MY LGBTI+ VOICE MATTERS

A Mixed Methods Exploration of the Views and Experiences of **LGBTI+ Mental Health Service Users**

Executive Summary

Mental Health Reform
Promoting Improved Mental Health Services

LGBT IRELAND
For Inclusion
For Equality
For Everyone

HSE
Seirbhís Sláinte Níos Fearr á Forbairt
Building a Better Health Service

Mental Health Reform,
Coleraine House,
Coleraine Street,
Dublin 7,
D07 E8XF

Telephone: (01) 8749468
Email: info@mentalhealthreform.ie
Facebook: mentalhealthreform
Twitter: @MHReform
Instagram: @mhreform

CHY: 19958
COMPANY NO: 506850
RCN: 20078737

LGBT Ireland,
80 Dame Street,
Dublin 2,
D02 RH42

Telephone: (01) 6859280
Email: info@lgbt.ie
Website: LGBT.ie
Twitter: @LGBT_ie
Instagram: @lgbtireland_ie

CHY: 22036
COMPANY NO: 605384
RCN: 20159672

© Mental Health Reform

Mental Health Reform
Promoting Improved Mental Health Services

LGBT IRELAND
For Inclusion
For Equality
For Everyone

HSE
Seirbhís Sláinte Níos Fearr á Forbairt
Building a Better Health Service

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF ABBREVIATIONS

CPI ..... College of Psychiatrists of Ireland

GLEN ..... Gay and Lesbian Equality Network

HSE ..... Health Service Executive

ICGP ..... Irish College of General Practitioners

IIMHN ..... Irish Institute of Mental Health Nursing

LGBT ..... Lesbian, Gay, Bisexual, Transgender

LGBTI+ ..... Lesbian, Gay, Bisexual, Transgender, Intersex, plus

MHC ..... Mental Health Commission

PSI ..... Psychological Society of Ireland

PTSD ..... Post-traumatic Stress Disorder

STV ..... Sharing the Vision

TENI ..... Transgender Equality Network Ireland

NOTE ON TERMINOLOGY

The acronym LGBTI+ is used throughout this report unless referring to a particular group within this community. This is consistent with National LGBTI+ strategies. This project recognises the diversity of the LGBTI+ community, that LGBTI+ people are not one homogenous group and that the experiences of LGBTI+ people vary considerably, not least with respect to their mental health. This report also acknowledges that there are different views on the terms used to describe a person who uses the mental health services. In order to be consistent, concise and clear, the term “service user” has been selected for the purposes of this report and is used throughout.

FOREWORD

Michele Kerrigan,
Chairperson
Mental Health Reform

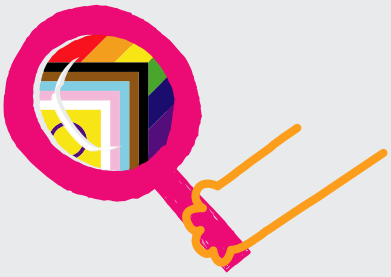
As Chair of Mental Health Reform (MHR), I am delighted to present this important research piece. The voice of people accessing mental health services and supports is central to the work of our members and the work of the coalition. Mental Health Reform (MHR) partnered with LGBT Ireland for this research. The aim was to bring together people from the LGBTI+ community and to research their experiences of mental health services in Ireland. Our objective also is to bring forward clear, concise and achievable recommendations for policy makers and state agencies. MHR is especially delighted to publish this research during Pride month, June 2022.

Ensuring that mental health services and supports are inclusive to the needs of marginalised groups is a policy priority for Mental Health Reform. As part of our My Voice Matters research, published in 2019, it became evident that there was a need for a more in-depth analysis of the experience of people in the LGBTI+ community and mental health services. Mental Health Reform would like to acknowledge the contribution of those who took part in the research, our work is richer with real voices and experiences. We would also like to acknowledge the support of the Health Service Executive (HSE), in particular the Mental Health Engagement and Recovery (MHER) Office.

Members of the LGBTI+ community are recognised as a priority group regarding mental health needs in our National Strategy to Reduce Suicide, Connecting for Life. Therefore, that priority focus has continued to be referenced in our national policy on mental health, Sharing the Vision. We sincerely hope that this research will be used to help inform the changes needed in policy, provision and planning.

Sincerely,

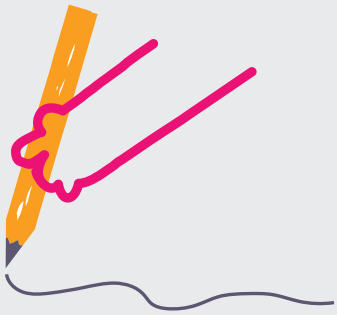
Michèle Kerrigan



..there was a need for a more in-depth analysis of the experience of people in the LGBTI+ community and mental health services..

