



# Double Stigma

The needs and experiences of lesbian, gay  
and bisexual people with mental health issues  
living in Wales - *Summary Report 2009*

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**FOREWORD**

**This summary report highlights key findings from the full report of “Double Stigma” (Maegusuku-Hewett and others 2009) and details our scoping exercise study which explores the needs and experiences of lesbian, gay and bisexual (LGB) people with mental health issues. We outline 10 key recommendations for adoption by the Welsh Assembly Government, local government, statutory health, social care, police and criminal justice, education, youth, mental health and LGB service providers; and the private sector.**

Wales specific research on people who identify as LGB and likewise on people with mental health issues living in Wales is limited to date, hence this piece of work is a welcome contribution.

Stonewall Cymru are grateful of funding from the Equality and Human Rights Commission to enable this first ever ‘cross strand’ exploratory piece of research in collaboration with our partner agencies Mind Cymru, Hafal, and Journeys.

Whilst there are some positive findings in this summary report, the findings indicate there is still much work to be done to improve the lives and inclusion of LGB people with mental health issues in Wales.

We hope that the results will serve to evidence the need for greater resources for both LGB specialist providers and mental health services across Wales and that this will lead to a continuation of the dialogue and collaboration between the partner agencies. In this way myths may be dispelled, with the result that services may be provided which are appropriate to the needs of LGB people with mental health issues across Wales.

**Liz Morgan**  
Director, Stonewall Cymru

## 10 KEY RECOMMENDATIONS

These recommendations are based on our findings and on what respondents and participants told us they thought would help improve their quality of life and mental health and wellbeing. It should be pointed out that change requires more than a commitment to working towards recommendations from specific agencies and government departments; it requires attitudinal change and a cultural shift in how LGB people and people with mental health issues are viewed and included within society and in the communities in which they live. Our research reveals the double stigma experienced by lesbian, gay and bisexual people with mental health issues. This double stigma stems from society's prejudicial attitudes towards both mental health issues and people who identify as lesbian, gay or bisexual.

The recommendations we provide here are further elaborated in the full report, and we consider them to be practical and achievable with the recognition and commitment of those whom we address them to: Ministers responsible for equality and mental health in their portfolios those responsible within local government, and mental health, health, social work and social care, housing, youth, criminal justice, education and service providers.

- ★ The Welsh Assembly Government to recognise and provide adequate funding and scope of mental health provision in Wales for

children and adults based on need (irrespective of sexual orientation).

- ★ In order to address the specific needs and issues of LGB people the Welsh Assembly Government should provide funding for trained LGB counsellors and LGB specific counselling services across Wales.
- ★ The Welsh Assembly Government to recognise that LGBT young people are vulnerable and to fund the development and capacity of LGBT youth groups by all 22 local authorities across Wales. This would ensure qualified and regulated youth workers and peer support for the 'coming out' process, particularly for those in areas outside of the main towns and cities.
- ★ The Welsh Assembly government to recognise the emotional and mental health support needs of LGB people 'coming out', experiencing discrimination, or requiring practical advice around access to services etc (irrespective of age). There should be provision of funding for LGBT specific telephone helplines and an online website that can promote networking, support and advocacy for LGB people with mental health issues. This would be particularly useful for people unable (or unwilling) to access formal services, for example, people living in rural areas, those without transport, or with barriers due to mental health issues, disability, or caring responsibilities.

- ★ LGB specific and mental health specific training and awareness raising should form a compulsory element of key professional qualifications for relevant professions such as health workers, social work and social care, education, youth work, housing, criminal justice and the police.

- ★ Mental health, other healthcare, social work and social care, housing, police and other public services are legally obliged to be inclusive and non-discriminatory in their treatment and support of LGB people under the anti-discrimination goods and services legislation (Sexual Orientation Regulations 2007). Therefore we recommend that monitoring mechanisms should be in place to evaluate the extent of inclusion of LGB people within services.

- ★ Services should target health promotion around (1) drug and alcohol use and (2) mental health and wellbeing to LGB people through harm reduction strategies, promotional materials at key venues, funding targeted at LGB specific mental health and wellbeing activities.

- ★ In order to support and provide advocacy for young LGB people in local authority care, Local Safeguarding Children Boards, and Local Authority and Health Trust lead officers for children should ensure policies and staff awareness raising address mental health issues and the support

needs of young LGB people in care, and provide confidential referral routes to support and advocacy.

