



Written Contribution from ILGA-Europe

Green Paper – Improving the mental health of the population: Towards a strategy on mental health for the European Union (COM (2005) 484)

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Introduction

Discrimination, social exclusion and mental ill-health are interconnected in more than one way. While people with mental illness may face discrimination due to stigma attached to mental health problems, discrimination on a variety of grounds can be also at the root of mental health problems.

Lesbian, gay, bisexual and transgender (LGBT) people do face many forms of discrimination and exclusion which may negatively impact their mental health. While LGBT people are not inherently any more prone to mental or emotional distress than anyone else, research shows that the discrimination they experience on grounds of their sexual orientation and/or gender identity¹ is a significant determinant of their mental health.

In this context, ILGA-Europe² welcomes the proposal to launch a debate on the need for an EU strategy on mental health and would like to contribute to the consultation by highlighting the importance of discrimination as a determinant of mental health. This contribution is intended to stress the connection between discrimination and mental health through a brief overview of the impact of discrimination on grounds of sexual orientation and/or gender identity on the mental health of LGBT people. This paper also provides a response to the questions raised by the Commission in the green paper from the perspective of promoting equality for, and combating discrimination against LGBT people.

ILGA-Europe welcomes the opportunity to contribute to this green paper consultation process, and looks forward to an ongoing debate in this important policy area with all the relevant stakeholders.

I. Mental Health and LGBT people

1.1 Connection between discrimination and mental health

As noted in the Green Paper (COM (2005) 484), “the mental condition of people is determined by a multiplicity of factors including [...] individual, family and social”. It is increasingly acknowledged by international and national actors that discrimination constitutes one of the social determinants of health. In his 2003 report to the UN Commission on human rights, the Special Rapporteur on the right to health, Paul Hunt, stated that “Discrimination on grounds of gender, race, ethnicity and other factors is a social determinant of health”³, adding that “the impact is compounded when an individual

¹ “**Gender identity**” refers to a person’s sense of conformity between their biological and psychological gender. This is the individual’s gender concept of self, which does not necessarily depend on the sex they were assigned at birth. **Gender Expression** relates to the expression of oneself in external presentation and/or appearance through behaviour, clothing, hair-cut, voice, body characteristics, etc. “**Sexual orientation**” in turn is used to depict a person’s sexual and emotional attraction to people of the same and/ or different sex. ILGA-Europe uses the umbrella term transgender for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. The term may include, but it is not limited to: transsexuals, intersex persons, cross-dressers, and other gender variant people. ILGA-Europe is aware that the issues relating to inter-sex people can be significantly different and need to be addressed separately where relevant.

² ILGA-Europe, the European Region of the International Lesbian and Gay Association, is a European NGO with more than 200 national and local lesbian, gay, bisexual and transgender (LGBT) member organisations in 40 European countries. ILGA-Europe is a member of the Platform of European Social NGOs (Social Platform).

³ E/CN.4/2003/58, par. 59 and 62.

suffers double or multiple discrimination on the basis of, for example, gender, race, poverty and health status.”

The Health and Discrimination project, which receives support from the European Commission, recently produced a report which substantiated fears that discrimination affects health in a negative way and indicates that discrimination constitutes an obstacle for good health on equal terms. A national public health survey conducted with 54,000 people in Sweden by the National Institute of Public Health showed differences in exposure between people of different ages, gender, country of origin and sexual orientation. One of the observations made by this survey was that reduced mental well-being, suicidal thoughts and low assessment of personal health were 3-4 times as common among people exposed to offensive treatment, compared with other groups.⁴

1.2 The impact of discrimination on LGBT people

Many LGBT people face discrimination and experience a range of difficulties in their lives because of their sexual orientation and/or gender identity, which can contribute to mental health problems. Marginalisation and discrimination on ground of sexual orientation and/or gender identity often flows from a view that heterosexuality is the most, or even only, acceptable sexual orientation, or from ideas about proper gender roles and identities.