ACKNOWLEDGEMENTS

Mental Health Reform and LGBT Ireland would like to thank each person who took part in the My Voice Matters and My LGBTI+ Voice Matters projects. We aim to ensure that the findings from this project not only inform the work of our organisations, but also help to inform the provision and improvement of these services so that they better meet the needs of the LGBTI+ community and the diverse groups therein. We would also like to thank all those who worked and advised on the project. These include the staff of Mental Health Reform, Kevin Cullen, Director of the Work Research Centre and Professor Agnes Higgins, Professor of Mental Health in the School of Nursing, Trinity College Dublin. Thank you to all the individuals and organisations who helped to promote and recruit for the project, particularly Keeva Lilith Ferreyra-Carroll, National Community Development Officer for Transgender Equality Network Ireland (TENI) and the Union of Students in Ireland. Finally, we would like to acknowledge the support on the Health Service Executive (HSE) for this project. Although the project was conducted independent of HSE input, it would not have been possible without the funding provided by HSE Mental Health. The financial support shows a commitment to service improvement informed by lived experience.



ABOUT THE AUTHOR

About the Author: Pádraig Ó Féich, PhD, is the former Research Officer in Mental Health Reform.

Citation: Mental Health Reform. *My LGBTI+ Voice Matters: A mixed methods exploration of the views and experiences of LGBTI+ mental health service users* (Dublin: MHR, 2022). https://www.mentalhealthreform.ie/my-voice-matters/

INTRODUCTION

Listening to and building on feedback from people with lived experience of the mental health services is a key mechanism through which services can be developed and improved. However, there has been relatively little research exploring LGBTI+ people's views and experiences of mental health services in Ireland or internationally. For this reason, Mental Health Reform and LGBT Ireland sought to explore the views and experiences of people who identify as LGBTI+ and use mental health service (hereafter referred to as LGBTI+ mental health service users) in an effort to provide insight into how mental health services and supports can better meet their needs. This is a summary of the report which outlines findings from a mixed methods consultation process with LGBTI+ mental health service users.

LGBTI+ Mental Health and Wellbeing

LGBTI+ people face significant challenges not faced by heterosexual cisgender people that can result in additional psychological stress and reduced wellbeing, including institutionalised prejudice, social exclusion, and LGBTI+ related harassment, bullying, and violence. LGBTI+ people are often recognized as a vulnerable group that are at a higher risk of experiencing mental health difficulties than are heterosexual cisgender people due, in part at least, to these additional psychological stresses they experience.[1,2,3] Reflecting this, research has consistently found that mental health difficulties are more common among LGBTI+ people than among heterosexual cisgender people.[4,5,6,7,8]

LGBTI+ people face significant challenges not faced by hetero-sexual cisgender people that can result in additional psychological stress and reduced wellbeing

1 Amos, R. et al. "Mental health, social adversity, and health-related outcomes in sexual minority adolescents: a contemporary national cohort study," Child and Adolescent Health, 4, no.1 (2020): 36-45. https://doi.org/10.1016/S2352-4642(19)30339-6

2 Higgins, A. et al. The LGBTIreland report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland (Dublin: GLEN & BeLonG To, 2016), p.30. url: https://www.belongto.org/wp-content/uploads/2019/02/250_LGBTIreland_Report_Key_Findings.pdf

3 Mongelli, F. et al. "Minority stress and mental health among LGBT populations: an update on evidence," *Minerva Psichiatrica*, 60, no.1 (2019): 27-50. https://doi.org/10.1080/016396290931614

4 Bariola, E. et al. "Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals," *American Journal of Public Health*, 105, no.10 (2015): 2108-2116. https://dx.doi.org/10.2105%2FAJPH.2015.302763

5 Ploderl, M. et al. "Suicide risk and sexual orientation: A critical review," *Archives of Sexual Behavior,* 42, no.5 (2013): 715-727. https://doi.org/10.1007/s10508-012-0056-y

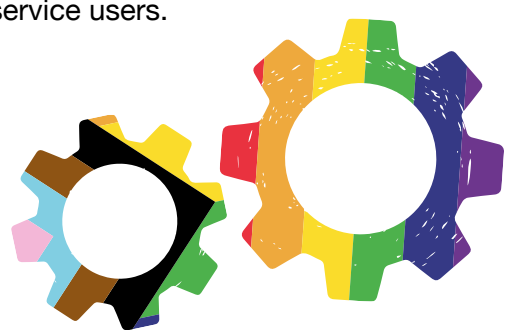
6 Schulman, J.K. & Erickson-Schroth, L. "Mental Health in Sexual Minority and Transgender Women," *The Medical Clinics of North America,* 103, no.4 (2019): 723-733. https://doi.org/10.1016/j.mcna.2019.02.005