- ★ Publicity and information leaflets about 'coming out' should be developed with specific issues in mind. That is, whilst there will be common issues for individuals, specific information should be provided to those who identify as lesbian, gay, bisexual and at different life stages (e.g. young people and older adults).
- ★ All agencies within the Criminal Justice System across Wales should take proactive measures to tackle homophobic hate crime and increase people's confidence to report homophobic hate crime through consistent and clear promotion of reporting routes, resources to promote publicity material, more joined up working between police and the Criminal Prosecution Service to tackle homophobic hate crime and an all Wales joint strategy to tackle homophobic hate crime spanning the 4 police forces.



## INTRODUCTION

From November 2008 to February 2009 we carried out an online survey and a series of focus groups and interviews across Wales. We wanted to find out about the experiences and needs of LGB people who have experienced or have mental health issues. In total 116 people completed the survey and 30 people attended our focus groups or had an interview. Several survey respondents also attended the focus groups.

It is not possible to claim that our sample provides a ‘representative slice’ of LGB people with mental health issues living in Wales as there is no baseline population figure with which to compare. Sexual orientation is not, and remains unlikely to be included in the Census in 2011 (Office for National Statistics 2006).

However we took active steps to engage with the target population and have promoted the survey and focus groups within mental health, LGB and generic service settings in order to capture the interest of those who self identify as LGB and as having had or currently experiencing mental health issues.

Our online survey was completed by people living across South & South East (61%), South West and West (22%), Mid (5%) and North Wales (12%). 75% of respondents live in a city, town or suburb and the remainder live in rural areas and villages. Focus groups were held in Swansea, Cardiff, Bangor and Aberystwyth.

31% of survey respondents identify as lesbian or gay women, 45% as gay men, 17% as bisexual, 1% as a person who has sex with members of the same sex, 1% as heterosexual or straight, 1% as questioning and 3% defined themselves as ‘other’. In focus groups/ interviews 39% were lesbian, 17% bisexual, 34% gay and 10% defined as heterosexual or other.

Almost equal numbers of men and women completed the survey with 50% defining as male, 46% defining as female, 3% defining as female and transsexual and 1% as ‘gender neutral’. In focus groups/ interviews more women than men took part with 48% defined as female, 11% as female and trans, 38% as male, and 3% as ‘gender neutral’.

The youngest survey respondent was 15 and the oldest was 73. Just under half were aged between 30-49 (49%), 35% were 29 and under and 16% were over 50. In focus groups/ interviews 46% were under 29 years, 31% were 30- 49, and 23% were over 50.

Eighty five percent of survey respondents speak English as their first language; 11.5% welsh and 3.5% other languages.

94.8% of survey respondents self defined as ‘White’. A further 1.6% preferred to define in terms of nationality as ‘Welsh’, 0.9% as ‘British’, 1.8% as ‘European’. Our sample is under representative of the 2.1% Black and Minority Ethnic population of Wales in that only 0.9%

of our sample declared as being of ‘mixed’ background.

