, 7% of services were for females only and 4% of services were for males only.



As Figure 1 shows, the majority of services, 91%, reported that they believed LGB individuals were accessing their services, however only 47% of services reported asking service users about their sexual orientation. 77% of services who participated in this project reported having an inclusion policy relating to service users; furthermore 88% of services reported acknowledging the specific needs of the community. However, few services (29%) reported that their organisation had specific policies that relate to the needs of LGB service users. The results of these questions were analysed using the AIIA criteria, see appendix III for an overview of the AIIA and appendix IV for a breakdown of the raw data.

### **Acknowledging**

Overall, analysis showed 91.2% of services had some degree of acknowledgement of the mental health needs of LGB's. As Figure 1 shows 88% of services reported that they acknowledge any issues relating to the specific needs of the LGB community. Furthermore 45% of services questioned had consulted with LGB service providers and 51% had consulted the LGB community in some way. As one service reported

*Our main provision is in the mental health chaplaincy service where we work very closely with the diversity lead for the trust, LMHT takes diversity + inclusion very seriously and issues relating to the LGB community are included in the diversity agenda. We attend MESMAC AGM and have consulted with MESMAC about service provision.. We are always open to meeting the needs of who ever*

*seeks our support irrespective of age creed gender, orientation culture or class.*

### **Initiatives**

In terms of having any initiatives in place following the acknowledgement of the issues, analysis showed that 87.5% of services had some degree of initiatives in place. As Figure 1 shows, 77% of services reported that they hold an inclusion policy relating to service users, 29% of services have policies relating to the specific needs of LGB clients and 34% have developed initiatives linked to the specific needs of LGB clients. The development of initiatives varied from service to service with some having policies in place and others still looking to develop initiatives, as one service stated:

*We have no specific written policies for the self help initiatives project as we are part of a wider organisation. We are developing our monitoring and evaluation systems/format at ship over the next 12 months*

### **Implementation**

With regards to the implementation of such initiatives, analysis of the data showed that 94.5% of services had some degree of implementation. 54% of services reported that they monitor the effectiveness of their policies on inclusion or equal opportunities. Additionally 74% of services stated that they have an individual responsible for ensuring that such policies are implemented effectively and 56% of services reported that to the best of their knowledge LGB clients are happy with their service. The implementation of strategies and initiatives varied between the

*Out but not left out*

services. Two services reported the difficulty they had experienced in trying to set up a service

*We have frequently suggested to Mesmac in Leeds that they run domestic violence perpetrator programmes for the LGB community and also support groups for victims. Lesbian perps come to our women's preps group along with heterosexual women. We would be interested in helping speed up this sadly neglected area or gaps in the market if you could give us some direction. We have had a few clients who are cross dressers and there does seem to be very limited services for this group of people. One previous client tried to start a user led gay men's group here but didn't have much success. We have a policy that all people will be welcome here and we will sensitively challenge discrimination of any kind*

### **Accessing**

Lastly, in terms of accessing, 93.1% of services believed they had LGB clients accessing their services. 91% of services reported that members of the LGB community access their service, however, only 47% ask service users about their sexual orientation and 35% stated that they record information relating to the sexual orientation of service users. One service reported:

*We do not collect monitoring data relating to sexual orientation however we have a diversity coordinator for our trust who can provide information as needed*

## **Study - Part 2: Mental health needs of LGB individuals**

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### **Aims of Part 2**

The aims of the second part of the study were to:

- Make contact with LGB and mental health support groups to identify LGB people who might take part in the research
- Develop a questionnaire to identify the prevalence of mental health problems in the community and access rates to mental health support groups
- Identify the prevalence rates of those with mental health problems and identify how many of these participants have accessed mental health service provision in Leeds
- Identify attitudes towards service provision in Leeds

### **Methodology employed**

The LGB community in Leeds were accessed by outreach work, attending groups and other organisations, attending the Leeds LGB ball, distributing posters and post cards in LGB venues and a press release in SHOUT magazine. In total 76 individuals agreed to participate in the study and complete a questionnaire, 31.6% of the sample were female, 65.8% were male and 2 people (2.6%) did not disclose their gender.

The survey tool was based on the Acknowledgment, Initiative, Implementation and Accessing (AIIA) criterion, see appendix III, and included demographics relating to the age and gender and sexual orientation of participants.

Data were largely evaluated based on the following questions:

- In the view of the community have mental health services acknowledged the specific needs and concerns of the LGB community in Leeds?
- Were the community aware of any initiatives relating to this acknowledgement?
- Did the community feel that initiatives had been properly implemented?
- Do the LGB community access the service?

In addition the questionnaire asked participants about aspects of their mental health and how often they have accessed mental health services.

## Results

### Demographics

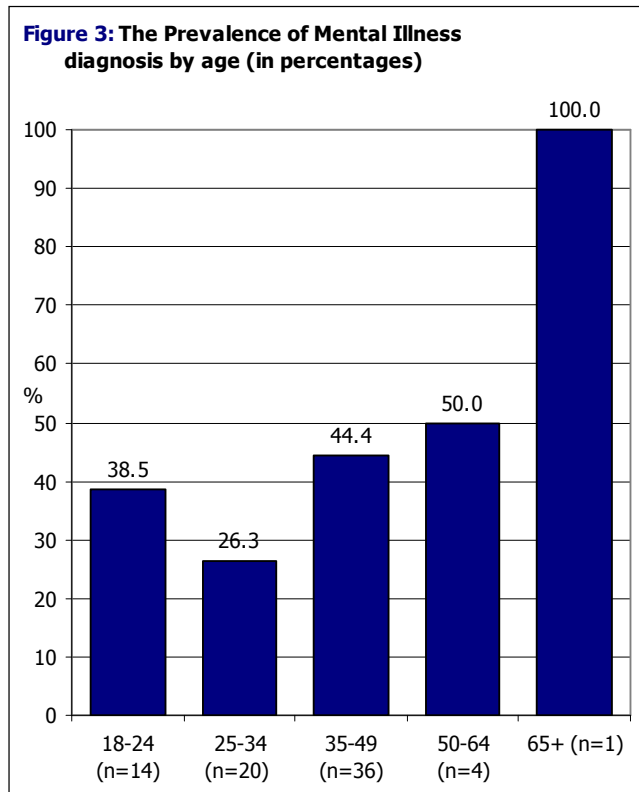
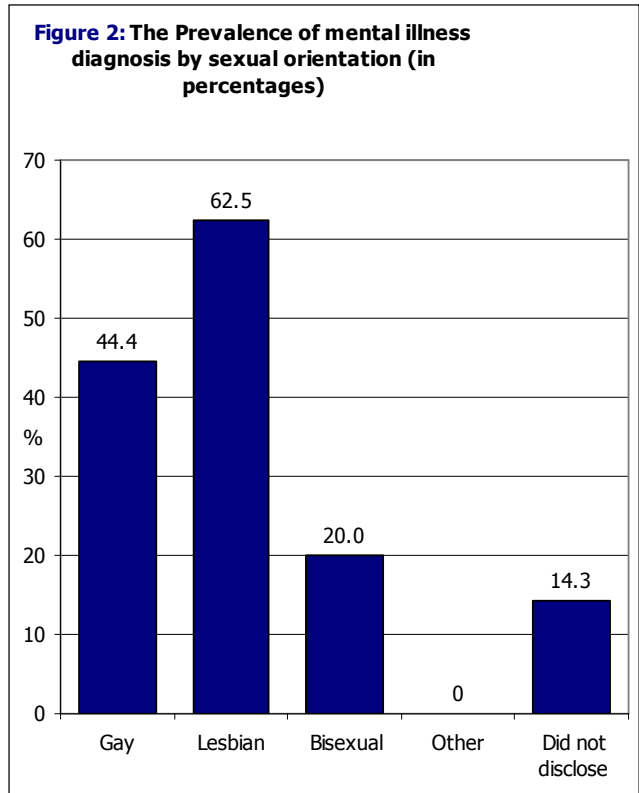
Table 1 outlines the demographics of the group of participants. As this table shows more males participated than females and two participants did not disclose their

gender. Overall 48.7% of the sample identified as gay, 21.1% as lesbian, 7.9% as bisexual and 2.6% stated their sexual orientation as 'other'. 19.7% of the sample did not disclose their sexual orientation.

