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**TUC Briefing**  
**Equality & Employment Rights Department**  
**May 2014**  
**Advice for unions**

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## **LGB & T workers and mental health**

### **Introduction**

One of the significant impacts of the years of recession and austerity since 2010 has been on mental health, with many reports confirming that there has been a large increase in the number of cases of mental ill health across the working age population. The situation for those affected has been made worse by the simultaneous reductions in mental health services as a result of cuts in NHS funding, with hospital beds fully occupied and with community services particularly badly affected. For all those facing mental health issues, the stigma that continues to be attached to them exacerbates the problem massively. Many people continue to be reluctant to disclose their developing problems to colleagues or managers, often until it is too late to avert long-term absence from work, which in turn too often leads to loss of employment in an environment where the same stigma makes it extremely difficult to find work again. The employment rate for all those with mental health problems remains at little more than ten percent.

Largely hidden within this grim general picture is a serious crisis of mental ill health among members of the lesbian, gay, bisexual and transgender communities. Trade union representatives need to understand why this is so, and learn to support LGBT members who face mental ill health both by supporting the individual to find an solution, and by recognising that it is often prejudice and discrimination in the workplace pressures that causes the problem in the first place.

The law is clear on both fronts: discrimination against people with mental health problems is disability discrimination under the Equality Act 2010; and harassment of people because of their sexual orientation or gender identity is also outlawed by the Act.

### **The evidence**

A number of studies have confirmed that mental health can be even more challenging for LGB&T people than for the rest of the population. The National Institute for Mental Health in England published a review of "Mental disorders, suicide and deliberate self harm in lesbian, gay and bisexual people" (December

2007) that showed there was at least twice the risk of suicide attempts among lesbians, gay men and bisexuals than among heterosexuals (and up to four times among gay and bisexual men), and that depression, anxiety, alcohol and substance abuse were at least one and a half times more likely among LGB people. This survey was carried out before the recession of 2008 and its consequent pressures, which suggests that other factors must have been responsible for the far higher incidence of mental health issues.

More recently (2013), Stonewall's "Mental health briefing" drew on other Stonewall research to confirm this picture. It found that more than one in five (22 per cent) of gay and bisexual men experienced moderate to severe levels of depression and anxiety, compared to five per cent of men in general. Among lesbian and bisexual women, up to four fifths reported feeling sad, miserable or depressed in the last year, with even higher numbers among those from black communities. The disproportionately greater impact still of mental health problems on LGB people who also belong to other minority groups was confirmed in the numbers reporting that they had attempted suicide over the previous year: three per cent of gay men overall, rising to five per cent of black gay men, and seven per cent of disabled gay and bisexual men. Much higher percentages reported that they had considered suicide without attempting it. The equivalent figures for lesbian and bisexual women were even worse: five per cent of the whole sample, seven per cent among black women, and ten per cent of disabled women.

Similar figures were reported of LGB people self-harming.

Shocking though these findings are, the situation for trans people is even worse. A survey organised by the Scottish Transgender Alliance reported in 2012, 58 per cent had been so distressed at some point that they needed to seek urgent help or support, 53 per cent had self harmed. No fewer than 88 per cent were currently or had previously suffered depression, stress was felt by 85 per cent and anxiety by 75 per cent.

These different surveys produced similar findings and offer firm evidence of the disproportionate mental health issues faced by LGB and T people. A 2013 survey carried out by Manchester Business School (MBS) of the workplace experiences of LGB workers, which was examining the level of bullying, also found that as a direct consequence of workplace prejudice, gay and bisexual men, and lesbian and bisexual women in particular reported higher levels of psychological ill health as a result of the prejudice they faced across all sectors of employment including many employers with (paper) equality policies.

### **Prejudice, harassment and mental ill health**

The MBS survey identified that the main cause of mental ill health among its sample was experience of bullying and harassment because of their sexuality. Similarly, the Stonewall surveys particularly highlighted the consequence of homophobic bullying,

with many examples from their survey of experiences of LGB young people at school. The Scottish Transgender Alliance survey demonstrated the relationship with very high levels of harassment, hostility, abuse (including physical attack and domestic abuse) resulting from their respondents' trans identity.