LGBT people encounter discrimination and marginalisation in many different forms, ranging from subtle discrimination, discrimination in law, to overt violence. Discrimination can manifest itself, for example, as: hostility and/or rejection after 'coming out' to family members and friends; bullying and name calling at school; discrimination or harassment in the workplace; rejection by most mainstream religions; feeling socially invisible in a predominantly 'straight' world or being made invisible and silenced; danger of harassment and violence in public places (including hate speech and hate crime); harassment from neighbours; casual homophobic comments on an every day basis; prejudice and inappropriate response from health professionals; negative stereotyping (seeing homosexuality and gender variance as an illness or abnormality); no protection against discrimination at work, in housing or pensions; no recognition of one's relationship with a same-sex partner and no right to marry; negative image in the media.⁵

Research on mental health of LGBT people demonstrates that these forms of prejudice and mistreatment, as well as the internalising of negative messages on homosexuality, can have a very adverse effect on mental health. The effects of discrimination can include: low self-esteem, drug and alcohol abuse to cope with negative experiences, self-harm, depression, anxiety, difficulty with intimacy, suicide (rates of suicide attempts continue to be very high among young lesbians and gay men), post-traumatic stress disorder from long term effects of bullying. In addition, some people find it difficult to come to terms with their sexuality or are confused about their sexual identity. Some may be forced or may choose not to disclose their sexuality or true gender identity either at all

⁴ With the support of the European Commission, the project is currently implementing qualitative studies focusing on sexual orientation, disabilities and ethnic background. For more information on the report "Discriminatory and offensive treatment – a report on correlations between discrimination and health", visit http://www.homo.se/upload/homo/pdf_homo/060428_diskr_o_halsa_ENG.pdf

⁵ For more information: PACE – London's largest lesbian and gay counselling and mental health project: www.pacehealth.org.uk/ and "Better Health Channel", Government of Australia: www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Gay_and_lesbian_issues_discrimination?open

or only under certain circumstances, and may thus suffer the stresses and psychological damage of such a "split" existence.⁶ A number of research have demonstrated that the constant pressure of dealing with various forms of discrimination and homophobia (as well as biphobia and transphobia) makes a number of health problems, including depression, relatively common in the gay and lesbian community.⁷

The concept of "minority stress" has been developed to highlight the role of internalised homophobia, self-concealment and emotional inhibition in developing mental health problems, including suicidal thoughts and attempts. Minority stress for "gay", "lesbian" or "bisexual" (LGB) individuals refers to a chronic psychological strain that results from stigma and expectations of rejection and discrimination, decisions about disclosure of sexual identity, and the internalization of homophobia that LGB people face in a heterosexist society (Meyer 2003). Chronic stress in the form of minority stress has been identified as a contributing factor to mental and physical health challenges and problems. Chronic stress takes the form of elevated rates of anxiety, depression, substance abuse and eating disorders. LGB people are at risk for these and other risk behaviors and negative health outcomes (Meyer 2003). Other research has showed that experiences with discrimination, especially experiences with hate speech and hate crime, also contribute to long-term stress and negative health.

1.3 Mental health and young LGBT people

As noted in the Green Paper (COM (2005) 484, point 6.1), mental health is strongly determined during the early years of life. For young LGBT people, the exclusion and marginalization they experience – at a time of their life when they are defining their identity and building their self-esteem – can have a serious impact of their well-being. Furthermore, as detailed in a report by ILGA-Europe on social exclusion of LGBT youth⁸, mental health problems that flow from discrimination have a negative influence on the ability of young LGBT people to successfully complete their studies and thus to manage the transition from school to work.

Studies focusing on the mental health of LGBT youth showed that, like adults, young LGBT people are subject to chronic and acute stress because of their stigmatised social position, and consequently are at risk of substance abuse, eating disorders, homelessness, depression, and suicide⁹. For example, a recent study investigating the perceived and expressed mental health needs of young gay men in Northern Ireland revealed that 34% had been diagnosed with a mental illness at some time in their lives; 27 % had attempted suicide, 31% had harmed themselves, and 71% had thought about taking their own life (80% of the respondents who had suicidal thoughts indicated that the suicidal thoughts were related to their same-sex attraction). The research suggested that the repeated exposure of incidences of homophobia and heterosexism is eventually detrimental to young gay men's mental health (McNamee 2006).