7 King, M. et al. "A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people," *BMC Psychiatry*, 8, no.1 (2008): 70. https://doi.org/10.1186/1471-244X-8-70

8 Higgins, *The LGBTIreland Report*

LGBTI+ Mental Health Policy, Strategies and Guidance

Ireland's national mental health policy, *Sharing the Vision* (STV)[9] and its predecessor, *A Vision for Change*,[10] convey a view of modern, inclusive and recovery orientated mental health services that recognise and meet the diverse needs of all service users. Reflecting the heightened risk of mental health difficulties among LGBTI+ people, both documents recognise the LGBTI+ community as an at-risk or priority group, while STV recommends that "the HSE should maximise the delivery of diverse and culturally competent mental health supports throughout all services" (recommendation 61).[11] These policies, are complemented by several important guidance and strategy documents which relate to, and provide guidance on, the delivery of inclusive health and mental health services generally and services that meet the needs of LGBTI+ service users specifically. These include the Mental Health Commission's (MHC) Quality Framework,[12,13] the LGBT Health report,[14] and more recent LGBTI+ national strategies, including the National LGBTI+ Inclusion Strategy 2019-2021[15] and the LGBTI+ National Youth Strategy 2018-2020.[16] Each stress the importance of education, training and guidance for service providers to help them better meet the needs of LGBTI+ people. Reflecting this, several guidance documents for mental health service providers have been produced in recent years, most notably by the Gay and Lesbian Equality Network (GLEN) and the MHC,[17] and by several professional representative bodies representing mental health care providers.[18,19,20,21] Each gives guidance on providing inclusive, welcoming and accessible mental health services and supports that respect the rights, experiences and needs of LGBTI+ service users.



9 Department of Health. *Sharing the Vision: A mental health policy for everyone* (Dublin: Government of Ireland, 2020). url: https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/

10 Department of Health & Children. *A Vision for Change: Report of the expert group on mental health policy* (Dublin: The Stationary Office, 2006). url: https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf

11 Department of Health, *Sharing the Vision,* p.63

12 MHC. *Quality framework: Mental health services in Ireland* (Dublin: MHC, 2007). url: https://www.mhcirl.ie/sites/default/files/2021-01/The%20Quality%20Framework.pdf

13 At the time of writing, the MHC are in the process of updating the Quality Framework with publication due in 2022. It is expected that the updated framework will further strengthen the standards relating to the provision of inclusive mental health services that respect the beliefs, values and experiences of all

14 HSE. *LGBT Health: Towards meeting the health care needs of lesbian, gay, bisexual, and transgender people* (Dublin: HSE, 2009). url: https://www.hse.ie/eng/services/publications/topics/sexual/lgbt-health.pdf

15 Department of Children, Equality, Disability, Integration and Youth, *National LGBTI+ Inclusion*

16 Department of Children and Youth Affairs, *LGBTI+ national youth*

17 GLEN. *Lesbian, gay, bisexual and transgender service users: Guidance for staff working in mental health services* (Dublin: GLEN, 2013). url: https://www.mhcirl.ie/sites/default/files/2021-01/Lesbian,%20Gay,%20Bisexual%20and%20Transgender%20Service%20Users_0.pdf

18 CPI. *Lesbian, gay & bisexual patients: The issues for mental health practice* (Dublin: CPI, 2010). url: https://www.irishpsychiatry.ie/wp-content/uploads/2016/12/Lesbian-Gay-Bisexual-Patients-The-Issues-for-Mental-Health-Practice-Full-doc.pdf

19 PSI. *Guidelines for good practice with lesbian, gay and bisexual clients* (Dublin: PSI, 2015). url: https://www.psychologicalsociety.ie/source/PSI%20Guidelines%20for%20Good%20Practice%20with%20LGB%20Clients_1.pdf

20 IIMHN. *Gay, lesbian & bisexual people: A good practice guide for mental health nurses* (Dublin: IIMGN, 2010). url: https://www.ilga-europe.org/sites/default/files/lesbian_gay_and_bisexual_people_-_a_good_practice_guide_for_mental_health_nurses.pdf

21 ICGP. *Guide for providing care for lesbian, gay and bisexual patients in primary care quick reference guide* (Dublin: ICGP, 2020). url: https://lgbt.ie/wp-content/uploads/2020/11/Guide_for_Providing_Care_for_Lesbian__Gay_and_Bisexual_Patients_in_Primary_Care_Quick_Reference_Guide.pdf