It is important that unions are aware of this reality.

The widespread idea that lesbian, gay and bisexual people have achieved legal equality and are therefore now generally accepted in society is not borne out by the lived experiences of many, and surveys such as the MBS' have uncovered that while attitudes *have* changed for the better, the change is sometimes superficial. Whereas in the past, people who were LGB or thought to be LGB might be subjected to upfront harassment - and this does still happen - more often today prejudice is expressed rather more subtly. It can take the form of colleagues or managers treating people as their own stereotyped version of what a lesbian (butch) or gay man (camp) must be like; or it may be social exclusion; or other inappropriate behaviour of various kinds that are harder to prove. The impact on the individual LGB worker, however, remains potentially severe, and can contribute to mental health problems. For trans people, a much smaller group numerically, the level of ignorance and prejudice is often worse still.

Add to this the stress arising in workplaces facing restructuring, redundancies, pressure to deliver more for less that affect all workers, and it is clear both that the additional risk of mental ill health for LGBT people is severe, but also that it will not simply disappear in better economic circumstances.

### **A trade union response**

Tackling the causes and effects of workplace mental ill health has become a common challenge for trade union workplace representatives. It is important however for representatives to understand that mental health issues have a greater impact on some groups than others: these include LGBT members – and where the LGB or T member is also black, and/or disabled, the risk level is further increased.

Challenging the work environment that contributes directly to mental ill health is a basic task: but understanding that mental ill health can also arise from people experiencing prejudice and bad behaviour because of who they are will be essential. This should involve both

- Supporting members in challenging prejudice from managers or colleagues; and
- negotiating effective equality policies with the employer as the basis for dealing with workplace issues as they arise.

All employers have a legal obligation to prevent harassment and discrimination but it is not always possible to persuade victims to stand up against it, or to produce clear enough evidence. That is a general problem facing the representative.

A growing number of employers are adopting good mental health policies, sometimes working with national organisations such as MIND to achieve the status of “mentally healthy employer”. With such employers,

- getting them to understand that their LGBT workers experience additional mental health risks arising from prejudice will be vital to making the policy properly inclusive: they are unlikely to reach that understanding without being prompted.

### **Health support for members**

It may not be easy to identify somewhere where a member facing mental health issues because they are LGB or T, or as well as being LGB or T, can be signposted for support. It is still sometimes the case that NHS services are not aware of the particular issues facing LGB or T patients. There are few LGBT community services dedicated to LGBT mental health to compare with MindOut ([www.mindout.org.uk](http://www.mindout.org.uk), contact: [info@mindout.org.uk](mailto:info@mindout.org.uk)) that covers Brighton and Hove but also runs national initiatives.

The long-established charity PACE, which operates in the London area, offers a wide range of relevant services to the LGBT communities: [www.pacehealth.org.uk](http://www.pacehealth.org.uk), [info@pacehealth.org.uk](mailto:info@pacehealth.org.uk), or call 020 7700 1323.

The NHS published a guide to where LGB people can find counselling and therapy on the NHS with advice on how to use the system, online at [www.nhs.uk/livewell/LGBhealth/pages/mentalhealth.aspx](http://www.nhs.uk/livewell/LGBhealth/pages/mentalhealth.aspx).

An organisation called Pink Therapy provides a directory of therapists working with LGBT people throughout the country: [www.pinktherapy.com/en-us/findtherapist.aspx](http://www.pinktherapy.com/en-us/findtherapist.aspx).

### **Trade union support**

In addition to advice that may be provided by your union (for which contact the union directly) the TUC publishes guidance, available free for trade unions from TUC Publications:

*LGBT Equality at Work*, 3<sup>rd</sup> edition, 2013

*Representing and supporting members with mental health problems at work*, by Michelle Valentine, 2008.