Understanding the mental health of LGBTQIA+ communities in Western Countries: what can nurses do to help?

Jamie S Frankis

10.1136/ebnurs-2024-104159

Department of Nursing and Community Health and ReaCH (Research Center for Health), School of Health and Life Sciences, Glasgow Caledonian University (GCU), Glasgow, UK

Correspondence to:
Professor Jamie S Frankis; j.frankis@gcu.ac.uk

Introduction

Stark inequalities exist around LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual/aromantic and other sexual and gender minority, including non-binary) rights internationally, including the death penalty in at least seven countries.[1] However, the last 50 years have seen huge strides towards social acceptance and legal provisions for LGBTQIA+ people in western countries (specifically, Western Europe, the Americas and Australasia).[2] Same-sex sex has been legalised and anti-discrimination protections, equal marriage, civil partnerships and same-sex adoption introduced.[3] Similarly, the Global Acceptance Index[4] suggests that LGBTI (My terminology and abbreviations reflect the specific wording of the study described, so, for example, Flores' (2021) global acceptance index includes lesbian, gay, bisexual, transgender and/or intersex participants only) social acceptance has dramatically increased since 1980. Despite these improvements, LGBTQIA+ people experience multiple mental health inequalities compared with our heterosexual and cisgender (non-trans) peers.[5 6] This editorial explores the mental health inequalities of LGBTQIA+ communities in western countries, examines why they occur and considers what nurses can do about this.

What are LGBTQIA+ people's mental health inequalities?

Multiple systematic reviews[7] and meta-analyses[8] have established that globally LGBTQIA+ people are at higher risk of mental disorders, self-harm, suicidality and substance misuse than our heterosexual and cisgender (non-trans) peers.[5 6 9 10] For example, King *et al*'s meta-analysis of 25 studies published between 1967 and 2005 found that LGB people are twice as likely to attempt suicide and 1.5 times more likely to experience anxiety or depression than heterosexuals.[6] Sadly, little has changed in the last 20 years; Wittgens *et al*'s meta-analysis of 26 post-millennial studies found lesbians and gay men are twice and bisexual people 2.7 times more likely to experience mental health disorders than heterosexuals.[5] In addition, Pinna *et al*'s systematic review of 165 articles suggests that transgender people experience more mental health disorders than heterosexual and cisgender LGB folk[10] while Scandurra *et al*'s systematic review of 11 studies found non-binary and genderqueer people, that is, people who do not identify as having either female or male gender,[11 12] have worse mental health than cisgender and other transgender folk.[9]

It is important to understand that LGBTQIA+ people are not one homogenous group, but rather multiple distinct communities with unique mental health inequalities.[13] For example, lesbian and bisexual women are at greater risk of substance dependence than gay and bisexual men, who themselves are more likely to attempt suicide,[6] with bisexuals at greater risk of depression than lesbians and gay men.[5] However, while the mental health inequalities of LGBTQ and non-binary people are established, far less research has considered the experiences of our wider community (eg, asexual, aromantic, intersex people, etc). What little evidence does exist suggests they also have worse mental health than heterosexuals.[14–17] These inequalities are likely underpinned by LGBTQIA+ sub-communities' different experiences of stigma, prejudice and barriers towards health, as I will now explore.

What explains these mental health inequalities?

Critically, it is not some inherent characteristic of LGBTQIA+ people that causes our mental health disparities. Instead, they result from the multiple sources of stigma we experience, including homophobia, transphobia, biphobia and misogyny, alongside unequal laws and social provisions.[18–21] This is explained by Meyer's Minority Stress theory[22 23] which argues that, along with the everyday stresses and strains of life (eg, relationships, health, finances, etc), minority groups experience *additional* stressful situations (called 'stressors') that are unique to them. Some minority groups likely experience more stressors than others (eg, consider the current anti-trans climate compared with LGB acceptance[24]) and some experience multiple forms of discrimination (eg, black lesbians experience racism, homophobia and misogyny) producing even greater oppression, known as 'intersectionality'.[25 26] We know that stress has a significant impact on our mental and physical health,[27 28] so these additional stressors, which are unique to our sexual and gender minority status, underpin LGBTQIA+ communities' mental health inequalities.[29–32] Indeed, multiple international studies have confirmed that minority stress creates negative mental health outcomes. Mongelli *et al*'s review of 62 studies found that depression, suicidality and substance use were related to higher levels of minority stressors among LGBT people[29] while Valentine *et al*'s systematic review of 77 studies found stigma and discrimination contributed to mental health problems among transgender and gender non-conforming people.[32] Overall then, the evidence is clear that the stigma and discrimination LGBTQIA+ people experience, even in relatively liberal western countries, have created mental health inequalities.