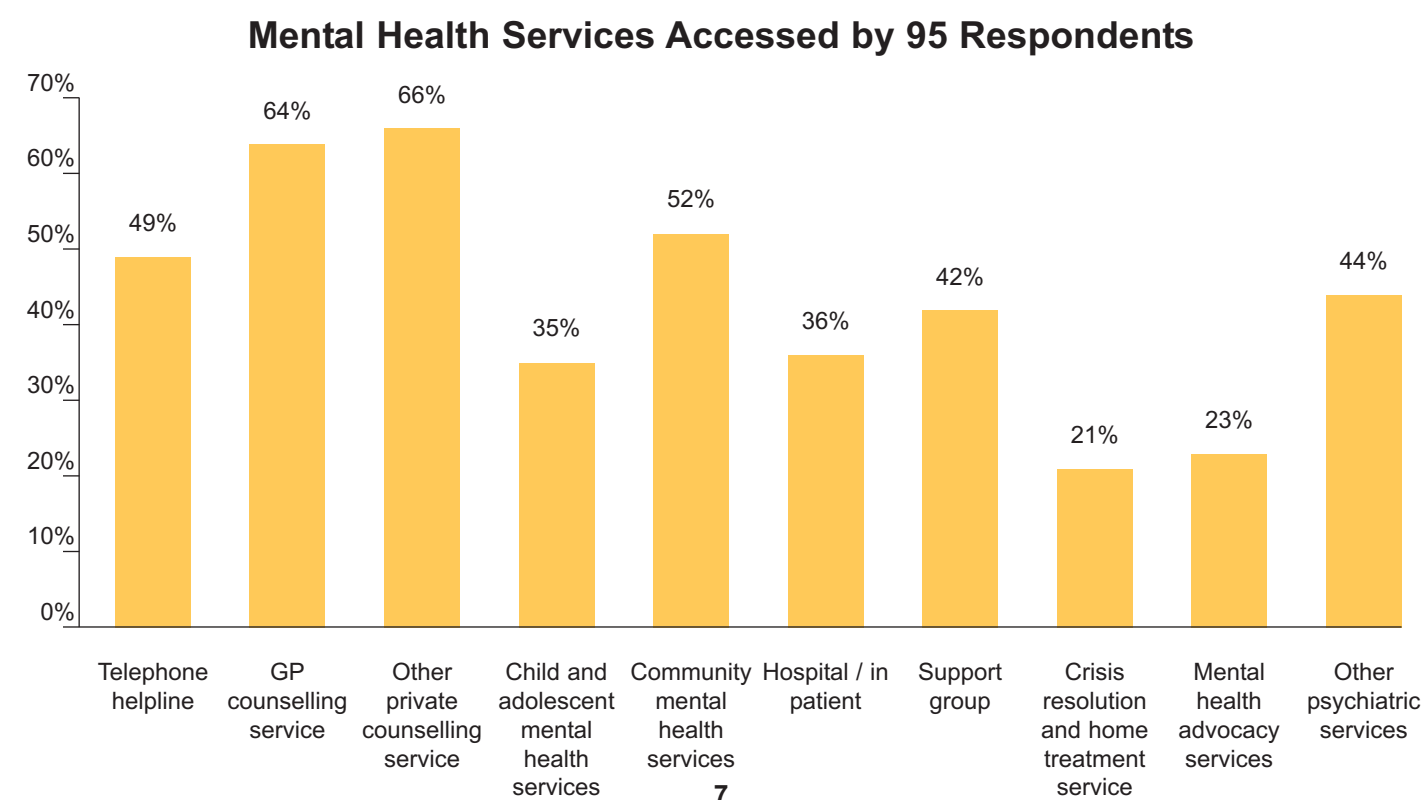
33% of survey respondents & 54% of focus group participants consider themselves to be disabled under the definition outlined in the Disability Discrimination Act (2005).

## SUMMARY OF KEY FINDINGS

### LGB people’s access to mental health services

★ Just over half (52 %) of survey respondents said they currently have ‘fair’, ‘poor’ or ‘very poor’ mental health. The remaining 48% regarded themselves as having ‘good’, ‘very good’ or ‘excellent’ mental health now, but as having had mental health issues in the past.

★ 82% of respondents either currently access or have accessed mental health services, with just under half of these (44%) declared as having accessed mental health services more or less continuously for several years. The table below shows the range of mental health services that respondents have accessed (note: 85% of respondents accessed more than one service). The most accessed services were GP counselling (66%) followed closely by other private counselling (64%). Just under half have accessed telephone helplines (49%), and support groups (44%). 35% have accessed Child and Adolescent Mental Health Services (CAMHS), 52% accessed a Community Mental Health Team and 21% accessed Crisis Resolution and Home Treatment services. Roughly one third have accessed hospital or been an inpatient (36%). 44% have accessed other unspecified psychiatric services.



★ Those that had received mental health services were mixed in their views of these services. Our study found some evidence of satisfaction with the extent and scope of service provision. However it was the general consensus in focus groups and interviews that mental health services in Wales, for the general population, are under resourced. The main criticisms of current provision were as follows: limitations in types of services on offer, respondents perception of the benefit of these to mental health and individual need, lengthy waiting lists, criteria for high demand therapeutic and support services and the geographic confinement of specialist services to the main towns and cities.

***“It’s a deeply over stretched service. It seems the problems of accessing resources are not just particular for gay people, but for all people in Wales.”*** Deborah

***“There is no facility for ‘women only’ spaces in hospitals. Wards are very mixed, you can be with people who are very violent, they are very frightening places to be. You can’t lock your room, though some wards are lock-up wards.”*** Pamela

***“If you break your leg they don’t say that you can’t get it plastered just because you’ve broken it before, so why should it be any different for your mental health and especially if the service is of benefit to me.”*** Bethan

***“My counselling session is once every 3 months and that’s so hard for me because last time I saw her I was happy because it was a good day. But say the last 3 months have been terrible and the next time I see her I could be happy or unhappy, and she’s only gonna see me for that one hour on that one day.”*** Shaun

### **Being ‘Out’ and inclusive good practice**

★ Of 98 survey respondents who told us about whether or not they were ‘out’ about their sexual orientation with mental health service providers, just over two thirds were ‘out’ (n = 74). Based on 66 written responses, 61% did not consider their being ‘out’ as having any relevance to the way in which they were treated and 21% of this figure was of the view that being ‘out’ enabled a more positive and inclusive experience of mental health services. In focus group discussions and interviews with 30 people, only 20% of participants explicitly highlighted good experiences of accessing mental health services.