<b>Table 1:</b> Demographic information of the sample			
	Number & (percentage)		Number & (percentage)
<b>Total Participants</b>	76	<b>Age</b>	
<b>Gender</b>		18-24	14 (18.4)
Male	50 (65.8)	25-34	20 (26.3)
Female	24 (31.6)	35-49	36 (47.4)
Did not disclose	2 (2.6%)	50-64	4 (5.3)
		65+	1 (1.3)
		Did not disclose	1 (1.3)
<b>Sexual Orientation</b>		<b>Ethnicity</b>	
Gay	37(48.7)	Asian	1 (1.3)
Lesbian	16 (21.1)	Black	3 (3.9)
Bisexual	6 (7.9)	Mixed	3 (3.9)
Other	2 (2.6)	White British	64 (84.2)
Did not disclose	15 (19.7)	Other White	3 (3.9)
		Did not disclose	1 (1.3)

### Mental health problems

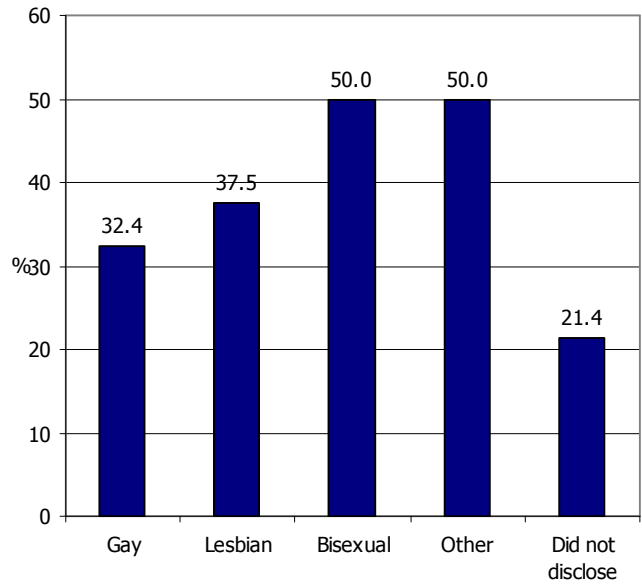
29 participants (39.7%) reported that they had been diagnosed with a mental illness. Slightly more females (47.8%) reported this compared to males (36%), however no significant association was found between gender and mental health diagnosis,  $\chi^2(1) = 0.92, p=ns$ . The data were then analysed by sexual orientation. As Figure 2 shows, proportionally more lesbians (62.5%) reported having received a mental health diagnosis, compared to 44.4% of gay men, 20% of bisexuals and 14.3% of those who did not disclose their sexual orientation. Figure 3 outlines the prevalence of mental health diagnoses by age group, as this Figure shows, the one person in the 65+ age group reported having received a mental illness diagnosis. Mental health diagnoses were prevalent in each of the different age groups.



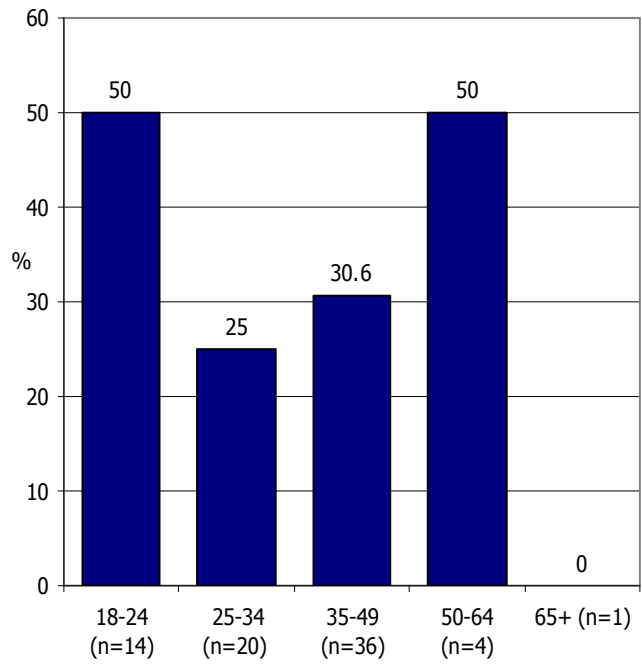
### Self Harm

33.3% (n=25) of the total sample reported self-harming, with slightly more females (37.5%) reporting this than males (32%), however no significant association was found between gender and reports of self harm,  $\chi^2(1) = 0.21$ ,  $p=ns$ . The data were analysed by sexual orientation, the results of which can be seen in Figure 3. 50% of bisexual participants and 50% of participants who described their sexual orientation as other reported having self-harmed. This compares with 37.5% of lesbians, 32.4% of gay men and 21.4% of participants who did not disclose their sexual orientation. The prevalence of self harm was also analysed by age group, as Figure 4 shows 50% of those in the 18 to 24 year age group and 50% of those in the 50 to 64 year age group reported having self harmed. The prevalence of self harm was lowest in the 25 to 34 year age group, where 25% of this group reporting having self-harmed.

**Figure 3: Prevalence of Self-harm by sexual orientation (in percentages)**

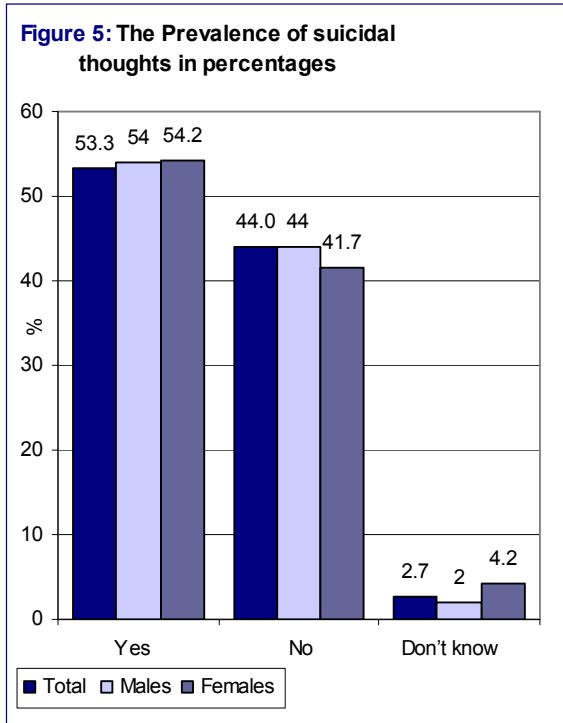


**Figure 4: The prevalence of Self-Harm by age (in percentages)**



### Prevalence of suicidal thoughts

Overall, 53.3% of the total sample reported having suicidal thoughts; as Figure 5 shows fractionally more females reported this than males.



As table 3 shows those in the 35 to 49 year old age group reported the highest rates of suicidal thoughts.

**Table 3: Prevalence of suicidal thoughts by age**

	Yes	No	Don't Know
<b>18-24</b> (n=14)	7 (50)	5 (35.71)	2 (14.29)
<b>25-34</b> (n=20)	8 (40)	12 (60)	0
<b>35-49</b> (n=36)	23 (63.89)	13 (36.11)	0
<b>50-64</b> (n=4)	2 (50)	2 (50)	0
<b>65+</b> (n=1)	0	1 (100)	0

Table 2 shows the prevalence of suicidal thoughts by sexual orientation. 62.5% of lesbians reported suicidal thoughts, compared with 54.1% of gay men, 50% of bisexuals, 50% of those who described their sexual orientation as other and 42.9% of participants who did not disclose their sexual orientation.