What about healthcare?

Disappointingly, LGBT people even face discrimination and stigma when accessing healthcare. While individual practitioners, teams and services may offer supportive care, multiple systematic reviews,[13 21 33–38] covering over 520 international studies, found that LGBTQI folk reported ignorance, prejudice, stigma and homophobia (including verbal and physical abuse) from healthcare practitioners, heteronormative and cisnor-

mative attitudes (ie, assuming everyone is heterosexual and non-trans) and even denial of healthcare. Moreover, some healthcare providers reported uncertainties around terminology, unease around gender identity and sexual orientation and ignorance of LGBTQI health needs.[21 35 36] Indeed, Rees *et al*'s integrative review of 14 studies suggests that mental health services can even *reinforce* LGBT stigma, when staff lack knowledge around our unique needs.[13] Heteronormativity, failure to use correct gender pronouns and dismissal of bisexuality were key examples of negative experiences, with similar issues found across multiple health services including alcohol,[39] intimate partner violence,[40] long term[35] and cancer[41] services. Furthermore, the entirely detrimental and hugely degrading[42] LGBT conversion 'therapy', more properly considered conversion *torture*,[43] is banned in only 16 countries worldwide.[44] Since a wealth of evidence confirms that LGBTQIA+ people also experience multiple physical health inequalities compared with our heterosexual and cisgender peers,[21 45 46] addressing our negative healthcare experiences becomes even more pressing.

What can nurses do about this?

Fortunately, there are multiple ways to reduce stigma, discrimination and, consequently, the mental health inequalities of LGBTQIA+ communities. Increasing social acceptance, as well as repealing remaining anti-LGBTQIA+ legislation, will improve our everyday lives. While some businesses' Pride Month displays feel like insincere 'rainbow-washing',[47] work is beginning to develop safe spaces online[48] and in real life[49 50] so LGBTQIA+ communities feel safe year-round. Similarly, organisations are increasingly recognising the importance of sexual and gender minority inclusive equality, diversity and inclusion workplace initiatives.[51] In terms of healthcare provision, multiple systematic reviews[52 53] demonstrate that LGBTQ+ training for healthcare professionals enhances staff competency and comfort while improving LGBTQ+ patient outcomes. Similarly, multiple voices have called for LGBT+ training to be integrated into student nursing and other healthcare practitioner training.[52–57] Although some curriculums have been implemented,[52 56 58] existing training may not be sufficient to remove inherent LGBT+ biases among healthcare practitioners,[52] necessitating further research and development. Clearly, engendering these shifts is a huge undertaking, that will require a multisectoral, collaborative approach. As a first step, alongside Dr Hazel Marzetti, I am developing Scotland's Interdisciplinary LGBTQIA+ Mental Health Network, funded by the RSE. This will bring together healthcare professionals, academic researchers, statutory and third sector services, policymakers and, crucially, LGBTQIA+ communities to foster collaborative opportunities and develop interdisciplinary solutions.

Overall, then, a wealth of international evidence, primarily from western countries, shows that LGBTQIA+ communities experience worse mental health than heterosexuals, with gender-minority people experiencing worse mental health inequalities than cisgender folk. While policy, social, clinical and educational solutions exist, we urgently need interdisciplinary action to implement and critically review these initiatives at local, national and international levels to end LGBTQIA+ communities' current mental health crisis.

X Jamie S Frankis @JamieFrankis

Competing interests None declared.

Provenance and peer review Not commissioned; internally peer reviewed.