Transgender individuals have also been found to have high rates of suicidal ideation. Research found that transgender men and women were more likely to have suicidal

⁶ PACE – London's largest lesbian and gay counselling and mental health project: www.pacehealth.org.uk/

⁷ See ILGA-Europe's report on Phase 1 of Health Project for data on mental health in Hungary, Romania and Moldova: www.ilga-europe.org/media_library/health_project_report_on_phase_1

⁸ ILGA-Europe's report on "Social exclusion of young lesbian, gay, bisexual and transgender (LGBT) people in Europe", www.ilga-europe.org

⁹ See ILGA-Europe's on social exclusion of LGBT youth, chapter 4, for more detailed information.

thoughts and make suicide attempts than non-transgender heterosexual women and both non-transgender heterosexual and gay men. These findings held true for all transgender participants regardless of their sexual orientation.¹⁰

1.4 Mental health and older LGBT people

An ageing EU population is not exempt from mental health problems linked to discrimination. Older people who have been marginalized for years may face increased risk of depression, alcohol and drug abuse, and other mental problems, especially when they do not have a good support network.

While some research suggests that older LGBT people have learned to cope with discrimination through decades of experience dealing with discrimination, there is also evidence that the resilience of older people may depend on the support they have from friends and from the LGBT community. But, while older LGBT people tend to rely on partners and close friends for social support, society has not always acknowledged the importance of these “chosen families”. For example, an older lesbian whose partner dies may be unable to find a bereavement support group where she can openly grieve and discuss her loss.

Furthermore, some organisations working with older people fail to take into account the fact that a service user may not be heterosexual. Older LGBT people thus sometimes hide their partners for fear of not being able to have their support in care or in homes. They may also face discrimination or homophobic attitudes in continuing-care or assisted living facilities, and not feel comfortable in organizations serving older people.¹¹

1.5 Access to health services

Homophobia and stigma against LGBT people is not just seen in the attitudes of individuals but is widespread and often embedded in health policy, health services, welfare and education services. Stigma and discrimination within health and social services often acts as a barrier to persons seeking social support, diagnosis and treatment, either to deal with difficulties resulting from their status in society, their gender identity, or to face life difficulties that people, whether heterosexual or homosexual, do encounter, such as bereavement, relationship breakdown, financial worries, etc.

Yet, many LGBT people experience problems in accessing mainstream mental health services, such as:

- Mainstream mental health services are not always lesbian, gay or bisexual (LGB) friendly
- Some counselling, therapy and psychiatry staff have judgmental attitudes about LGB sexuality and may even see homosexuality, bisexuality or the gender identity of the problem as the problem
- Staff often may not have knowledge about transgender issues and services
- Staff may not understand the particular position as LGBT people facing problems in what may be a hostile or unsupportive context
- Staff may not be well informed about specialist LGB services

¹⁰ See ILGA-Europe's on social exclusion of LGBT youth, chapter 4, for more detailed information.

¹¹ MIND is a leading mental health charity in England and Wales.

www.mind.org.uk/Information/Factsheets/Diversity/Factsheetlgb.htm#Practice

- Staff may discriminate against LGBT partners in favour of birth family¹²

A number of studies have shown the discrimination that LGBT people experience in mental health services. For example, a report "Diagnosis: Homophobic", funded by the UK Department of Health, detailed the often unhappy experiences of lesbians, gay men and bisexuals in mental health services, who experience insensitivity and mistreatment not just at the hands of mental health professionals but also other users.¹³ Similarly, a 2003 report from the University College of London and Mind found that up to 36 per cent of gay men, 26 per cent of bisexual men, 42 per cent of lesbians and 61 per cent of bisexual women recounted negative or mixed reactions from mental health professionals when being open about their sexuality.¹⁴

Access to health services is also a problem for transgender people who often encounter a general lack of knowledge about transgender issues among psychologists and psychiatrists. A lot of transgender people who seek help on issues of gender identity get counter productive advices – such as to learn to live with their birth gender role – or are not redirected to people who could provide adequate services. Many transgender people experience severe depression and other mental health problems as a result of lack of medical and psychological support to address issues around their gender identity.