LGBTI+ Mental Health Service User Experiences

There has been relatively little research specifically exploring the views and experiences of LGBTI+ mental health service users. What limited research there has been has found LGBTI+ people are more likely than heterosexual cisgender people to report unfavourable experiences of healthcare generally[22,23] and higher levels of dissatisfaction with mental health services specifically.[24,25,26]

This has been attributed to a variety of factors including health inequalities due to heteronormativity, minority stress, and experiences of bias and discrimination in healthcare settings,[27,28,29] as well as a lack of knowledge about LGBTI+ issues among healthcare professionals.[30,31,32,33] Findings from Irish research, although limited, have been mixed with LGBTI+ participants reporting both positive and negative experiences of mental health care.[34,35,36,37]

.. LGBTI+ people are more likely than heterosexual cisgender people to report unfavourable experiences of healthcare generally..

22 Elliott, M. et al. "Sexual minorities in England have poorer health and worse health care experiences: a national survey," *Journal of General Internal Medicine*, 30 (2015): 9–16. https://dx.doi.org/10.1007%2Fs11606-014-2905-y
23 Thyen, U. et al. "Utilization of health care services and satisfaction with care in adults affected by disorders of sex development (DSD)," *Journal of General Internal Medicine, 29 (2014): 752–759. https://doi.org/10.1007/s11606-014-2917-7*
24 Avery, A. M., Hellman, R.E. & Sudderth, L.K. "Satisfaction with mental health services among sexual minorities with major mental illness," *American Journal of Public Health*, 91, no.6 (2001): 990-991. https://dx.doi.org/10.2105%2Fajph.91.6.990
25 Ellis, S. J., Bailey, L. & McNeil, J. "Trans people's experiences of mental health and gender identity services: A UK study," *Journal of Gay & Lesbian Mental Health*, 19, no.1 (2015): 4-20. https://doi.org/10.1080/19359705.2014.960990
26 Page, E. H. "Mental health services experiences of bisexual women and bisexual men: An empirical study," *Journal of Bisexuality*, 4 (2004): 137-160. https://doi.org/10.1300/J159v04n01_11
27 Thyen, *Utilization of health*
28 Utamsingh, P. et al. "Heteronormativity and practitioner-patient interaction," Health Community, 31 (2016): 566–574. https://doi.org/10.1080/10410236.2014.979975
29 Zeeman, L. et al. "A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities," European Journal of Public Health, 29, no.5 (2019): 974-980. https://doi.org/10.1093/eurpub/cky226
30 Adams, J., McCreanor, T. & Braun, V. "Gay men's explanations of health and how to improve it," *Qualitative Health Research*, 23, no.7 (2013): 887-899. https://doi.org/10.1177%2F1049732313484196
31 Ellis, *Trans people's experiences*
32 McCann, E. & Sharek, D. "Survey of lesbian, gay, bisexual, and transgender people's experiences of mental health services in Ireland," *International Journal of Mental Health Nursing,* 23 (2014): 118-127. doi.org/10.1111/inm.12018
33 Taylor, P. *A survey of LGBT Americans: attitudes, experiences and values in changing times* (Washington, D.C: Pew Research Center, 2013). url: https://www.pewresearch.org/social-trends/2013/06/13/a-survey-of-lgbt-americans/
34 Mayock, P. et al. *Supporting LGBT Lives: The Mental Health and Well-being of Lesbian, Gay, Bisexual and Transgender People in Ireland* (Dublin: GLEN, 2009), p. 110. url: https://www.hse.ie/eng/services/publications/mentalhealth/suporting-lgbt-lives.pdf
35 McCann & Sharek, *Survey of lesbian*
36 McCann, E. & Sharek, D. "Challenges to and opportunities for improving mental health services for lesbian, gay, bisexual, and transgender people in Ireland: A narrative account," *International Journal of Mental Health Nursing*, 23, no.6 (2014): 525-533. https://doi.org/10.1111/inm.12081
37 McNeil, J. et al. *Speaking from the Margins: Trans mental health and wellbeing in Ireland* (Dublin: Transgender Equality Network Ireland, 2013). url: https://lgbt.ie/wp-content/uploads/2018/06/attachment_5bdd0cd5-16b6-4ab6-9ee6-a693b37fdbcf.pdf