ORCID iD

Jamie S Frankis http://orcid.org/0000-0003-3350-5892

References

1 **ILGA World - The International Lesbian GBT and IA**. Legal frameworks | criminalisation of consensual same-sex sexual acts. 2024. Available: https://database.ilga.org/criminalisation-consensual-same-sex-sexual-acts
2 **Pew Research Center**. *The global divide on homosexuality persists*. Washington, 2020.
3 **World I**, Mendos LR, Botha K, *et al*. *State-sponsored homophobia 2020: global legislation overview update*. Geneva, 2020.
4 **Flores A**. Social Acceptance of LGBTI People in 175 Countries and Locations 1981 to 2020. *L A* 2021.
5 **Wittgens C**, Fischer MM, Buspavanich P, *et al*. Mental health in people with minority sexual orientations: A meta-analysis of population-based studies. *Acta Psychiatr Scand* 2022;145:357–72.
6 **King M**, Semlyen J, Tai SS, *et al*. A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry* 2008;8:70.
7 **Clarke J**. What is a systematic review? *Evid Based Nurs* 2011;14:64.
8 **Shorten A**, Shorten B. What is meta-analysis? *Evid Based Nurs* 2013;16:3–4.
9 **Scandurra C**, Mezza F, Maldonato NM, *et al*. Health of Non-binary and Genderqueer People: a Systematic Review. *Front Psychol* 2019;10:1453.
10 **Pinna F**, Paribello P, Somaini G, *et al*. Mental health in transgender individuals: a systematic review. *Int Rev Psychiatry* 2022;34:292–359.
11 **Monro S**. Non-binary and genderqueer: an overview of the field. *Int J Transgend* 2019;20:126–31.
12 **Advocates for Trans Equality**. Understanding nonbinary people: how to be respectful and supportive. 2016.
13 **Rees SN**, Crowe M, Harris S. The lesbian, gay, bisexual and transgender communities' mental health care needs and experiences of mental health services: an integrative review of qualitative studies. *J Psychiatr Ment Health Nurs* 2021;28:578–89.
14 **Amos N**, Hart B, Hill AO, *et al*. Health intervention experiences and associated mental health outcomes in a sample of LGBTQ people with intersex variations in Australia. *Cult Health Sex* 2023;25:833–46.
15 **McInroy LB**, Beaujolais B, Leung VWY, *et al*. Comparing asexual and non-asexual sexual minority adolescents and young adults: stressors, suicidality and mental and behavioural health risk outcomes. *Psychol Sex* 2022;13:387–403.
16 **Xu Y**, Ma Y, Rahman Q. Comparing asexual with heterosexual, bisexual, and gay/lesbian individuals in common mental health problems: a multivariate meta-analysis. *Clin Psychol Rev* 2023;105.