***“I was treated well - as I would expect of the general population.”*** Cerys

***“It helped because the professionals involved could be more specific in the support they gave me and there were no subliminal barriers to communication.”*** Darren

### **Practitioners’ values, attitudes, knowledge and skills**

★ The Welsh Assembly Government (WAG) has recognised the need for non-discrimination and inclusive service delivery within policy, for example the Welsh Health Circular 31 (WAG 2008). However the extent to which policy can be implemented is pivotal on frontline service providers and monitoring mechanisms. Of 39% of survey respondents who were ‘out’ and expressed dissatisfaction with their treatment and working relationship with mental health and allied professions the main concerns relate to individual practitioners’ values, attitudes, knowledge and skills. Our focus groups and interviews, as well as other related research, mirror these concerns (See for example, Cook et al 2007; Stonewall 2008).

### **Values and attitudes**

★ A number of respondents reported feeling discriminated against by individual practitioners. The underlying basis of this was perceived to be homophobia and/or heterosexism which was reflected in attitudes and practices:

***“I think my private counsellor has a conservative attitude to homosexuality which makes me feel uncomfortable disclosing information about myself. After coming out to her there has been an issue of confidentiality and she believes my private life to be a cause of my mental health problems.”*** Glen

***“A senior female nurse who was my personal keyworker whilst an in-patient in NHS psychiatric hospital refused to continue to work with me when I was ‘outed’ by my mother in casual conversation. She was not questioned or challenged by any other staff ...I was assigned an inexperienced junior male keyworker without explanation or consultation regarding the staff change. The original key worker didn’t speak to me again and wouldn’t be in the same room as me.”*** Sarah

***“I don’t think it [being out] had any effect at all except for Christian counselling as their view of it was wrong and I should pray for healing to become straight.”*** Anna



## Knowledge and skills

- ★ Respondents talked of a lack of awareness and knowledge around LGB and trans (T) issues. This was particularly highlighted in relation to respondents' personal relationships. Respondents described incidents in which their partners were either trivialised or in some cases viewed with suspicion.

***“When I was with a female partner her position in my life wasn't taken as seriously as my male partner is taken now. We often felt tolerated by medical staff, where as my partner now is invited to be with me.”*** Gemma

***“The crisis team when I had a male doctor assess me refused to acknowledge my girlfriend even after I introduced her as my partner, kept calling her my friend, also asked if I had any real support of somebody who could stay with me overnight, when I said my girlfriend, he said ‘its good your friend is willing to’, even though we already live together.”*** Sian

***“It was suggested that I was an ‘abuser’ when I was 42 and had a relationship with a younger woman. Also that she might have been simply led by myself, although she was gay and I was bi.”*** Catrin

- ★ Alternatively respondents reported an assumption made by mental health professionals that being LGB was the root cause of their mental health issue(s). This assumption has had consequences for some individuals in their treatment plans which were provided on this basis; apparently irrespective of the individual's own insight into their mental health and wellbeing.

***“I’ve struggled with hereditary depression since I was 9, and I knew I was gay at age 12. For me, my sexuality was an area of relative clarity, certainty and confidence, and coming to terms with being gay was a limited (and now resolved) component of a long depressive history. However, very few service providers understand this... I am always treated by the NHS as though it's not really possible to ‘get over’ being gay, so if I think I'm fine with my sexuality I must be ‘repressing’. I struggle to convey that my sexuality and my current relationship are in fact areas of real confidence and strength for me, and my depression is genuinely linked to factors unrelated to my relationship or my sexuality.”*** Alison.

***“Homosexuality to the psychiatrist was seen as a reason for greater psychological disturbances. i.e. you're gay (even when I said bi) so you must have problems. Others [psychiatrists] were good however.”*** Dean

- ★ For some respondents who were open about their sexual orientation, there was a sense of not being treated and supported adequately because the practitioner was ill-equipped to address LGB issues.