1.6 Mental health and discrimination in the workplace

LGBT people continue to be exposed to harassment and discrimination at work despite community and national legislation in the field of non-discrimination in employment. Sexual orientation differs from most other grounds for discrimination in that it can be concealed. In many places sexual orientation is still a taboo topic that is not openly discussed. General heterosexual assumptions in the workplace still force many LGB employees and employers to 'rearrange' their lives by what they say and how they behave at work.¹⁵ The same goes for transgender persons who are able to live with a different gender expression than their birth gender, who may face a lot of overt discrimination, harassment or even physical violence.

Recent research has shown that a large percentage of LGBT people across the EU do not feel safe enough to be open at work. Yet, without openness, LGBT workers are forced to lead a double life and leave part of themselves at home. The oppressiveness of concealment can steal valuable energy from work. It also impinges on what people can talk about and affects other forms of participation. The constant uncertainty of maintaining a false image is wearing, both physically and mentally. It creates a sense of isolation and impacts negatively on work.

Surveys conducted by the UK-based organisation Stonewall showed that discrimination by employers is only part of the problem facing lesbians, gay men and bisexuals in the workplace. Harassment is probably the most serious problem. And discrimination avoidance, such as being in the closet, is the most common experience, affecting even

¹² Stonewall's Website, section on mental health: www.stonewall.org.uk/information_bank/health/1287.asp

¹³ PACE – London's largest lesbian and gay counselling and mental health project: www.pacehealth.org.uk/publications.html

¹⁴ More information on their research can be obtained on their website at www.mind.org.uk/Information/Factsheets/Diversity/Factsheetgb.htm#Practice

¹⁵ "Going beyond the law", ILGA-Europe, p.12.

www.ilga-europe.org/europe/publications/non_periodical/going_beyond_the_law_april_2005

those who have not actually suffered discrimination or harassment but fear they might if they were to 'come out'.¹⁶

2. ILGA-Europe's comments on the Green Paper (COM(2005) 484)

2.1 How relevant is the mental health of the population for the EU's strategic policy objectives?

Based on the information presented above on the impact of discrimination on the mental health of LGBT people, ILGA-Europe believes that there is a need for the elaboration of an EU strategy to promote mental health, which underlines the close link between discrimination and mental health problems.

Recalling the European Council's conclusions on Community Mental Health Action which recognized "the important links between actions on mental health and the Communication of the Commission on the social agenda especially in the direction of promoting a strategic approach to combating discrimination as well as on promoting equality between women and men" (Council conclusions, June 2005, 9805/05, par. 10), ILGA-Europe considers that a Community strategy to promote mental health can provide a coherent framework to advance the combat against discrimination and the promotion of equality in all spheres of life.

In particular, a Community strategy on mental health could contribute positively to the development of EU anti-discrimination legal framework and equality mainstreaming policies to address discrimination on the basis of sexual orientation and/or gender identity in the provision of goods and services, in particular in the area of health. A strategy on mental health can also support the work of the DG Employment, Social Affairs and Equal Opportunities in the field of anti-discrimination and gender equality by combating discrimination on grounds of sexual orientation and/or gender identity in health, which is not yet prohibited under EU law.

A Community strategy to promote mental health could contribute to these objectives:

- by developing indicators on mental health and discrimination, including on grounds of sexual orientation, gender identity, age, ethnicity, religion, disability, and sex;
- by improving knowledge and raising awareness about the link between discrimination on various grounds, including sexual orientation and/or gender identity, and mental health problems;
- by providing a framework for cooperation between Member States and the exchange of good practices, on mental health policies targeting groups vulnerable to discrimination, including LGBT people.

Moreover, an EU strategy on mental health can support the aims of the Social Inclusion Process by tackling an important factor of social exclusion, i.e. mental ill-health. Community actions on mental health should thus be linked to the Open method of co-ordination on social protection and social inclusion, in particular the national action plans for inclusion and the national strategies for health and long term care, with the goal of addressing causes of social exclusion and ensuring access to health services and care for all.

¹⁶ Stonewall – Discrimination in employment: www.stonewall.org.uk/information_bank/employment/72.asp

2.2 Proposed priorities of a comprehensive EU-strategy on mental health

ILGA-Europe supports an approach to the promotion of good mental health which focuses on preventive action. In this context, we want to emphasise the importance of looking at the root causes of mental health problems as a way of prevention, and in particular to look at discrimination and social exclusion.