**Table 2: Prevalence of suicidal thoughts by sexual orientation**

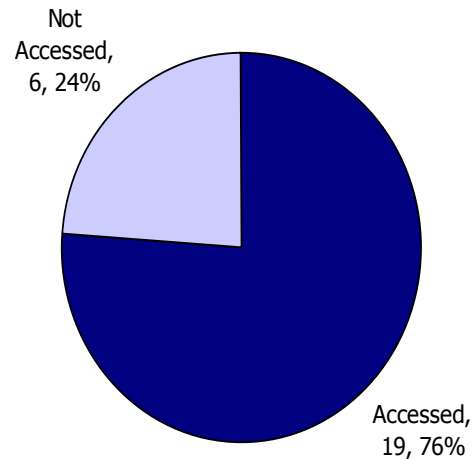
	Yes	No	Don't Know
<b>Gay</b>	20 (54.1)	16 (43.2)	1 (2.7)
<b>Lesbian</b>	10 (62.5)	6 (37.5)	0
<b>Bisexual</b>	3 (50.0)	3 (50.0)	0
<b>Other</b>	1 (50.0)	0 (0.0)	1 (50.0)
<b>Did not Disclose</b>	6 (42.9)	8 (57.1)	0

### Service access

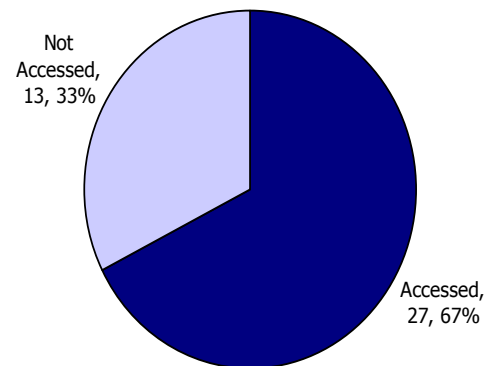
35 participants (48.6%) of the sample reported accessing a mental health service. The rate of service access was analysed by sexual orientation and showed that 51.4% of gay men and 68.8% of lesbians reported having accessed a mental health service in Leeds. 50% of participants who described their sexual orientation as 'other' and 40% of bisexual participants also reported accessing services. Those who did not disclose their sexual orientation reported the lowest rate of service access (21.4%). The data were also analysed by the age of the participants. The one person who was in the 65+ age group reported having accessed a service. 50% of those in the 50-64 year age group and 50% of those in the 18-24 year age group reported accessing services; this was followed by 48.6% of those in the 35-49 year age group. Participants in the 25-34 year old group reported the lowest rate (44.4%) of service access.

The prevalence of service access was examined by whether participants self harmed or had suicidal thoughts. As Figure 6 shows, of the 25 participants who reported having self-harmed, 19 (76%) had accessed mental health services, however, 6 (24%) had not accessed such services. As Figure 7 shows, of the 40 participants who reported having suicidal thoughts 27 (67.5%) had accessed mental health services, 13 (32.5%) had not.

**Figure 6: Service Access of those who reported suicidal thoughts**



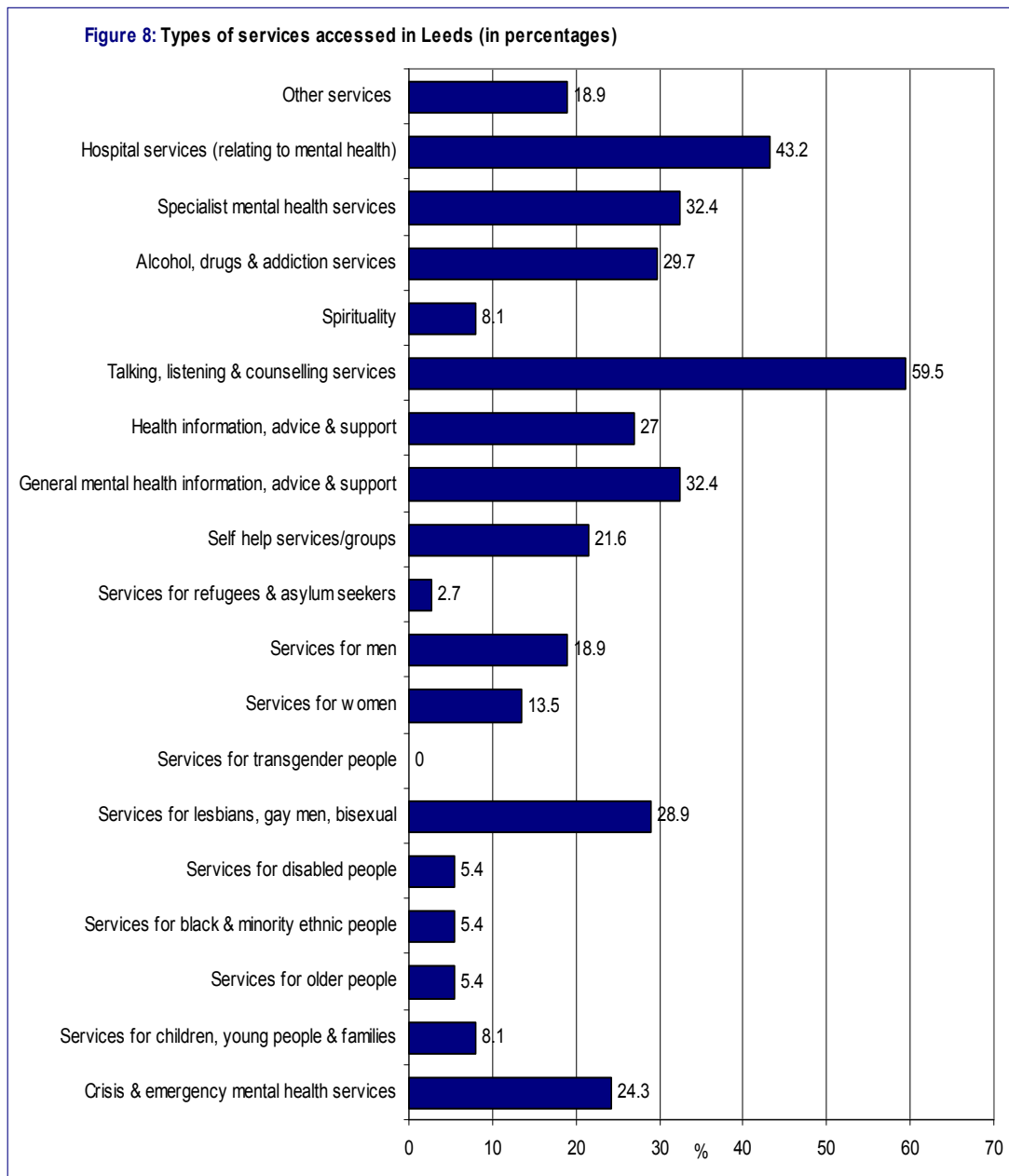
**Figure 7: Service Access of those who reported self-harming**



### Leeds services accessed

Figure 8 shows the types of services accessed by participants in Leeds. As this Figure shows the most commonly reported type of service accessed was talking, listening and counselling services, this was followed by hospital services and specialist mental health services, general mental health information, advice and support services.