My LGBTI+ Voice Matters

Mental Health Reform's My Voice Matters Project[38,39] was the largest and most in-depth consultation with mental health service users and with the family members, friends and carers of mental health service users to be carried out in Ireland to date. Almost 1,200 people with recent experience[40] of accessing secondary or tertiary mental health services in Ireland completed the service user survey. Approximately one in every five participants (19%) identified as members of the LGBTI+ community. This was therefore one of the largest samples of LGBTI+ mental health service users to share their views and experiences of the mental health services in Ireland. Recognising the potential importance of this feedback, HSE Mental Health agreed to fund this My LGBTI+ Voice Matters project, which sought to build on the My Voice Matters survey data by carrying out a series of focus groups with LGBTI+ mental health service users. The My LGBTI+ Voice Matters project aimed to explore the views and experiences of LGBTI+ mental health service users to inform the provision and improvement of services so that they better meet the needs of the LGBTI+ community and the diverse groups therein.

.. Mental Health Reform's My Voice Matters Project was the largest and most in-depth consultation with mental health service users and with the family members, friends and carers of mental health service users to be carried out in Ireland to date..

38 Ó Féich, P. et al. *My voice matters: Report on a national consultation with mental health service users* (Dublin: Mental Health Reform, 2019) url: https://www.mentalhealthreform.ie/wp-content/uploads/2019/03/SU-MAIN-WEB.pdf

39 Ó Féich, P. et al. *My Voice Matters: Report on a national consultation with family, friends and carers/supporters of mental health service users* (Dublin: MHR, 2019). url: https://www.mentalhealthreform.ie/wp-content/uploads/2019/03/FFCS-MAIN_WEB.pdf

40 Participants were required to have accessed secondary or tertiary mental health services in the two years prior to completing the survey. Survey data were collected between November 2017 and April 2018.

METHODOLOGY

The My LGBTI+ Voice Matters project took a mixed methods approach, using surveys and focus groups. This section gives a brief summary of the methodology used. For more detail, see chapter two of the main report.

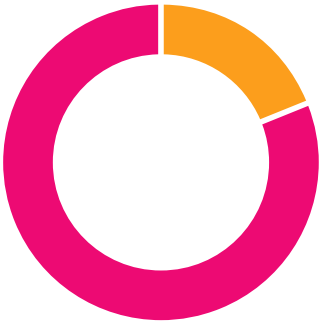
Who took part in the Survey?

To take part in the My Voice Matters service user survey, participants were required to be aged 18 years or older and to have had contact with community mental health services, inpatient mental health services, and/or a psychiatrist in the two years prior to completing the survey. 1,188 participants who met the inclusion criteria completed the service user survey. For this project, participants were split into LGBTI+ and non-LGBTI+ participants.

1,127
ALL PARTICIPANTS

215
LGBTI+

912
NON-LGBTI+



What did we do with the Survey Data?

Seven survey items were selected as indicators/proxy indicators of experiential satisfaction with different levels of the mental health services. LGBTI+ participants' responses to these seven items were examined and compared to the responses of non-LGBTI+ participants.

Survey Participant Information ***LGBTI+ PARTICIPANTS***

215
PARTICIPANTS

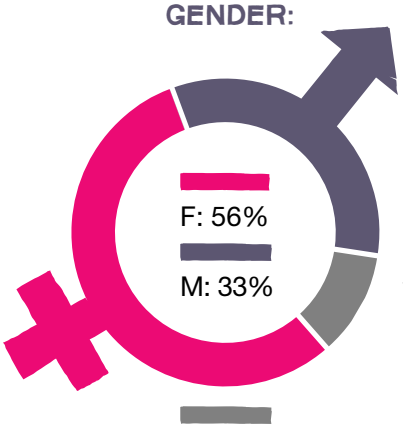
33.1 YRS
AVERAGE AGE

18-68 YRS
AGE RANGE

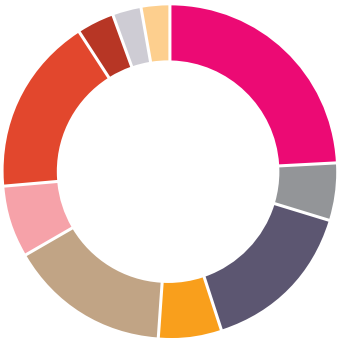
AGE GROUPS:

- 18-25: 37%
- 26-34: 23%
- 35-44: 21%
- 45-54: 14%
- 55-64: 6%
- 65+: 1%

GENDER:



- F: 56%
- M: 33%
- Other: 11%



MAIN DIAGNOSIS OF PERSON BEING SUPPORTED[6]:

- Depression: 27%
- Schizophrenia / Schizoaffective disorder: 6%
- An anxiety disorder: 17%
- Bi-polar disorder: 7%
- Personality disorder: 17%
- 'Other': 8%
- No official diagnosis: 10%
- Post-traumatic stress disorder (PTSD): 4%
- An eating disorder: 3%
- Prefer not to answer: 3%