***“I was out with both my GP and my counsellor, however in both cases I was not confident about whether they actually understood my needs. I was treated with respect, but I feel that there needed to be more awareness for me to be able to feel comfortable.”*** Lloyd

***“My subsequent counsellors were not convinced that being bisexual was not an issue for me and did not affect my mental health. This made me reluctant to continue counselling at first and later on made me switch counsellors and eventually access peer support instead and stop going to counselling at all. They didn't understand and counsellors need to understand to be able to give appropriate support.”*** Claire

***“It would be of assistance if there was a mental health service solely for gay people available, instead of having to conform to a straight person's thought patterns and assessment.”*** Cadan

## Advocacy and Access

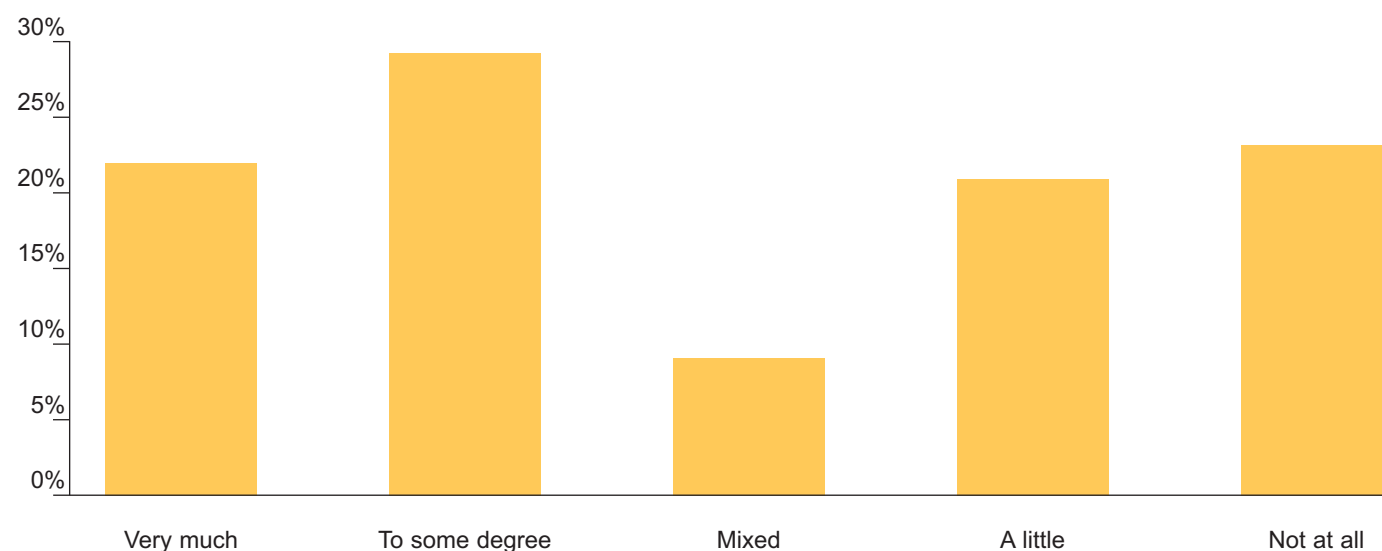
- ★ Of those who were 'out' about their sexual orientation and perceived that they were discriminated against in their treatment, 57% indicated their experiences impacted or were likely to impact on their level of openness about their sexual orientation when accessing mental health services. 55% also indicated that it impacted or was likely to impact on their willingness to access mental health services. Some respondents were unaware of how to complain, or said they would be cautious to complain if they were dissatisfied with the treatment they were receiving. Just under a quarter (23%) of respondents who have accessed mental health provision said they have also accessed mental health advocacy.

## LGB PEOPLE'S VIEWS ON ASSUMPTIONS AND CONTRIBUTING FACTORS TO MENTAL HEALTH ISSUES

### Being LGB and mental health issues - double stigma?

★ We asked survey respondents their views on whether they thought there was a link between being LGB and their mental health issues. 22% thought 'not at all'; 19% thought 'a little'; 8% had 'mixed' opinion and 59% thought to 'some degree' or very 'much'. For those who thought there was anything from 'a little' to 'very much' of a connection it was the view of the vast majority that sexual orientation is not the cause of mental health issues. To the contrary respondents argued that the enduring pressures and experiences of discrimination from family, friends, services, and society more generally throughout the life course impact on LGB people's mental health and wellbeing.

