

# 1.M. Workshop: Mental health of lesbian, gay and bisexuals: results from national and cross-European studies

Organised by: EUPHA (SGMH)

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Today many governmental public health agencies call for policy and intervention programs addressing specific needs of lesbian, gay, bisexual, and transgender (LGBT) individuals. Still, the public health consequences of discrimination towards LGBT individuals have only recently been a topic of investigation and current knowledge in the area is limited. An increasing body of research shows large differences in mental health functioning between sexual minorities as compared to heterosexual individuals. In particular, studies from North America show that LGB youth are at greater risk for suicide attempts than non-LGB youths and that they have higher prevalence of depression and anxiety diagnoses.

This workshop will give examples of studies of mental health differences and discrimination based on sexual orientation and gender identity, with representation from various fields of inquiry and parts of Europe. Richard Bränström (Sweden) will present a study demonstrating how life-satisfaction varies greatly among sexual minorities in Europe largely due to country level structural stigma surrounding sexual minorities and associated pressures to conceal sexual orientation. Lisa McDaid (UK) will present empirical evidence of a broader range of mental health outcomes with variation across different regions of the UK. Jen Wang (Switzerland) will present novel data from a cohort study, looking at mental health among young Swiss men recruited when presenting for evaluation of fitness for conscription to military service. Conor Mahon (Ireland) will present results from a systematic review of studies on social anxiety among sexual minorities.

After the individual presentations the audience will be invited to a monitored open discuss how cross-national findings can help inform public health and policy work towards greater health equality among sexual and gender minority individuals. The situation for LGBT individuals varies greatly across Europe. The level of acceptance for minority sexual orientations differs greatly by country, and in many countries, LGBT people are also subject to legal discrimination concerning basic civil rights, e.g. regarding recognition of same-sex unions. The

wide differences in LGBT acceptance and differences in institutional discrimination make cross-European studies particularly important for the exploration of the consequences of structural discrimination on health. Our workshop aims to facilitate such initiatives.

## Key messages:

- Mental health among LGBT individuals varies greatly across Europe making European wide studies particularly important for the exploration of the consequences of structural discrimination on health.
- The findings highlight the importance of eliminating legislation, policies, and national attitudes that promote the unequal treatment of sexual minorities in currently unsupportive European countries.

## Hidden from happiness: Structural stigma, sexual orientation concealment, and life satisfaction among sexual minorities across 28 European countries

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### Background

The national climate surrounding sexual minorities (i.e., those self-identifying as lesbian, gay, or bisexual [LGB]) varies greatly worldwide. In Europe alone, this variation ranges from full equality under the law to state-sanctioned discrimination. The consequences of this significant country-level variation in structural stigma on sexual minority well-being have not been previously investigated, nor have the mechanisms through which structural stigma might compromise life satisfaction.

### Purpose

To examine associations between life satisfaction as a function of structural stigma and potential mechanisms explaining this association.

### Methods

In 2012, 86 000 sexual minority individuals (aged 18 years and older) from 28 European countries responded to questions concerning life-satisfaction and potential predictors, including sexual orientation concealment (EU LGBT survey). Structural

stigma was assessed using a combination of national laws and policies affecting sexual minorities and a measure of sexual minority acceptance among citizens of each country.

### Results

Life-satisfaction varied greatly among sexual minorities across Europe, with lower life satisfaction reported by sexual minorities living in countries with higher levels of structural stigma. Country-level stigma explained around 60% of the country level variation in life satisfaction. A multi-level mediation model showed that sexual orientation concealment fully mediated the association between structural stigma and life satisfaction (indirect effect:  $\text{Beta} = -0.19$   $\text{SE} = 0.03$ ,  $P < 0.001$ ).

### Conclusions

Life satisfaction varies greatly among sexual minorities in Europe largely due to structural stigma surrounding sexual minorities and associated pressures to conceal their sexual orientation. These findings highlight the importance of eliminating legislation, policies, and national attitudes that promote the unequal treatment of sexual minorities in currently unsupportive European countries.

## Insights into mental health among gay, bisexual and other men who have sex with men in Scotland, Wales, Northern Ireland, and the Republic of Ireland

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### Background

There is growing recognition yet little data available concerning the burden of increased mental ill health among gay, bisexual and other men who have sex with men (MSM). For example, 19.9% of gay-identified MSM in the 3rd British National Survey of Sexual Attitudes and Lifestyles had been treated for depression in the previous year compared with 5.8% of men who had sex exclusively with women). Here, we examine empirical evidence of a broader range of mental health outcomes in an online cross-sectional survey.