COMMUNITY HEALTH ORGANISATION (CHO) AREA:

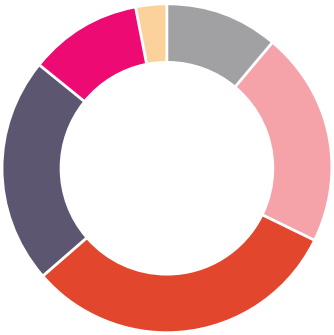
- CHO1: 5%
- CHO2: 12%
- CHO3: 8%
- CHO4: 14%
- CHO5: 8%
- CHO6: 11%
- CHO7: 20%
- CHO8: 6%
- CHO9: 17%

Survey Participant Information NON-LGBTI+ PARTICIPANTS

912
PARTICIPANTS

40.7 YRS
AVERAGE AGE

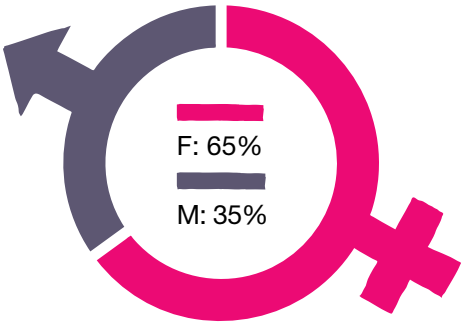
18-76 YRS
AGE RANGE

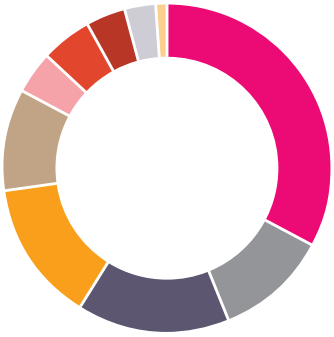


AGE GROUPS:

- 18-25: 11%
- 26-34: 21%
- 35-44: 31%
- 45-54: 22%
- 55-64: 11%
- 65+: 3%

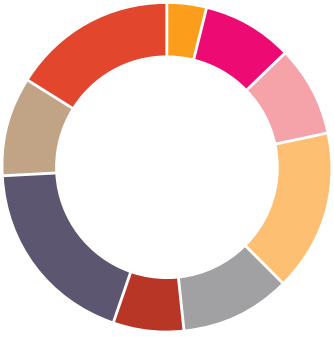
GENDER:





MAIN DIAGNOSIS OF PERSON BEING SUPPORTED[6]:

- Depression: 33%
- Schizophrenia / Schizoaffective disorder: 11%
- Anxiety disorder: 15%
- Bi-polar disorder: 14%
- Personality disorder: 10%
- Other: 4%
- No official diagnosis: 5%
- Post-traumatic stress disorder (PTSD): 4%
- An eating disorder: 3%
- Prefer not to answer: 1%



COMMUNITY HEALTH ORGANISATION (CHO) AREA:

- CHO1: 4%
- CHO2: 9%
- CHO3: 9%
- CHO4: 16%
- CHO5: 11%
- CHO6: 7%
- CHO7: 19%
- CHO8: 10%
- CHO9: 16%

Who took part in the Focus Groups?

People were eligible to participate in the focus groups if they were aged 18 years of age or older, identified as LGBTI+, and had accessed mental health services in Ireland in the last two years. In total 15 people took part in three focus groups: 5 in the first focus group, 6 in the second focus group and 4 in a third transgender specific focus group.

What did we do with the Focus Group Data?

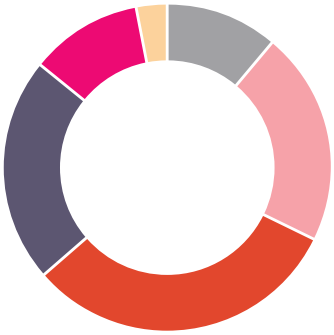
Recordings of the focus groups were transcribed and all identifiable information (e.g. names, place names, etc.) were removed. An exploratory thematic analysis was carried out where the data was closely examined to identify common themes (topics, ideas and patterns of meaning).