### Do you think that being LGB has had any effect on your mental health?



*"The fact that you are lesbian or gay or bisexual; that is not the reason why people have mental health illnesses. It is about reacting to and having to spend your whole life being careful, second guessing if people are going to be ok with you... You know if there is an impact on wellbeing it's actually because of a lack of acceptance in society. I'm not sure how different it is now. I remember when I was coming out in the early 1970s, I remember thinking we were the only two gay people in the world. I'm not sure it's that different for young people coming out now?"* Geraldine

★ Many respondents highlighted how self acceptance and 'coming out' were/ are important to self esteem and mental health and wellbeing. This is a process that is continuous over the life course and in different social contexts. The process can be isolating and difficult and problems are sometimes compounded by the responses of others.

*"I think there is a correlation between mental health or mental ill health and being in the closet. When things were really difficult for me, I'm talking about the 1970s. I was in teaching and I was trying to hide the fact that I was a lesbian. I think the more open and out you can be and if you can be yourself, I think that has got to be good for emotional and mental wellbeing, very much."* Geraldine

*"Around coming out I had issues on the basis I'm transsexual. Initially I labelled myself as lesbian but people couldn't get their head around how a transsexual could be a lesbian. 'Cos if you're a male to female transsexual and you still like women then obviously you're a straight man who likes dressing up. So I started identifying as bisexual initially 'cos that way people could accept me liking women without questioning too much because they also thought I was liking men, it was a very odd thing."* Deborah

★ Within our survey, we found more than half of respondents were completely 'out' about their sexual orientation to their family (61%), and (81%) completely 'out' to friends. Of those in work, 11% were 'not out' to work colleagues and a further 29% were 'out to some'. Roughly two thirds were 'not out' or 'out to some' neighbours (61%), or wider community (60%). Only 13% were completely out to providers

of other general services. For LGB people with experience of mental health issues there is the additional factor of discrimination around mental health issues.

The majority of focus group participants talked of a 'double stigma' and the impact this has on their daily lives in terms of other people's treatment of them and their level of engagement within their local communities and LGB specific social groups and activities. Within our survey, we found less people were open about their mental health issues than were completely 'out' about their sexual orientation with their family (29%) and friends (31%), work colleagues (14%), neighbours (9%) and wider community (9%). Equal numbers were 'out' to providers of other general services (13%).

*"I told my boss about my mental health issues and my boss said, 'don't tell anyone else 'cos you won't go any further in this company.'"* Paul

*"...most friends and acquaintances of mine cover up that they have mental health issues and cover it up extensively because it is not acceptable in the community (referring to 'gay community')." Tarra*

*"There is a lot of ignorance around LGB, mental health and disability."* Sue



- ★ There was evidence that lack of support around ‘coming out’ or dealing with ongoing discrimination and homophobia was detrimental and compounded respondents’ sense of isolation.

***“I knew I was different but didn’t know what it was. Was suicidal and reached a point and thought I either die tonight or get help.”***

Paul

***“I was in care all my life and when I came out at 16, the only people who were around me were like social workers and support workers, and I always say like that there’s no support for young people who are coming out. Like there is no advisors in that service who is there specifically supporting and is there for gay people, and this is a missed area.”*** Shaun

- ★ Our survey found just under half have accessed telephone helplines (49%) and support groups (44%). Many focus group participants valued being able to access confidential LGBT helplines, LGBT youth support groups and LGBT specific mental health groups and networks. These are predominantly provided by LGBT and mental health voluntary sector or grass roots self-directed organisations. Consequently some organisations and groups were seen as having capacity constraints in terms of funding, reliance on volunteers, and the extent of provision available.

Several respondents who’d benefited from youth provision, felt services should be available to adults beyond the ages of 25 years, and those living beyond the major towns and cities felt disadvantaged by limitations in transport and the location of services in more densely populated areas.

#### **Drug and Alcohol use, pressures around sexual orientation and mental health and wellbeing**

- ★ In exploring drug and alcohol use we are not assuming that drug and alcohol use is problematic for LGB for LGB people. We wanted to explore people’s views of whether they thought there was a link between pressures around sexual orientation and their use. We found 20% of respondents use recreational drugs and 82% of these were ‘happy to the extent with which they use these’. 75% of respondents drink alcohol and 68.5% were ‘happy with the extent to which they use these’.