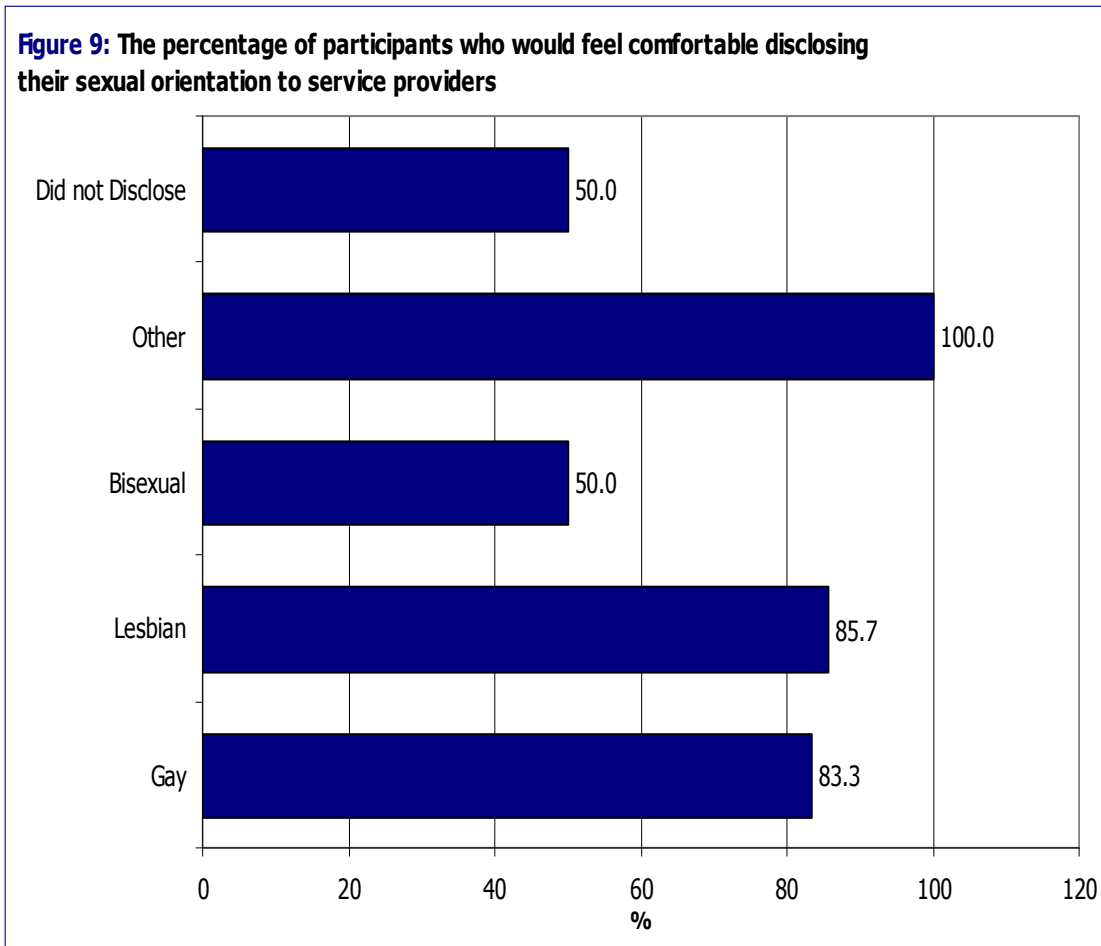
The least accessed services were services for transgender people, with no participants reporting accessing these, followed by services for refugees and asylum seekers. 8.9% of participants reported using other services which included community rehab, their general practitioner, the In-Reach team and Touchstone.



### Recording of sexual orientation

Participants were asked whether they would feel comfortable letting mental health service providers know if they were lesbian, gay or bisexual. 75% of participants would be comfortable doing so, with fractionally more males (75.5%) reporting this than females (72.7%). The data on whether participants would be comfortable letting mental health services know if they were lesbian, gay or bisexual were analysed by sexual orientation.

As Figure 9 shows approximately 80% of lesbian and gay participants reported that they would feel comfortable in letting mental health service providers know their sexual orientation, this compared to 50% of bisexual participants and 50% of those who did not disclose their sexual orientation.



## **Helpful Services**

The questionnaire also asked participants which services they found particularly helpful and why. 17 participants stated that they had not accessed/ did not require any mental health support. In total 51 participants responded to the question of which services they found particularly helpful, these included:

- Community Links (n=1)
- Gay TxT service (n=1)
- Counselling (n=4)
- GP (n=1)
- Psychotherapy services (n=1)
- Homeopathy (n=1)
- In Reach Team (n=1)
- Leeds Crisis Team (n=1)
- Leeds Mental Health Team (n=1)
- Mesmac (n=2)
- Psychiatrist (n=1)
- SHIP (n=4)
- St Marys House (n=1)
- St Annes (n=2)
- Local Bar (n=1)
- Market Place (n=1)
- Touchstone (n=1)

A number of participants added further comments in relation to this question:

*NHS counsellor psychotherapy - I found her to be very understanding and none judgmental, however I think this was down to the counsellor herself rather than the service. None at present because there is a shortage of lesbian counsellors and there is a long waiting list so I end up seeing a straight counsellor or psychotherapist or psychologist and they don't seem to understand*

## **Where participants would access first for Mental Health support**

Participants provided a range of responses when asked who they would access first for mental health support. Of the 35 participants that responded to this question, 19 stated that they would access their GP first for mental health support; this was followed by 6 participants who reported that they did not know who they would speak to first. Other services participants stated they would access first included; the local hospital (n=2), friends (n=2), Leeds Crisis Centre (n=1), Phoneline (n=1), SHIP (n=1) and St Anne's (n=1). One participant however reported on the difficulty they experienced in trying to access mental health support:

*Do not know of any services, would feel under pressure asking someone (feel the need to explain)*

### **How do you know about this service?**

In total 47 participants responded to the question on how they found out about the services they had identified in the previous question, some of these responses included:

- In a bar (n=2)
- By meeting him (n=1)
- Don't know (n=15)
- General information post (n=1)
- GP (n=1)
- Have good awareness of service provision (n=1)
- This questionnaire (n=4)
- Internet (n=1)
- Family/friends (n=4)
- Just the way I normally access the NHS (n=1)
- Leeds church housing services (n=1)
- My OT support worker informed me about it (n=1)
- SHIP in Leeds (n=1)
- Some guy in queens court (n=1)
- Papers (n=1)
- Previous experience/ used before (n=9)
- Work (n=2)

Some participants provided additional comments in relation to this question which included:

*I only found about mental health services for LCNGT through word of mouth. Better advertising of LGBT services for mental health sufferers would make it easier for people to make use of such services, especially for those who do not use recreational gay scene - better promotion in mental health drop in centres or at NHS mental health facilities*

*Need to try and become more visible to the general public. Try and reinforce that any form of mental illness shouldn't be something to be ashamed of. Need to try and reduce the stigma attached so more people will access services, cheers X*

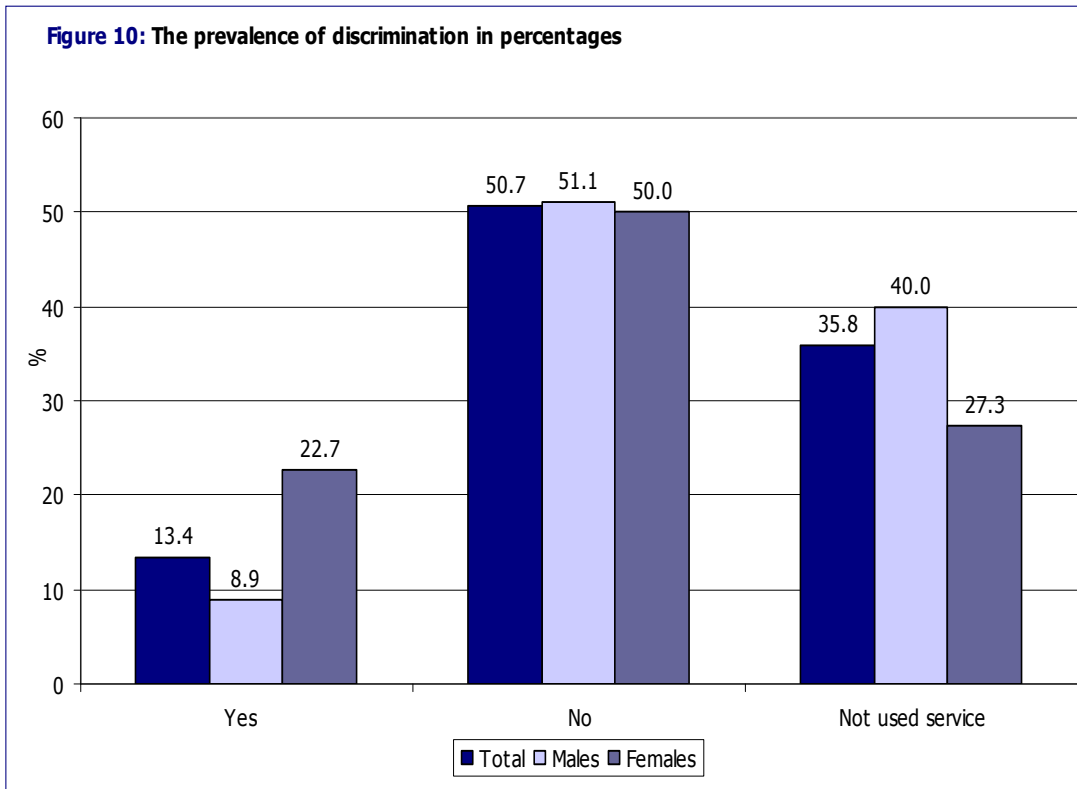
### Experiences of discrimination when visiting mental health service providers