Focus Group Participant Information

15
PARTICIPANTS

32.9 yrs
AVERAGE AGE

22-46 yrs
AGE RANGE



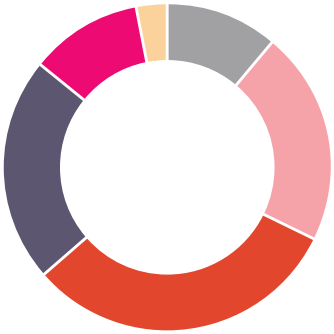
AGE GROUPS:

18-25: 20%

26-34: 27%

35-44: 47%

45-54: 7%



GENDER IDENTITY:

Female: 20%

Male: 20%

Cisgender Female: 13%

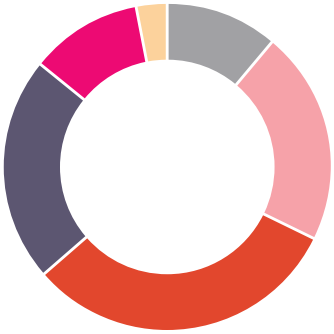
Cisgender Male: 13%

Cisgender: 7%

Transgender Female: 7%

Transgender Male: 7%

Non Binary: 13%



SEXUAL IDENTITY:

Lesbian: 20%

Gay: 20%

Bisexual: 13%

Queer: 13%

Asexual: 7%

Homo-sexual: 7%

SURVEY FINDINGS

LGBTI+ and non-LGBTI+ participant responses were compared graphically and using appropriate statistical procedures. All percentages were rounded to the nearest whole number so may not sum to exactly 100%. Statistically significant findings (p<.05) or findings approaching significance (p<.10) are noted.

Overall satisfaction

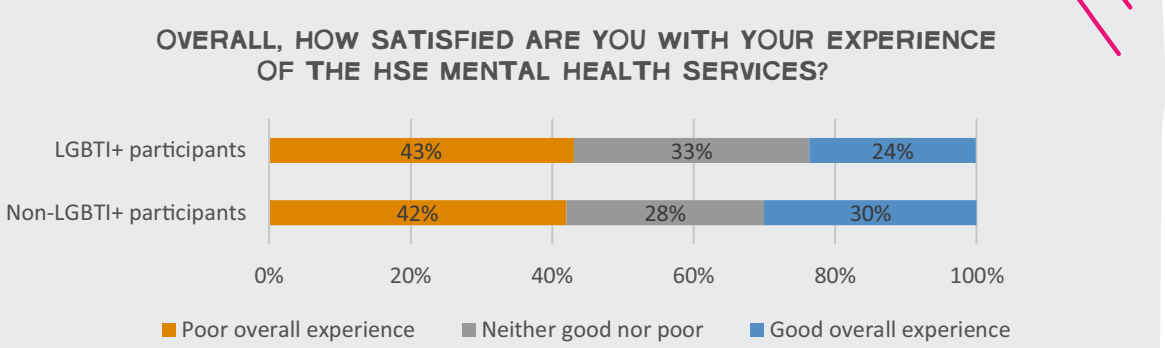


Figure 1: Overall satisfaction compared.

Psychiatry Services

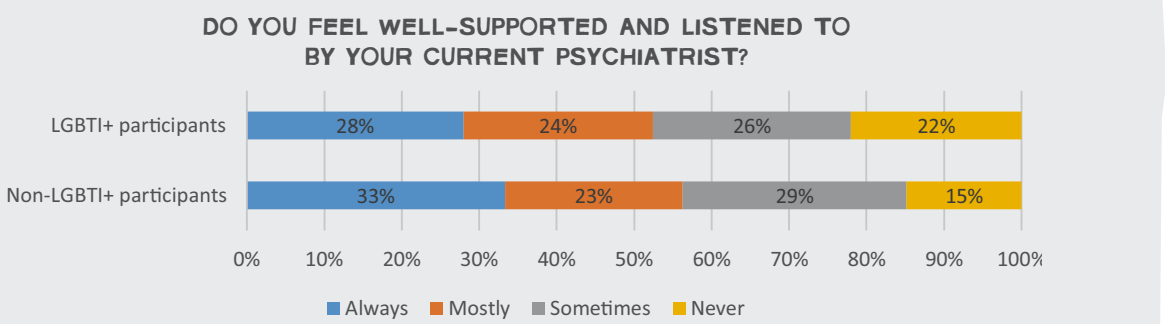
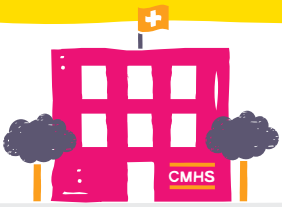


Figure 2: Feeling well-supported and listened to by current psychiatrist compared.[1]