- ★ We asked respondents about the extent to which they thought pressures around sexual orientation have an impact on their use of recreational drugs or alcohol. Respondents were divided in their views with just over half expressing that there is no link between the use of substances (54.5%) or alcohol (60%) consumption and pressures around sexual orientation.

***“My sexuality has not made me drink any more or less than I would have done regardless.”***

Timothy

***“I don’t think my sexuality (and the difficulties that’s caused for me due to others having a problem with it) has had any influence on causing me to drink. I consume an average of only about 2 units of alcohol per week, anyway, (and have never drunk at higher levels than this), and I have never taken recreational drugs, apart from trying a little pot once or twice as a student. I’ve never smoked either.”*** Rebecca

- ★ Of those survey respondents and focus group participants who thought there may be anything from ‘a little’ to ‘very much’ of a link, there were two main themes. (1), respondents were of the view that drugs and alcohol were an endemic part of the ‘gay’ scene culture. 2) Respondents expressed the view that drugs and/or alcohol may be used by people in difficult circumstances and that sometimes these difficulties are experienced in relation to issues surrounding sexual orientation. For example:

***“You’re like an alien in a world you don’t quite belong to. When you’re in a minority it’s difficult, it’s not awful but it’s difficult and you have to find ways to cope with that and sometimes its through drugs and alcohol.”***

Jenny

***“When I came out and everything went bad I turned to alcohol to block out what was going on and would get drunk as many times as I could get away with.”*** Anna

***“I believe recreational drug use is very common in LGBT culture. This culture inhabits the environments of night clubs and bars. There are few social opportunities for LGBT people outside of this environment. Thus drug and alcohol use are normalised to a large extent. Drugs and alcohol offer some escape from the pressure of modern living and also from the latent homophobia of wider society.”*** Adam



## SOCIAL INCLUSION AND QUALITY OF LIFE

Whilst Stonewall Cymru's survey (Williams & Robinson 2007) provides a good overview of LGB people's engagement within their communities, we wanted to explore this further in relation to community engagement, social inclusion and quality of life for LGB people with mental health issues. We asked people about their everyday lives, the extent of their engagement and satisfaction with relationships with family, friends, neighbours and the wider community around them. The following section summarises the main findings:

### Community engagement

- ★ Two thirds appear to engage in their communities to varying extents ranging from those who engage in only one activity to those who are more involved in community life with hobbies (38%), voluntary work or political activity (33%), LGB&T specific groups (16%), church (7%) and support groups (6%). Roughly one third of respondents (36%) said they don't engage in any hobbies, community, social, voluntary or political activities within their local community on a regular basis.
- ★ 12% of people said they never go out socially and 31% get out once a month. Conversely 41% go out at least once a week and a further 16% people go out once a fortnight. Of those who attend

LGBT specific groups and/ or those who frequent the 'gay scene', many find these beneficial and enjoyable. However for a proportion, these activities were 'off limits' because of physical disability and access limitations, lack of provision in rural areas, (further compounded by transportation limitations), the need to avoid drug or alcohol usage and the desire to participate in alternative activities. For others, and particularly people who identify as bisexual, trans and those with physical disability or enduring mental health issues, LGB services and activities were experienced as a source of further prejudice and exclusion and a sense of 'not fitting in'.

***"Being bi, if you're in a straight relationship it means you can't access services and activities; there is a fear of discrimination. LGBT services are not inclusive to bisexuals."*** Julie

***"Anyone that deviates from the norm will not fit in. The scene is heavily stereotyped and you have to act a certain way to fit in. There is no acceptance of mental health at all."*** Phillip

- ★ We asked people to rank on a scale of 'terrible' to 'delighted', "how do you feel about the range of opportunities to be involved with community groups, clubs or organisations that are available in your area ". We found roughly one third were 'mostly satisfied' to 'delighted' with the range of

opportunities to be involved in their communities. Two thirds were 'mixed' in their views or felt mostly 'dissatisfied' to 'terrible'. We compared these responses to a random sample from the general population and found a significant difference in the levels of satisfaction expressed, with those in the general population expressing more satisfaction with the range of opportunities available to them .

### Levels of satisfaction with areas where people live

- ★ 62% of respondents were 'mostly satisfied', 'pleased' or 'delighted' with the area where they lived. Of the remaining 38% who were anything from 'mixed' to feeling 'terrible' about where they lived, there appear singular and cumulative factors ranging from dissatisfaction with the local amenities and geography of where people live; lack of services and LGBT specific services and activities, feelings of isolation and, what was described by many as, 'narrow mindedness'. 39% of these, cited solely not feeling safe or able to be openly LGBT within the community because of actual, or fear of, homophobia and violence.

