Improving the health of LGBT+ people: what does "early intervention" mean in a landscape of social inequality?

Professor Katherine Johnson



Health, mental health and LGBTQ+ lives

- Queer subjectivities, wrapped up a history 'discourses of mental health, the high moral drama of the individual sexual act, the dichotomous opposition between rational agency and pathology, and the epidemiology of risk' (Halperin, 2007)
- Depathlogization has enabled a focus on LGBTQ+ health and mental health issues and experiences, including inequalities in access to appropriate services.
- But, legacy of pathology, social stigma and shame are still implicated in any understanding of LGBTQ+ health and mental health.



Psychiatrists Switch Stand

Homosexuals Gain 'Instant Cure'

By DAVID M. CLEARY

Of The Bulletin Staff
Homosexuality is not a men
tal illness, the American Psy
chiatric Association decider
yesterday,
But the ruling, adopted by

chairine Association decided yesterday. But the ruling, adopted by the group's board of directors upon recommendation of several of its committees and its Assembly of District Assembly of District with the content of the content of

hem toward heterosexual abits.

Reaction by leaders of honosexual groups, expresseduiring a press conference in
fashington as APA president.

"Affed Freedman announced the association's polychange, was mixed.

"It's an instant cure for a
trge segment of the popu-

internal medicine.

Brown, was a cofounder of
the National Gay Task Force
specifically organized to effect
changes in the attitude of the
medical profession town
persons who prefer love partners of the same sex.
Barbara B. Gittings, 41, of
Philadelphia, a declared leshighn who works full time to-

use, was less enthusiastic. "It's a big step," Ms. Girgs said, "but it continues to nyhasize that homosexuals in be mentally disturbed by me aspects of their life will be to their life without also admitting at beterosexuals can be similarly bothered by problems using from their sex life." The Psychiatric Association sterday adopted two matter anges in policy. In the first,

The epidemiology of 'risk'

HIV/AIDS

Suicide

Depression

Smoking

Alcohol

Obesity

Under-weight

Drug use

Cancers

SUICIDIALITY

Suicide Attempts[1]

 $Compared \ to \ the \ general \ population, \ LGBTL \ people \ are \ more \ likely \ to \ attempt \ suicide \ in \ their \ lifetime, \ specifically:$

- LGBTI young people aged 16 to 27 are five times more likely
- Transgender people aged 18 and over are nearly eleven times more like
- People with an Intersex variation aged 10 and over are <u>nearly six times</u> more likely
- LGBT young people who experience abuse and harassment are even more likely to attempt suicide

Depression

Compared to the general population, LGBTI people are more likely to experience and be diagnosed with depression specifically:

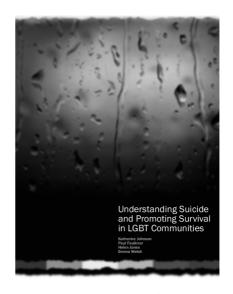
- Lesbian, Gay and Bisexual people aged 10 and over are <u>nearly six times</u> more likely to currently meet the criteria for a depressive episode
- LGBTI people aged 16 and over are nearly three times more likely to diagnosed with depression in their lifetime
- Transgender and Gender Diverse people aged 18 and over are nearly 5 times more likely to be diagnosed with depression
 in their lifetime
- People with an Intersex variation are nearly twice as likely to be diagnosed with depression

Explanatory frameworks

- 'Minority stress' Myers, 2003
- Impact of discrimination, bullying, isolation, family rejection & shame.
- Precarious housing, homelessness, sexual exploitation
- Educational and employment opportunities, poverty and health consequences
- Impact of social, cultural and gender norms on health-related behaviours
- Poor experiences with healthcare providers
- · Failure to seek help until in crisis due to double stigma

MIXTURE OF "LIFESTYLE" AND INDIVIDUAL RESPONSES TO SOCIAL INEQUALITY

Understanding the interrelationship of health and mental health with LGBTQ+ people who are suicidal



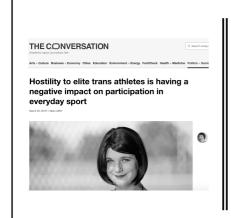


Trans needs assessment, Brighton & Hove CC, 2015

- Estimates at least 2, 760 trans adults in Brighton & Hove (total approx. 270,000)
- More likely to have limiting long-term illness or disability than overall population
- · High level of mental health need
- Lack of knowledge about health screening
- Higher rates of smoking and lower rates of physical activity than overall population
- Less likely to use parks or open space
- How can we improve trans health and access to health care?











Public discourse: Gender recognition and trans participation in sport



Early interventions to improve mental health of LGBTQ young people

- Research that will improve the provision of mental health support for LGBTQ+ young people when they first start experiencing mental health problems.
- But when do they first start experiencing mental health problems?
- What would it mean to intervene before?



What might an 'early intervention' look like?

- Research to develop accessible and appropriate mental health services for LGBTQ yp is needed, along with designing public space for gender inclusion and safety
- Social ntervention could be earlier to transform scripts of shame and stigma associated with queer lives, entrenched long before we know ourselves as such.
- Need action of friends, siblings, parents, teachers, therapists and healthcare providers to challenge the normative situations that enable/ homophobia and transphobia to persist.



MPs vote for LGBT inclusive sex and relationship education from primary school

Thank you

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