Therefore, in relation to some of the priorities listed in the Green Paper, we would like to bring attention to the following:

- *Building mental health in infants, children and adolescents:*
ILGA-Europe regards reducing bullying and physical and verbal violence at school as key to creating a safe environment in which all young people can learn and grow, and consequently to reducing the risk of mental health problems amongst young LGBT people. We want to highlight the need to address specifically harassment against young LGBT people and young people who are perceived as LGBT.

In addition, in keeping with the idea of a holistic school approach, it is also important to consider the representation of different groups, identities and lifestyles at school, whether by teachers and headmasters or in the curriculum. A positive representation of LGBT people constitutes another important element of a school environment that contributes to the well-being and positive development of youth. Resource packs on mental health for students, parents and teachers should tackle the connection between discrimination on all grounds, including sexual orientation and gender identity, and mental health problems in young people.

- *Promoting mental health in the working population:*
Discrimination and harassment constitute stress factors which can have a serious impact on a person's work and a person's life. Discrimination avoidance – such as remaining in the closet for fear of discrimination and harassment if a person is to 'come out' – may also add to the stress experienced at work.

ILGA-Europe argues that any strategy aiming to reduce stressors in the work environment must take into account the close relationship between experiences of bullying, harassment and concealment of one's sexual orientation, and the negative health effects of such experiences on the individual, her/his health and work.

In this context, ILGA-Europe would recommend that, as part of a community strategy on mental health, the European Agency for Safety and Health at Work be asked to gather information and raise awareness about the stress factors – including harassment and bullying – which affect LGBT people in the workplace.

- *Promoting mental health in older people:*
ILGA-Europe considers that policies and programmes targeting older people must take into consideration multiple discrimination and raise awareness about the specific mental health problems which older LGBT people experience.

- *Targeting vulnerable groups in society:*
ILGA-Europe agrees that “support to vulnerable groups can improve mental health, strengthen social cohesion, and avoid associated social and economic burdens”. Based on the information provided in the first section of this contribution, we want to stress the need to address the risk posed by discrimination on the ground of sexual orientation and/or gender identity for the mental health of LGBT people.

When looking at vulnerable groups, ILGA-Europe encourages the Commission to consider the impact of multiple (or compounding) grounds of discrimination on mental health – e.g. the gender dimension of mental health of lesbian, bisexual and transgender women. In this regard, links should be drawn between a strategy on mental health and the EU Gender Roadmap’s objective of eliminating gender stereotypes.

- *Possible initiative at Community level:*
ILGA-Europe would welcome a proposal by the Commission for a Council Recommendation on the promotion of mental health. Such a recommendation should call attention to the connection between discrimination, including on ground of sexual orientation and/or gender identity, and mental health problems.
- *Improving information and knowledge on mental health in the EU:*
ILGA-Europe supports the proposal to harmonise existing national and international indicators on mental health and to gather data on determinants of mental health. ILGA-Europe argues that data on the determinants of mental health needs to consider the connection between discrimination and mental health. Indicators on mental health must also provide information on all groups which are at risk of mental health problems, including LGBT people.

ILGA-Europe wants to suggest that existing EU agencies, such as the European Agency for Safety and Health at Work and the European Foundation for the Improvement of Living and Working Conditions, be involved in the gathering of data and information on the indicators and determinants of mental health.

3. Conclusion

ILGA-Europe welcomes and supports the proposal to develop an EU strategy on mental health. However, we want to emphasise the need for such a strategy to address the impact of discrimination on all grounds, including sexual orientation and/or gender identity, on mental health.

Keeping in mind that one of the purposes of an EU strategy on mental health (as stated in the green paper) would be to increase coherence of action in the health and non-health policy sectors in Member States and at Community level, ILGA-Europe wants to encourage cooperation between the DG Health and Consumer Protection and the DG Employment, Social Affairs and Equal Opportunities in order to link a strategy on mental health to the EU social agenda in relation to combating discrimination and promoting social inclusion. The DG Employment, Social Affairs and Equal Opportunities could also contribute to a strategy on mental health through existing projects on discrimination and health (see point 1.1 above).

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