

7.I. Workshop: Mental Health Disparities Based on Sexual Orientation and Gender Identity across Europe

Organised by: EUPHA proposed section on Sexual and gender minority health in collaboration with the competence group on sexual and gender diversity of the Austrian Public Health Institute (ÖGPH)

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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 show 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. A meta-analysis found that sexual minorities are two-and-a-half times more likely to have a lifetime history of mental disorder compared to heterosexuals.

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. Dennis van der Veur from the European Union Agency for Fundamental Rights (FRA) will present results from a newly conducted monitoring of LGBT discrimination and human rights violations across Europe. Associate professor Mark Hatzenbuehler, an international leading expert in the field of stigma and health from Columbia University (USA), will present theoretical frameworks outlining our current understanding of the development of LGB disparities and present analyses supporting these models using data on mental health disparities based on sexual orientation over the past decade. Examples of health disparities in suicide and mental health morbidity will be presented by Martin Plöderl (Austria) and Richard Bränström (Sweden). 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 suitable for the exploration of the consequences of structural discrimination on health. Our workshop aims to facilitate such initiatives.

Key messages:

- The situation for LGBT individuals varies greatly across Europe making cross-European studies particularly suitable for the exploration of the consequences of structural discrimination on health
- More knowledge of factors influencing mental health outcomes among LGBT people could facilitate the development of targeted interventions to improve the health of LGBT individuals

The human rights situation among LGBTI individuals in Europe and its health consequences

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Background

International human rights law has progressively clarified its application in relation to sexual orientation and gender identity, including in relation to health.

Methods

The European Union Agency for Fundamental Rights (FRA) has developed legal analysis and has also collected data on the views and experiences of lesbian, gay, bisexual and trans (LGBT) people, as well as those of relevant officials and professionals on the extent to which LGBT persons enjoy their fundamental rights including in the area of health.

Results

FRA's legal analysis identified several human rights protection gaps in the area of health, including concerning access to and legal recognition of the preferred gender. It also showed that legislation against discrimination on the grounds of sexual orientation in the provision of goods and services (including healthcare) has been adopted by less than half of EU Member States, including Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Hungary, Lithuania, Romania, Slovakia, Slovenia, Spain, and the United Kingdom. The Agency's Focus Paper on the rights of intersex people showed that they face several challenges which relate to law and medical intervention.

Conclusions

Increased efforts are needed to reduce health inequalities faced by LGBTI people, especially those in vulnerable situations (isolated communities, elderly and young people, prison settings, people from lower socio-economic groups, etc.) and the barriers faced by health professionals when providing care to develop training for professionals.

Societal-level explanations for reductions in sexual orientation mental health disparities

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Background

Health disparities related to stigmatized characteristics, including sexual orientation, have been well-documented. However, it is largely unknown whether declines in stigma at a population level contribute to concomitant reductions in health disparities between stigmatized and non-stigmatized groups. The object of this study was to test the influence of reductions in sexual minority stigma during the past decade in Sweden on sexual orientation-based mental health disparities.

Methods

Repeated nationwide population-based cross-sectional surveys in 2005, 2010, and 2015, were conducted among individuals (16-84 years of age) in Sweden. Of the total sample of 25,819 individuals, 221 (0.9%) individuals self-identified as gay/lesbian and 454 (1.8%) self-identified as bisexual. Psychological distress was measured with the 12-item General Health Questionnaire, which has demonstrated adequate validity in both clinical and general population samples and satisfactory sensitivity and specificity in predicting current diagnosis of major depression.

Results

The interaction between year and sexual orientation was statistically significant for men, demonstrating a stronger reduction over ten years in psychological distress (Wald $\chi^2=7.67$; $p=.02$) and in victimization/threat of violence (Wald $\chi^2=14.84$; $p<.001$) among gay/bisexual men as compared to heterosexual men. Mediation analyses revealed a 24% change in the coefficient for psychological distress in 2015 as compared to 2005, indicating that victimization/threat of violence explained, in part, the reduction in the sexual orientation disparity in psychological distress. These results were not observed among women.

Conclusions

This research provides new evidence that stigma mediates temporal reductions in population-level social inequalities related to sexual orientation.

Suicide risk and sexual orientation – International and Austrian Evidence

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Background

Many international studies have reported higher rates of suicide related behavior for sexual minority individuals, compared to heterosexuals. Early studies have been questioned for methodological reasons, but more recent research has overcome most of the limitations and in the past 10 years several Austrian studies have been published. The goal of this presentation is to provide an overview of the national and international evidence by taking into account different dimensions of sexual orientation, gender, life-stages, geographic regions, and the quality of studies.

Methods

Studies listed in PubMed up to 2015 were systematically reviewed. To avoid potential bias, only studies were included that did not selectively recruit sexual minority individuals but used pre-specified, defined populations. Only studies with a

heterosexual comparison group were included. Since the studies were too diverse for a meta-analytic aggregation, the effect-sizes were tabulated and described qualitatively. The results of the systematic review are compared with those from all existing Austrian studies.

Results

Nearly all studies reported elevated rates of suicide attempts and suicides in general or across sexual minority subgroups, in all dimensions of sexual orientation (behavior, attraction, identity), for both genders, age groups, regions, and in more recent studies. Most effects were large. The majority of studies reported larger sexual orientation differences for men than women. Studies of higher quality are in line with other studies. No population based Austrian studies exist, but the available evidence from convenience samples is comparable with international data.

Conclusions

This updated review of studies supports the proposition that sexual minority individuals are at increased risk for suicide and suicide attempts, nationally and internationally. Thus, sexual minority individuals should still be considered as target group for suicide preventive measures.

Sexual orientation disparities in mental health: the moderating and mediating role of sociodemographic and minority stress factors

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Background

Recent studies have identified substantial mental health disparities between lesbian, gay, and bisexual (LGB) individuals compared to heterosexuals. The concept of minority stress (describing the disproportionate stigma-related stress faced by LGB individuals compared to heterosexuals) has been used when studying LGB health and differences in health based on sexual orientation. However, previous research has mainly relied on cross-sectional self-reports of mental health status.

Purpose: To examine potential sexual orientation disparities in mental health morbidity in a prospectively analyzed sample of the general population in Sweden, and to explore if potential differences can be explained, or partially explained, by exposure to minority stressors and lack of ameliorating factors.

Methods

For the current analysis, 30 000 individuals (aged 18 years and older), from the Stockholm Public Health cohort, who responded to a self-report questionnaire in the fall of 2010 were followed up with registry-based archival data on morbidity and prescription drug use between January 1st 2011 – December 31st 2011.

Results

In prospective analyses, LGB individuals were much more likely to having received treatment for mental health diagnoses (adjusted odds ratios [AOR] = 2.72; 95% confidence interval [CI] = 2.05, 3.62) and using anti-depressant medication (AOR = 2.12; 95% CI = 1.72-2.63) as compared to heterosexuals. Substantially elevated exposure to victimization and lack of social support among LGB individuals, could partially explain sexual orientation differences in mental health morbidity (victimization: 4%; and lack of social support: 23%).

Conclusions

This study provides additional support for considerably elevated risk of poor mental health among gay, lesbian, and bisexual individuals as compared to heterosexuals. Further, minority stress factors were demonstrated to be important mediators explaining sexual orientation based differences in mental health.