17 **Rosenwohl-Mack A**, Tamar-Mattis S, Baratz AB, *et al*. A national study on the physical and mental health of intersex adults in the U.S. *PLoS One* 2020;15:e0240088.
18 **Correro AN**, Nielson KA. A Review of Minority Stress as A Risk Factor for Cognitive Decline in Lesbian, Gay, Bisexual, and Transgender (LGBT) Elders. *J Gay Lesbian Ment Health* 2020;24:2–19.
19 **Layland EK**, Carter JA, Perry NS, *et al*. A systematic review of stigma in sexual and gender minority health interventions. *Transl Behav Med* 2020;10:1200–10.
20 **Hatzenbuehler ML**, Pachankis JE. Stigma and Minority Stress as Social Determinants of Health Among Lesbian, Gay, Bisexual, and Transgender Youth: research Evidence and Clinical Implications. *Pediatr Clin North Am* 2016;63:985–97.
21 **Zeeman L**, Sherriff N, Browne K, *et al*. A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *Eur J Public Health* 2019;29:974–80.
22 **Meyer IH**. Minority stress and mental health in gay men. *J Health Soc Behav* 1995;36:38–56.
23 **Meyer IH**. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull* 2003;129:674–97.
24 **Cashman M**. Loss and anger raged in me after watching it's a sin – the stigma we faced in the 1980s is now being directed at trans people. The Independent; 2021. Available: https://www.independent.co.uk/voices/it-s-a-sin-russell-t-davies-lgbtq-trans-rights-b1795943.html [Accessed 8 Jul 2024].
25 **Bailey V**. Reimagining mental healthcare by looking through an intersectional lens. *Nurs Times* 2023;119.
26 **Crenshaw K**. Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. Univ Chic Leg Forum 1989.
27 **Schneiderman N**, Ironson G, Siegel SD. Stress and health: psychological, behavioral, and biological determinants. *Annu Rev Clin Psychol* 2005;1:607–28.
28 **O'Connor DB**, Thayer JF, Vedhara K. Stress and Health: a Review of Psychobiological Processes. *Annu Rev Psychol* 2021;72:663–88.
29 **Mongelli F**, Perrone D, Balducci J, *et al*. Minority stress and mental health among LGBT populations: an update on the evidence. *Minerva Psichiatr* 2019;60.
30 **Hoy-Ellis CP**. Minority Stress and Mental Health: a Review of the Literature. *J Homosex* 2023;70:806–30.
31 **Dürrbaum T**, Sattler FA. Minority stress and mental health in lesbian, gay male, and bisexual youths: a meta-analysis. *J LGBT Youth* 2020;17:298–314.
32 **Valentine SE**, Shipherd JC. A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. *Clin Psychol Rev* 2018;66:24–38.
33 **Meads C**, Hunt R, Martin A, *et al*. A Systematic Review of Sexual Minority Women's Experiences of Health Care in the UK. *Int J Environ Res Public Health* 2019;16:3032.
34 **Ayhan CHB**, Bilgin H, Uluman OT, *et al*. A Systematic Review of the Discrimination Against Sexual and Gender Minority in Health Care Settings. *Int J Health Serv* 2020;50:44–61.
35 **Caceres BA**, Travers J, Primiano JE, *et al*. Provider and LGBT Individuals' Perspectives on LGBT Issues in Long-Term Care: a Systematic Review. *Gerontol* 2020;60:e169–83.
36 **McNeill SG**, McAteer J, Jepson R. Interactions Between Health Professionals and Lesbian, Gay and Bisexual Patients in Healthcare Settings: a Systematic Review. *J Homosex* 2023;70:250–76.
37 **McNamara G**, Wilson C. Lesbian, gay and bisexual individuals experience of mental health services - a systematic review. *JMHTEP* 2020;15:59–70.
38 **Heng A**, Heal C, Banks J, *et al*. Transgender peoples' experiences and perspectives about general healthcare: a systematic review. Int J Transgend 2018;19:359–78.
39 **Dimova ED**, O'Brien R, Elliott L, *et al*. Exploring the experiences of alcohol service use among LGBTQ+ people in Scotland: a qualitative study. *Int J Drug Policy* 2022;109:103859.
40 **Maxwell S**, O'Brien R, Stenhouse R. Experiences of Scottish men who have been subject to intimate partner violence in same-sex relationships. *Edinb* 2022.
41 **Wakefield D**. Cancer care disparities in the LGBT community. *Curr Opin Support Palliat Care* 2021;15:174–9.
42 **Trispiotis I**, Purshouse C. 'Conversion Therapy'As Degrading Treatment. *Oxf J Leg Stud* 2022;42:104–32.
43 **Belavusau U**, Marzocchi O. Conversion Practices on LGBT+ People. *Brus* 2023.
44 **ILGA World Database**. Regulation of so-called 'conversion therapies' | AREA 1 legal frameworks. 2024. Available: https://database.ilga.org/conversion-therapies-lgbti [Accessed 10 Jul 2024].
45 **Westwood S**, Willis P, Fish J, *et al*. Older LGBT+ health inequalities in the UK: setting a research agenda. *J Epidemiol Community Health* 2020;74:408–11.
46 **Kneale D**, Thomas J, French R. Inequalities in Health and Care Among Lesbian, Gay, and Bisexual People Aged 50 and Older in the United Kingdom: a Systematic Review and Meta-analysis of Sources of Individual Participant Data. *J Gerontol B Psychol Sci Soc Sci* 2020;75:1758–71.
47 **Schopper T**, Berbers A, Vogelgsang L. Pride or Rainbow-Washing? Exploring LGBTQ+ Advertising from the Vested Stakeholder Perspective. *J Advert* 2024;1–18.
48 **Lucero L**. Safe spaces in online places: social media and LGBTQ youth. *Multic Educ Rev* 2017;9:117–28.
49 **Marx RA**, Kettrey HH. Gay-Straight Alliances are Associated with Lower Levels of School-Based Victimization of LGBTQ+ Youth: a Systematic Review and Meta-analysis. *J Youth Adolesc* 2016;45:1269–82.
50 **Coley JS**, Das D. Creating Safe Spaces: opportunities, Resources, and LGBTQ Student Groups at U.S. Colleges and Universities. *Socius* 2020;6:237802312097147.
51 **Ng ES**, Rumens N. Diversity and inclusion for LGBT workers: current issues and new horizons for research. *Can J Adm Sci* 2017;34:109–20.
52 **Morris M**, Cooper RL, Ramesh A, *et al*. Training to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: a systematic review. *BMC Med Educ* 2019;19:325.
53 **Yu H**, Flores DD, Bonett S, *et al*. LGBTQ+cultural competency training for health professionals: a systematic review. *BMC Med Educ* 2023;23:558.
54 **McCann E**, Brown M. The inclusion of LGBT+ health issues within undergraduate healthcare education and professional training programmes: a systematic review. *Nurse Educ Today* 2018;64:204–14.
55 **McCann E**, Brown M. The needs of LGBTI+ people within student nurse education programmes: a new conceptualisation. *Nurse Educ Pract* 2020;47:102828.
56 **Sherman ADF**, Cimino AN, Clark KD, *et al*. LGBTQ+ health education for nurses: an innovative approach to improving nursing curricula. *Nurse Educ Today* 2021;97:104698.
57 **Jewell TI**, Petty EM. LGBTQ+ health education for medical students in the United States: a narrative literature review. *Med Educ Online* 2024;29.
58 **Hunt R**, Bates C, Walker S, *et al*. A Systematic Review of UK Educational and Training Materials Aimed at Health and Social Care Staff about Providing Appropriate Services for LGBT+ People. *Int J Environ Res Public Health* 2019;16:4976.