As Figure shows overall 13.4% of the sample had experienced some form of discrimination when visiting a mental health service, substantially more females (22.7%) reported this than males (8.9%). Examples of discrimination reported by participants included:

*I went to see a MIND counsellor at Headingley, the woman was straight, I did ask to see a lesbian counsellor but there is a long waiting list. She did not seem interested about my sexuality that was what I wanted to go and talk about. I only saw her once I do not go back.*

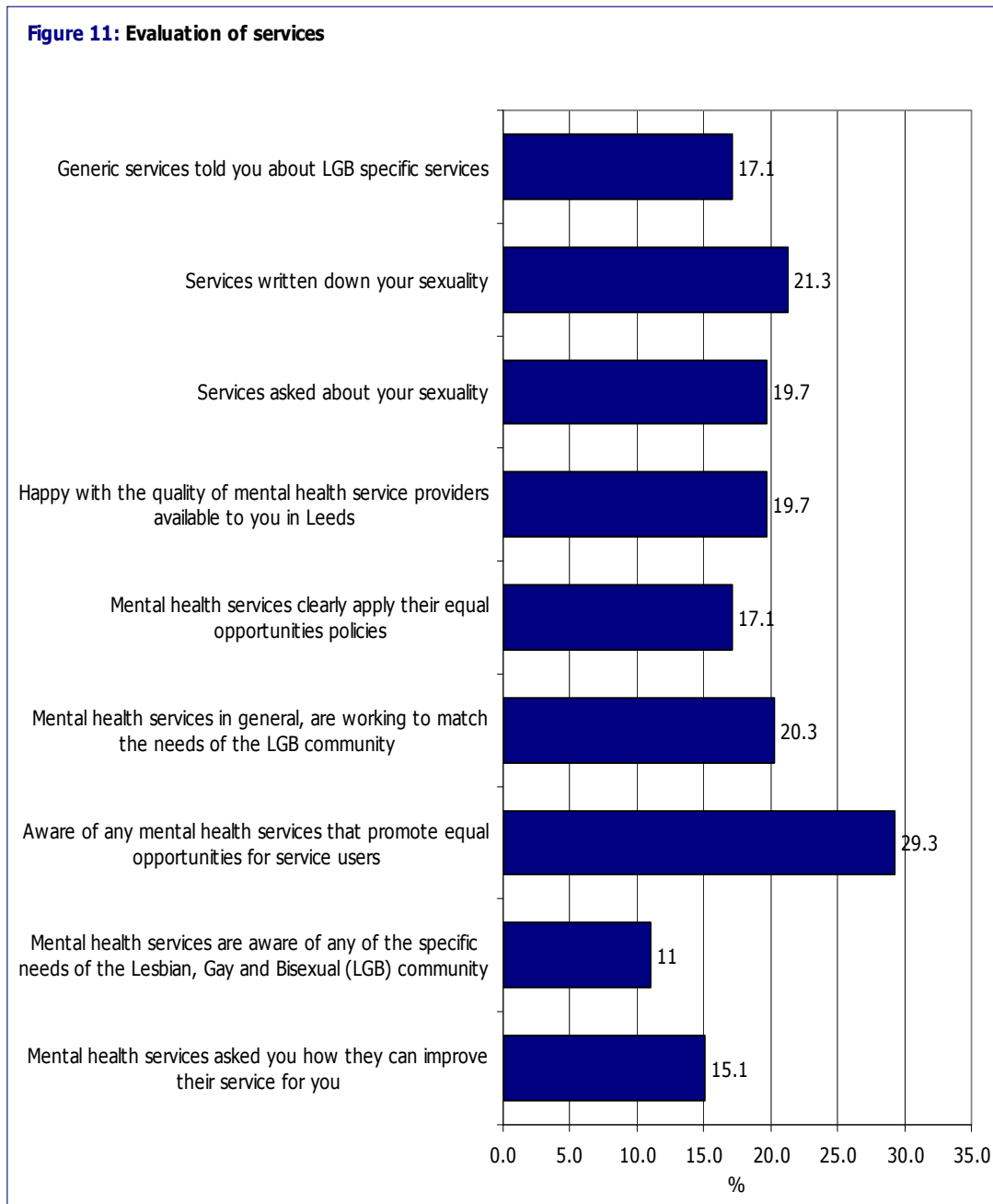
*At times in that indirect way you feel homophobia, nothing said but still there by lack of understanding and awareness*

*Letter from psychotherapy services back to GP cited my sexual orientation inappropriately as part of the summary of my mental distress*



### Evaluation of Services

Participants were asked a number of questions about service provision in Leeds; this is outlined in Figure 11. The responses to these questions were then analysed using the AIIA criteria, see appendix III, the raw data for this analysis can be found in appendix V.



### **Acknowledging**

In terms of the service providers acknowledging the needs of LGB service users, 22.2% of the participants felt that services currently acknowledge these needs. As Figure 11 shows 15.1% of participants had been asked by service providers about how services can be improved. Furthermore only 11% of participants reported that they felt that mental health services are aware of the specific needs of the LGB community.

### **Initiatives**

Analysis using the AIIA criteria show that 53.4% of participants believed that services currently have initiatives in place to deal with the particular needs of LGB service users. As Figure 11 shows 29.3% of participants reported that they were aware of mental health service providers that currently promote equal opportunities for service users and 20.3% were aware of mental health services working towards matching the needs of the LGB community. One participant made the following comment on equal opportunities;

*Some services have good clear policies on equal opps. However I frequently notice that 'sexual orientation' is often left out of equal*

*opps statements and needs to be included. I also think that while services may have good policies it is individual staff who need training and educating regarding their own attitudes and prejudices - the policy is only as good as the individuals who support it!!*

### **Implementation**

47.7% of participants felt that services currently implemented such initiatives, as Figure 11 shows 17.1% of participants felt that services currently apply their equal opportunities policies and 19.7% were happy with the current service provision in Leeds.

### **Accessing**

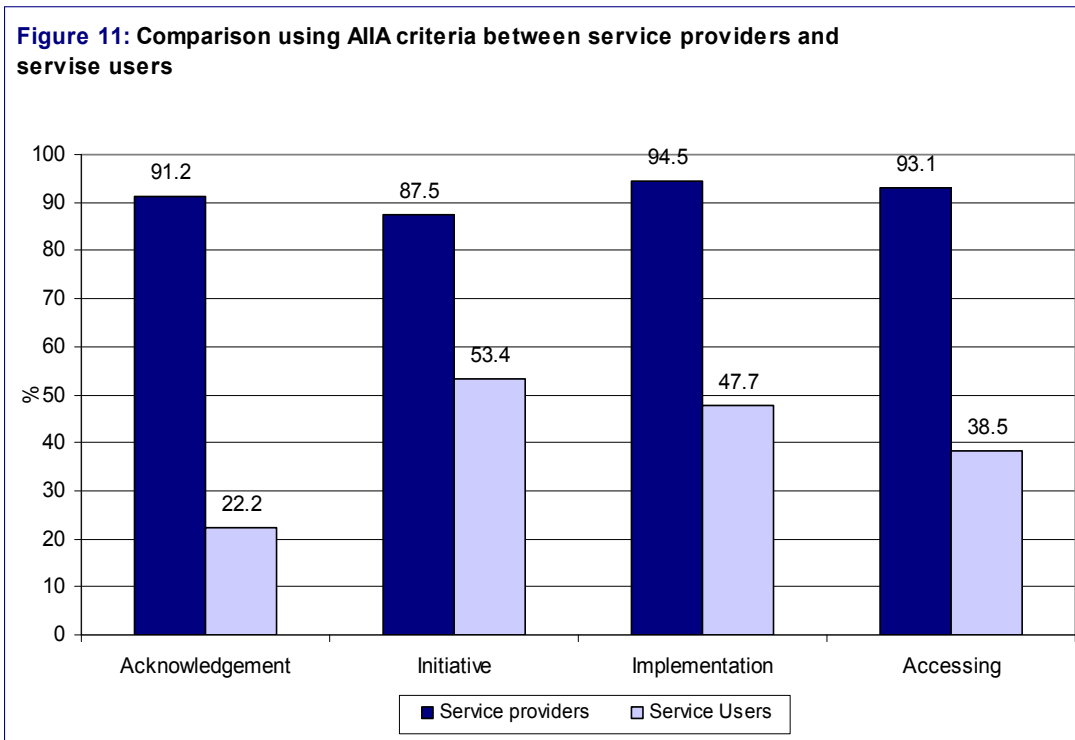
In terms of accessing services, analysis using the AIIA criteria showed that 38.5% of participants were currently accessing services. Furthermore and as Figure 11 demonstrates, 17.1% of the sample reported that generic service providers had informed them of LGB specific services. Participants were also asked about being asked about their sexual orientation and having this documented. Overall, 19.7% of participants had been asked about their sexual orientation by a service provider and 21.3% of participants reported that services had documented their sexual orientation. One participant made the following comment on the difficulties she experienced when trying to access services:

*MH professionals are still too quick to prescribe medication as a solution. I had to fight really hard to get anything .... They do not want to be challenged by articulate lesbians - then they perceive this as part of 'your mental health problem' Its always hard deciding whether or not to come out to MH professionals or health professionals there is never any positive or welcoming feel re sexual orientation*

### **AIIA: Comparison between Service Providers and Service Users**

Results from the service provider and service user questionnaires were compared using the AIIA criteria. As Figure 12 demonstrated the data indicates a large discrepancy between the service providers' responses and the responses of the participants from the LGB community. The acknowledgement scale of the AIIA analysis demonstrated the largest discrepancy, with 91.2% of service providers believing they acknowledge the specific needs of the LGB community. This compared with only 22% of participants reporting that they felt these needs are sufficiently acknowledged. There was also a large discrepancy between service providers and the community sample on the accessing scale, with 93.1% of service users stating that LGB individuals accessed their service.

However, this compared with 38.5% of the participants stating that they accessed mental health services in Leeds. Discrepancies were also found on the initiative and implementation scales, 53.4% of service users stated that services had initiatives in place to address the specific needs of the LGB community, this compared with 87.5% of service providers. On the implementation scale 94.5% of service providers felt that these initiatives have been implemented compared to 47.7% of service users.



## Discussion

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The findings of this study support previous research in terms of demonstrating the prevalence of mental health problems in the LGB community. In total 39.7% of the sample reported having been diagnosed with a mental health problem. 33.3% of this sample reported having self-harmed at some point in their lives, with slightly more females reporting this than males. Although this Figure is not as high as that found by King & Mckeown (2003) who identified 50% of their sample had self harmed, it is higher than rates in the general population. As part of the National Comorbidity Study, Kessler, Borges & Walters (1999) sampled 5877 adults in the UK and found 13.5% reported having lifetime suicidal thoughts. Rates from this study are substantially higher than that found in the general population. In terms of service access, 48.6% of the sample reported having accessed a mental health service in Leeds. Rather worryingly however, was the finding that 24% of those who reported suicidal thoughts and 33% of those who reported self-harming had never accessed a mental health service.

Results from the survey of service providers produced some positive results, with 91% of the services surveyed believing that they were acknowledging the needs of the LGB community, 87.% had initiatives in place to acknowledge these needs, 94% had implemented these initiatives and 93.1% had LGB clients currently accessing their services.

However, the findings from the AIIA analysis highlights a large discrepancy between what services perceive themselves as doing and the actual experiences of the LGB community. The perceptions of service providers were substantially higher across all items of the AIIA analysis compared to the responses of the LGB community. Although the service providers report addressing the needs of the community and having initiatives in place to address these needs this was not mirrored in the experiences of the LGB community. Additionally 93.1% of the service providers surveyed believed they had LGB clients accessing their service, however only 47% of services reported asking clients their sexual orientation and only 35% recorded such information. Furthermore, only 19.7% of the LGB participants reported they had been asked their sexual orientation by a service provider, and 21.3% stated that the service had documented this information. As few service providers stated recording the sexual orientation of their clients it is unclear how 93.1% of services knew that LGB clients accessed their service. Additionally 13.4% of the total sample had experienced some form of discrimination upon accessing a mental health services with more females reporting this than males. As Douglas –Scott, Pringle and Lumsdaine (2004) state homophobia in health services can make such services inaccessible and inappropriate to LGB service users. What is unclear from our data is whether this 13.4% who reported negative experiences, stopped accessing services altogether or

moved to another service provider. In terms of awareness of service provision, 47 participants responded to the question on how they were aware of the service they would access if needed. A number of participants stated that they did not know how they first became aware of the service, and 4 participants stated that they only found out about service provision through completing the survey for this study. This perhaps suggests that services in Leeds need to make LGB clients or potential clients more aware of the services available to them. As the participant cited on page 21 of the report stated, not all LGB individuals access the recreational gay scene, therefore simply advertising services here would be inappropriate, and services need to promote their services in more generic locations. The overall aim of this study was to identify the current level of service provision available to LGBs in Leeds and identify whether this adequately meets the needs of the LGB community. Although there are numerous services available in Leeds, few LGBs reported accessing such services. Due to these findings the study has put forward a number of recommendations (overleaf). Although the majority of services reported being aware of the needs of the LGB community this was not mirrored in the responses from the LGB community, furthermore a number of participants stated that they did not access services as they were concerned that services would not understand their needs. The findings from this survey suggest that the mental health services available to LGB individuals living in Leeds are insufficient for the needs of the community. It is likely that in

order to meet the recommendations made by this report warrant expenditure for training service providers, advertising and promotion of services will be needed.

## Recommendations

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The recommendations set out in this report are based upon the results of the study and fall into three main categories: Increasing awareness of the specific needs of LGB individuals with mental health problems, increasing awareness of service provision available to the LGB community and making mental health services more accessible to LGB individuals.

1. Increase awareness of the specific needs of the LGB community
  - Organise training events for generic service providers
  - Develop greater networking opportunities between generic and LGB services as a way to share best practice and increase awareness
2. Increase awareness of service provision available to the LGB community, this could be achieved in a number of ways:
  - Increase advertising of the service in LGB specific venues, such as bars and clubs, as well as in generic locations such as health centres and drop in centres.
  - Be present at LGB events in Leeds such as Leeds Pride
  - Visit LGB specific groups such as youth groups.
  - Publish and distribute a booklet on services available in Leeds for LGBs
  - All advertising should clearly state the location of the service, highlight that LGBs are welcome at the service and provide the name of the LGB worker (if there is one) and how to contact him/her.
3. Make mental health services more accessible to LGB individuals
  - Each service should have an equality statement clearly stating that LGBs are welcome at the service.
  - Use an appropriate equal opportunities monitoring form to ensure that LGBs are accessing the service (see appendix VII for an example of the form)
  - Evaluate the service regularly to ensure that the needs of the community are being met

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## **Appendix I: Questionnaire for Service Providers**

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1. Has your organisation consulted the Lesbian, Gay and Bisexual (LGB) community in any way?  
**Yes**  **No**  **Unsure**
  2. Has your service consulted any LGB service providers?  
**Yes**  **No**  **Unsure**
  3. Does your organisation acknowledge any issues relating to the specific needs of the LGB community?  
**Yes**  **No**  **Unsure**
  4. Does your organisation hold an inclusion policy relating to service users?  
**Yes**  **No**  **Unsure**
  5. Does your organisation have any policies that relate to the specific needs of LGB service users?  
**Yes**  **No**  **Unsure**
  6. Has your service developed any initiatives which are linked to the specific needs of LGB clients?  
**Yes**  **No**  **Unsure**
  7. Do you monitor the effectiveness of any inclusion or equal opportunities policies?  
**Yes**  **No**  **Unsure**
  8. Is there any person(s) who is/are responsible for ensuring that any equal opportunities or inclusion policies are effectively implemented?  
**Yes**  **No**  **Unsure**
  9. To the best of your knowledge, are most LGB clients happy with your service?  
**Yes**  **No**  **Unsure**
  10. Do you ask service users about sexual orientation?  
**Yes**  **No**  **Unsure**
  11. Do you record information relating to the sexual orientation of service users?  
**Yes**  **No**  **Unsure**
  12. To your knowledge, do members of the LGB community access your service?  
**Yes**  **No**  **Unsure**
  13. Does your service have links with LGB specific service providers?  
**Yes**  **No**  **Unsure**
  14. Do you signpost to LGB service providers?  
**Yes**  **No**  **Unsure**
  15. Please tell us the approximate age range of your clients \_\_\_\_\_
  16. Do you provide a service for:  
**Males only**  **Females only**   
**Both males and females**
- Lastly, if there is any further information you would like to give us relating to your service provision and the LGB community, please record your comments below