### Methods

Self-report data on mental health diagnosis, treatment, experience and internationally recognised measures of depression (PHQ-9) and anxiety (GAD-7) from the Social Media, Men who have sex with men, Sexual and Holistic Health (SMMASH2) online, cross-sectional survey of 3217 MSM in Scotland, Wales, Northern Ireland and the Republic of Ireland collected in 2016.

### Results

30.9% reported ever receiving a psychiatric diagnosis from a doctor, of whom 84.0% reported being affected by this mental health problem in the past 12 months (primarily depression and anxiety), while 49.9% were currently taking medication and 17.6% were receiving other treatment (e.g., counseling). Overall, 27.2% felt that they had been affected by a mental health problem in the past 12 months (regardless of diagnosis). Overall, 13.8% had moderately severe/severe depression (PHQ-9  $\geq 15$ ) scores and 19.2% had moderate/severe anxiety (GAD-7  $\geq 10$ ) scores. Higher scores on PHQ-9 and GAD-7 were associated with condomless anal sex with casual, multiple, or unknown HIV status partners and party drug use (e.g., cocaine, ecstasy) in the past 12 months.

### Conclusions

Mental health problems were common among SMMASH2 participants and associated with age, sexual orientation and sexual risk taking. Cross-national collaboration should actively pursue new strategies for working with communities to develop effective interventions to improve mental health among MSM.

## Mental health and military service by sexual orientation among young Swiss men

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### Background

In Switzerland—one of the few European countries with conscription—homosexuality ceased being grounds for disablement in the 1990s, and in 2009, the Swiss Armed Forces banned all forms of discrimination, including sexual orientation. Poor health continues to be grounds for disablement, with growing evidence of poorer mental health among sexual minority youth.

### Methods

C-SURF is a cohort study of young Swiss men recruited when presenting for evaluation of fitness for conscription. 5132 men with complete data on sexual orientation and mental health at wave 1 (2010-11) and fitness for military service reported at wave 2 (2012-13) were included.

### Results

At baseline, 91% reported exclusively heterosexual, 5.9% mostly heterosexual, 1.2% equally bisexual, 0.8% mostly homosexual, and 1.2% exclusively homosexual attraction. Mental health status scores (past 4 weeks) were negatively correlated with increasing same-sex attraction ( $p < .01$ ), whereas major depression scores (past 2 weeks) were positively correlated ( $p < .05$ ). Declaration of fitness for military service varied by same-sex attraction: 73% among exclusively heterosexual, 68% among mostly heterosexual, 64% among equally bisexual, 50% among mostly homosexual, and 32% among exclusively homosexual men. Among those declared fit, choice of military service (vs civil service) also varied by same-sex attraction: 86% among exclusively heterosexual, 78% among mostly heterosexual, 83% among equally bisexual, 70% among mostly homosexual, and 58% among exclusively homosexual men. In all, only 19% of Swiss men reporting exclusively homosexual attraction began compulsory military service in 2010-11.

### Conclusions

There are marked gradient differences in both mental health and military service patterns along same-sex attraction. Mental health problems—along with apparent concerns about all-male environments—continue to be key factors in lower uptake of military service among sexual minority men in Switzerland.

## Social anxiety in sexual minorities: A systematic review of the empirical literature

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### Background

Social anxiety (SA) is the fear and avoidance of social and performance situations in which an individual may be exposed to scrutiny or negative evaluation by others. The elevated levels of SA continually reported in sexual minorities (SM) represent a significant public health concern due to their deleterious social and occupational impact. This systematic review provides an overall profile of SA in SM through addressing several key questions (e.g., are there SA disparity rates between different SM sub-groups? What factors are associated with SA in SM?)

### Methods

A systematic search across five databases (PsycINFO, PubMed, Web of Science, CINAHL, Embase) produced 45 studies appropriate for review.

**Results**

Preliminary results reveal all SM sub-groups demonstrated increased levels of SA, but female SM and those identifying as bisexual/unsure consistently had the highest levels. Despite this, there are considerably less empirical studies in the area targeting female SM in comparison to male SM. Risky sexual behaviour, concealment of sexuality, rejection sensitivity, body image issues and social support represent salient associated factors. There is also a clear paucity of qualitative research targeting this topic.

**Conclusions**

This review maintains the increased risk of SA in SM. Further exploration of the mechanisms involved in this relationship is necessary. Additionally, qualitative research utilising different

SM sub-group samples with high SA is required to both inform relevant mental health professionals and influence the development of specialised interventions. Notably, this is the first systematic review exclusively focused on SA in SM, highlighting an issue warranting additional empirical attention.

**Key message:**

- SA persists in being a serious mental health concern for SM. The vast majority of studies meeting the inclusion criteria for this review were based in the US; this emphasises the need to examine this concern in a European context.