***"Not very good for young people here. It's very homophobic. I don't go out anywhere in case I get beat up."*** Lauren

***"It's a pleasant place, but as for being accepting of difference, homophobia is often experienced."*** Jacque

### Homophobia and hate crime

- ★ We asked survey respondents if they had been the victim of a hate crime in the last 12 months and found just under a quarter had (28 people). Of these, 25 people further elaborated on the context of these incidents. 3 were transphobic; 14 were because of sexual orientation; 1 perceived to have been targeted because of their mental health issues and sexual orientation; and 4 stated because of fear or ignorance of difference, a further 3 were not explicit in the underlying premise of the incidents they experienced. There were also several respondents in focus groups who reported having been the victim of a hate crime. Incidents ranged from name calling to the more severe attacks including physical and sexual violence.

***"I live on an estate where it's not good to be gay. This puts pressure on mental health and relationships. They threatened to come and brick our windows all the time, we were spat at on the street, the names we were called was no-one's business. There is no tolerance for gay people whatsoever."*** Katie.

***“I had to leave the [area] to be who I wanted to be. The first place I lived in was fine for about 2 years until they realised I was gay; thereafter I received death threats and my property was vandalised.”*** Mike

★ 39% of these respondents reported incidents to the police and just over half were satisfied with the way in which they were supported and the incident dealt with. reasons for non reporting stem from the following: lack of awareness that homophobia is a criminal offence and regarded as a hate crime under the Criminal Justice and Immigration Act (2008); reluctance to report because of past experience, or anecdotal evidence from peers that the police and criminal justice system either fails to prosecute offenders or provides them with lesser convictions; a perception that incidents will not be taken seriously; lack of faith in the police force’s capacity to address the issue professionally and adequately; and fear of reprisal from the perpetrator(s).

***“They set fire to my flat when I was in it; it was terrifying that. The police didn’t respond appropriately; I still see some of the people when I’m on the bus.”***  
Nik

***“I have reported trans’ and homophobic hate crime to the Minority Support Unit and they have been excellent in their response.”*** Deborah

★ Survey respondents and participants in focus groups recognised that the extent to which incidents are addressed is dependent upon a number of factors not just the initial police response. These factors include a reliance on witness cooperation, the availability of evidence, the police response, and criminal justice proceedings. In recent years proactive measures from Stonewall Cymru, the 4 police forces of Wales, the Criminal Justice system, Safer Wales, local authorities, members of the public and victims of hate crime have led to improvements in reporting and prosecution of homophobic hate crime in Wales (See Stonewall Cymru 2007). On the basis of our findings further improvements are needed to address reporting, victim support and prosecution.

## OVERALL PERCEPTION OF THE EXTENT TO WHICH PEOPLE ARE INCLUDED IN SOCIETY

★ We asked survey respondents, “overall, how do you feel about the extent to which you are included in society?” We found, 44% were ‘mostly satisfied’ to ‘delighted’; 33% were ‘mixed’ in their view, and 23% were ‘less than satisfied’ to ‘terrible’. When compared to a random sample of the general population, our sample showed a statistically significant difference in the levels of satisfaction expressed; with our sample feeling less included than the general population. This reinforces our other findings in relation to a proportion of our respondents’ experiences of social exclusion in a range of contexts and the impact this has on mental health and wellbeing. If LGB people with mental health issues are to feel included in society then not only is attitudinal change required, but inclusion strategies and service provision need to be mindful of the ‘double stigma’ of being LGB with mental health issues. With this in mind our study and indeed our recommendations seek to promote the wellbeing and social inclusion of LGB people with mental health issues across Wales.

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We recognise that there is some debate surrounding terminology and have used the term 'mental health issues' within this report following consultation with partner mental health agencies and participants.

This survey targets people who identify as lesbian, gay or bisexual and is inclusive of individuals regardless of self defined gender/sex. We recognise there are some specific issues for people who identify as transgender or transsexual and have included these where raised. We use the term 'trans' to include individuals who identify as transsexual or transgender.

Defined with the DDA (2005) as 'disability is a physical or mental; impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'.

We have changed study participants names and kept personal details to a minimum to protect identity.

Independent samples t-tests were conducted to compare the extent of involvement in community groups, clubs and organisation and to compare overall level of inclusion scores for the general population and this study's sample. Please refer to the full report for statistical breakdown.



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