## **Appendix II: LGB Community Questionnaire**

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**Social Inclusion & Diversity Leeds Lesbian Gay and Bisexual Mental Health Partnership in association with the Social Inclusion and Diversity Unit at York St John College is undertaking research, looking at the mental health provision available to the lesbian, gay and bisexual (LGB) community in Leeds.**

**We would like to understand your views and experiences of mental health service provision. It doesn't matter whether you have accessed services or not, your views are still important to us.**

**Your contribution is gratefully received and will help us to build a picture of service provision available to the LGB community in Leeds. This unique research will result in a published report benefiting both service providers and users alike.**

**All responses are anonymous so please be honest. If there are any questions you do not wish to answer just leave them blank.**

**Many Thanks**

1. **Are you Male**  **Female**
2. **How would you describe your sexuality? e.g. lesbian, gay, bisexual.**  

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3. **Age:**  
Under 18 Years       18 – 24 years       25 – 34   
35 – 49                       50 + 64                       65 +
4. **How would you describe yourself using the following categories?**  
 Asian or British Asian (*Indian, Pakistani, Bangladeshi, Kashmiri*)  
 Black or British Black (*Caribbean, African, other background*)  
 Chinese  
 Mixed/Dual Background (*White and Black Caribbean, White and Black African, White and Asian or any other mixed/dual background*)  
 White (*British, Irish, Traveller or Irish Background, Gypsy/Roma*)  
 Other White Background  
 Other \_\_\_\_\_ (Please Specify)
5. **Have you ever been diagnosed with a mental illness?**  
Yes       No
6. **Have you ever harmed yourself on purpose?**  
Yes       No                       Don't know
7. **Have you ever had suicidal thoughts?**  
Yes       No                       Don't know
8. **Would you feel comfortable letting mental health service providers know if you are lesbian, gay or bisexual?**  
Yes       No                       Don't know
9. **Have you ever used a mental health service?**  
Yes       No  go to question 11

**10. There are many services in Leeds that link directly or indirectly to mental health. Which of the following have you used?**

Crisis & emergency mental health services

Services for children, young people & families

Services for older people

Services for black & minority ethnic people

Services for disabled people

Services for lesbians, gay men, bisexual

Services for transgender people

Services for women

Services for men

Services for refugees & asylum seekers

Self help services/groups

General mental health information, advice & support

Health information, advice & support

Talking, listening & counselling services

Spirituality

Alcohol, drugs & addiction services

Specialist mental health services

Hospital services (relating to mental health)

Other services (please specify) \_\_\_\_\_

**11. Have any mental health services asked you how they can improve their service for you?**

Yes     No     Don't know

*Out but not left out*

12. **In your view, are mental health services aware of any of the specific needs of the Lesbian, Gay and Bisexual (LGB) community?**

Yes  No  Don't know

Mental health services are obliged to promote equal opportunities. This includes treating all people equally regardless of gender, ethnic background, physical ability or sexual orientation.

13. **Are you aware of any mental health services that promote equal opportunities for service users?**

Yes  No  Don't know

14. **Do you feel that mental health services in general, are working to match the needs of the LGB community?**

Yes  No  Don't know

15. **Do you think mental health services clearly apply their equal opportunities policies?**

Yes  No  Don't know

16. **Are you happy with the quality of mental health service providers available to you in Leeds?**

Yes  No  Don't know

17. **Have any services asked about your sexuality (i.e. if you are lesbian, gay or bisexual)?**

Yes  No  Have not visited service providers

18. **Have any services written down your sexuality?**

Yes  No  Have not visited service providers

19. **Have any generic services told you about LGB specific services?**

Yes  No  Have not visited service providers

20. **Have you ever felt any discrimination when visiting mental health service providers?**

Yes  How?

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No  Have not visited service providers

21. **Can you tell us of any services you have found helpful and why?** \_\_\_\_\_

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*Out but not left out*

**22. If you ever felt that you needed mental health support, where would you go first?**

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**23. How do you know about this service**

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**Finally, do you have any other thoughts or feelings about mental health services in Leeds?**

**Thank you for completing this questionnaire.**

### **Appendix III: AIIA Criteria**

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Evaluation and strategy document for the provision of mental health services for Lesbian, gay and bisexual individuals (Adapted from Richards & Rivers 2003)

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For the purposes of this exercise, the evaluation of LGB mental health service provision within the city of Leeds was primarily a quantitative process. As with all the population LGB's benefit from accessing generic services. It is important that those who provide the services are prepared to meet the needs specific to this group. The aim of the evaluation is to both identify strengths and good practice and to recognise areas of deficit which may warrant attention. The purpose of these criteria is to standardise the evaluation and ensure consistence throughout. The AIIA criteria are as follows;

- Acknowledgement
- Initiative
- Implementation
- Accessing

The AIIA. criteria is a four-step process, each element following the previous one. The function of this type of evaluation is to highlight any area of deficit in the understanding that each step relies on the successful fulfilment of the process. The criteria are as follows:

#### **Acknowledgement**

- Has the organisation acknowledged the specific needs and concerns concurrent with the LGB community?

Different service providers whether statutory or voluntary/charitable sector will vary in their acknowledgement of LGB issues. A willingness to observe equal opportunities is an excellent starting point, and the first step in providing appropriate support for LGB's with mental health problems and ideally, in any organisation, this should be acknowledged at all levels. Provision requirements may not be immediately evident, especially when considering that both the individual and their mental health needs may be hidden for numerous reasons (e.g. homophobia). Acknowledgement of service requirements may require 'outreach' or other investigative methods to adequately register the types of challenges LGB individuals with mental health needs encounter. Secondary sources as input from professionals who have worked with LGB individuals with mental health problems can also be helpful in acknowledging their specific life challenges and needs.

## **Initiative**

- Are there any initiatives following acknowledgement of the issues?

Following identification and acknowledgement of LGB related needs, the next stage involves constructing practical initiatives that aim to address these needs. Initiatives can take the form of a policy document or be included within a mission statement, but they should clearly express the areas of need that have been acknowledged and provide guidelines on how these needs can be practically catered for. Existing policies and procedures should be amended or revised to include any specific initiatives. Again, consultation with other organisations that have experience in delivering services for LGB individuals is recommended. Wider ownership of policy documents and initiatives often helps to ensure appropriate implementation and assists in monitoring effectiveness.

## **Implementation**

- Have the initiatives been properly implemented?

Within generic organisations, at least one member of the team should be nominated to keep up- to-date with LGB issues, ensure wider staff awareness, and monitor the effectiveness of any LGB related action. Ideally both a male and a female team member should take on the role. Initiatives in the form of policy can often be interpreted differently in terms of priority. It is important that implementation is consistent throughout any organisation.

## **Accessing**

- Do LGB individuals access the service?

Although provisions may be established to cater for the needs of LGB individuals with mental health problems, it is of little value if LGB's cannot or do not access it. There may be a number of reasons why the service is not accessed. For example, how aware are LGBs of its existence? Secondly, there is always the issue of confidentiality and confidence. As many LGBs do not wish to disclose their sexual orientation to everyone, service providers must be perceived as trustworthy and considerate. Furthermore, LGBs accessing services must be confident that those staff providing the service are appropriately trained and understand the issues relevant to them.

**Appendix IV:** Raw data from the Service Providers

	Yes	No	Don't know
Has your organisation consulted the Lesbian, Gay and Bisexual (LGB) community in any way?	51	35	14
Has your service consulted any LGB service providers?	45	29	26
Does your organisation acknowledge any issues relating to the specific needs of the LGB community?	88	9	3
Does your organisation hold an inclusion policy relating to service users?	77	5	18
Does your organisation have any policies that relate to the specific needs of LGB service users?	29	53	17
Has your service developed any initiatives which are linked to the specific needs of LGB clients?	34	55	10
Do you monitor the effectiveness of any inclusion or equal opportunities policies?	54	26	19
Is there any person(s) who is/are responsible for ensuring that any equal opportunities or inclusion policies are effectively implemented?	74	12	14
To the best of your knowledge, are most LGB clients happy with your service?	56	4	40
Do you ask service users about sexual orientation?	47	53	
Do you record information relating to the sexual orientation of service users?	35	65	
To your knowledge, do members of the LGB community access your service?	91	0	9
Does your service have links with LGB specific service providers?	47	41	12
Do you signpost to LGB service providers?	72	17	10

**Appendix V:** Raw data from the LGB Community

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	Total	Males	Females
Have any mental health services asked you how they can improve their service for you?	15.1	6.3	29.2
In your view, are mental health services aware of any of the specific needs of the Lesbian, Gay and Bisexual (LGB) community?	11.0	14.3	4.3
Are you aware of any mental health services that promote equal opportunities for service users?	29.3	24	41.7
Do you feel that mental health services in general, are working to match the needs of the LGB community?	20.3	22.4	13.0
Do you think mental health services clearly apply their equal opportunities policies?	17.1	18	16.7
Are you happy with the quality of mental health service providers available to you in Leeds?	19.7	20	20.8
Have any generic services told you about LGB specific services?	17.1	16	16.7

## **Appendix VI:** Participant Stories: Thoughts and Feelings on mental health provision in Leeds

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It'd be awesome to get lesbian/gay Counsellors on request and for a decent period of time, but alas I fear this may be a pipe dream.

**Lesbian 18-24**

Only until I took a job at an educational establishment was I able to access a fee counselling service catered to my working hours. It took 8 months from my originally seeking some counselling help, and approaching 4 services before I received the help I needed.

**Lesbian 18-24**

I am aware that due to discrimination gay people can be more prone to depression etc. Particularly in their teenage years and that services may not always be easy to access. IN addition, services may not be geared up to dealing with and recognising the pressures that may lead to mental health problems eg. homophobic abuse, lack of positive role models. However, this from a perspective of reading about this in the gay press so I'm not sure if this applies 100% to services in Leeds.

**Gay Male 35-49**

Generally needs to be funded on the whole better. More care in the community – invest in CPN's.

**Gay Male 35-49**

Same services have good clear policies on equal opps. However, I frequently notice that 'sexual orientation' is often left out of equal opps statements and needs to be included. I also think that whilst services may have good policies, it is individual staff who need training and educating regarding their own attitudes and prejudices – the policy is only as good as the individuals who support it!

**Female Bisexual 35-49**

Sometimes I can't help but feel I am slipping into a crack between service provision after being passed from pillar to post, psychiatrist to psychiatrist without ever feeling like any of it is really helping. Only now, 6 months after initial mental health diagnosis have I been pointed (by a friend, not a professional) in the direction of (independent/charitable) counselling/therapy services in Leeds (such as MIND) and specific women's counselling services (such as WCTS), that I can (self) refer to. Had I gone on the (long) waiting lists for these services those 6 months ago I may have felt in a more positive position by now. The long waiting lists for MH Services in Leeds (especially NHS services) makes me feel like there's really not a lot of services available to meet demand. Thus, at times, making me feel like trying to attain help and support is a self-defeating notion, especially in times of crisis.

**Lesbian 18-24**

work for them and have never felt discriminated against – many workers here are gay.

**Lesbian 35-49**

As I've never accessed the provision, no. However, having been given this questionnaire to complete I appreciate there is outreach work being undertaken. That in itself can never be a bad thing.

**Gay Male 35-49**

Do not know of any services, would feel under pressure asking someone (feel the need to explain).

**Lesbian 18-24**

Never tried them, but why should gay men be treated any different. Talk, get things off your chest and buy some lego, build a bridge and get over it.

**Screaming Queen 18-24**

I feel that there needs to be a 'role model' advocate.

**Gay male 35-49**

Far too privatised/underfunded.

**Male, 35-49**

Glad to know they're available.

**Male, 25-34**

They have done a fantastic job for me – I cannot comment for others.

**Male Bisexual 25-34**

Have never seen, or heard, of any differences or seen any advertised so don't have an opinion on it because I have no data or details.

**Gay male 18-24**

I feel that the NHS don't provide enough support for children within our community.

**Gay male 18-24**

Thank you for doing this

**Gay male 18-24**

Need to try and become more visible to the general public. Try and reinforce that any form of mental illness. Shouldn't be something to be ashamed of. Need to try and decrease stigma attached so more people will access the service.

**Gay male, 25-34**

Very under resourced.

**Gay male, 35-49**

Yes I want to die now. Thanks please help me.

**Gay male, 25-34**

Improvement is needed for people with dual diagnosis (learning difficulty and MH problem). I run a learning difficulty service, I am v interested in your general findings.

**Lesbian, 25-34**

Everything in general needs to be improved, ie. instead of spending vast amounts of money for precincts not doing them right the first time then two weeks later digging them up and re-doing – spend this money wisely, ie. outside M/S!

**Female, 35-49**

To be honest didn't know there where one.

**Female, Lesbian, 35-49**

Great stuff.

**Female, 18-24**

I have been poorly for over 10 years and in that time the services I have used have been very useful indeed.

**Lesbian35-49**

I suffer from mental health problems, but no-one helps me. (gives address for details of help to be sent to him).

**Male 25-34**

Only that I'm too quite and it takes me ages to come forward to explain my problems. I tend to bottle this up and then boom! I go stupid with certain thoughts, suicidal tendencies and get really depressed. Can you help me (gives address).

**Gay male, 35-49**

I am a nurse working in an A&E department for the LTHT. So I see a lot of mental health issues. I think it is inappropriate that people with M/H issues of any sexual orientation should have to come to a busy A&E department for help.

**Gay male, 35-49**

If HIV is included in this, my partner was diagnosed and had not the support he should have done.

**Male, 35-49**

There could be more one to one counsellors for lesbians they all seem to be directed at the gay men.

**Lesbian, 35-49**

There was a bill of rubbish and never helped me with forms, I cannot read or write and I worked for Social Services for many years and all I got was a clapped out microwave and nothing else and did not help me with anything while everyone was getting support when it was not needed. (gives address).

**Gay male, 35-49**

The service for LGBT clients does not provide the best practices in understanding the needs of their sexuality in terms of a comfort zone for a therapeutic environment to

understand the psychological and emotional needs of clients.

**Gay male, 35-49**

Unfortunately to me it is impossible to comment on the services as a whole because it is so hit and miss whether they can be called good or terrible! I've been lucky lately but in the past, like when in hospital I felt like a nuisance to be kept quiet. My thoughts and opinions were ignored or overridden, and although I would be out as a lesbian now, I would be very nervous and doubtful of staff opinions. I strongly believe that the services need many, many more service user jobs but to my knowledge these workers are not experiencing much equality, respect and support within a work setting. They are the experts and any service that has service users working for them should be grateful.

**Lesbian, 35-49**

**Appendix VII: Equal Opportunities Monitoring Form**

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**What Gender do you identify with?**

- Female   
Male   
Prefer not to say
- 

**What is your age (in years)?** \_\_\_\_\_

- Prefer not to say
- 

**What is your ethnic Group?**

**Asian or British Asian**

- Bangladeshi   
Indian   
Pakistani   
Other Asian Background

**Black or Black British**

- African   
Caribbean   
Other Black Background

**Chinese**

- Chinese

- Prefer not to say**

**Mixed/Dual Background**

- White and Black Caribbean   
White and Black African   
White and Asian   
Other Mixed Background

**White**

- British   
Irish   
Other White Background

**Other Ethnic Group**

please specify \_\_\_\_\_

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**How do you describe your sexual orientation?**

- Bisexual   
Gay   
Heterosexual   
Lesbian   
Transgender   
Unsure   
Other  *Please specify* \_\_\_\_\_  
Prefer not to say
- 

**Do you have a health problem or disability?**

- No   
Yes  *Please specify* \_\_\_\_\_  
Prefer not to say
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