1 This difference approached statistical significance, U=49299.00, z=-1.66, p>.05 (p=0.97).

Community Mental Health Services



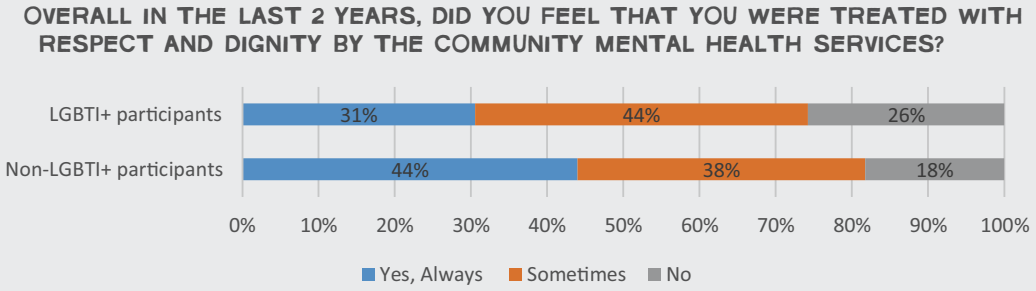


Figure 3: Being treated with respect and dignity by community mental health services compared.[2]

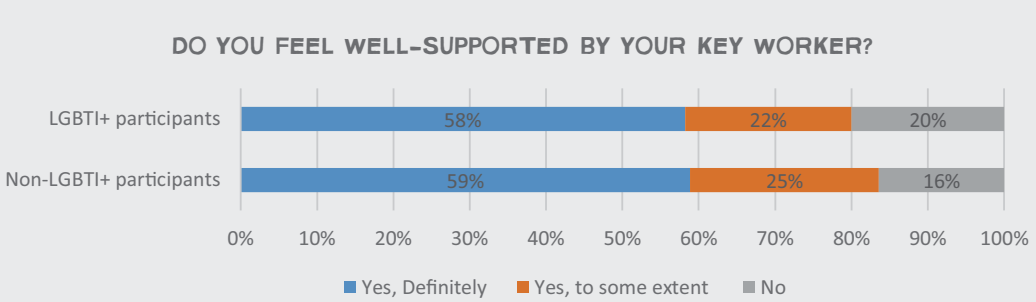
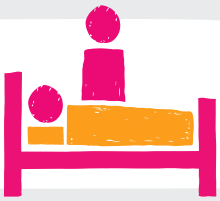


Figure 4: Feeling supported by a key worker compared.

Inpatient Services



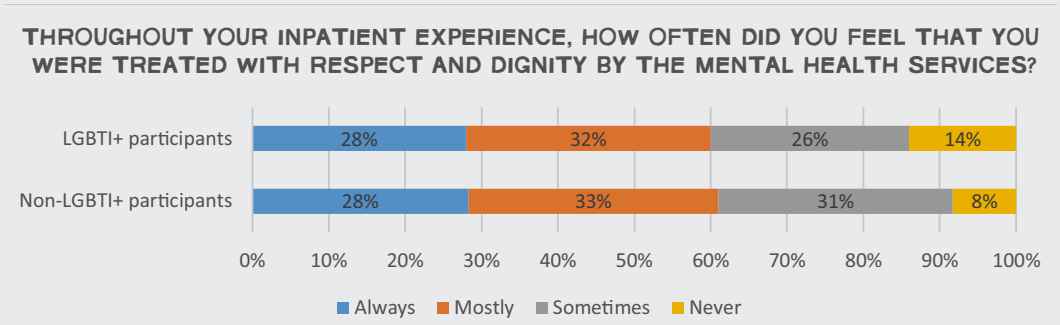


Figure 5: Being treated with respect and dignity by inpatient mental health services compared.

2 This difference was statistically significant, LGBTI+ Mdn: 2.0; Non-LGBTI+ Mdn: 2.0; U=38493.0, z=-3.134, p<.01, r=-.11.

Primary Care

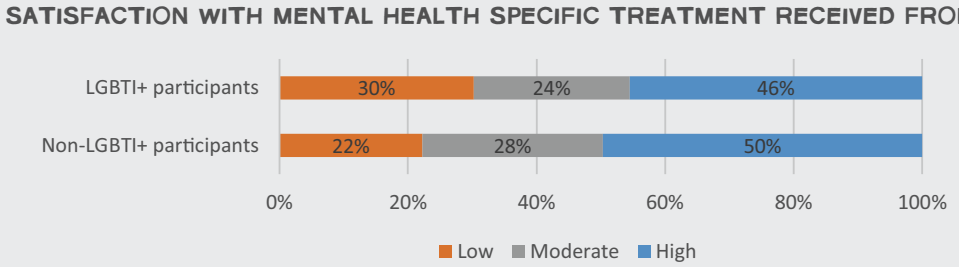


Figure 6: Satisfaction with mental health specific care from GP compared.[3]

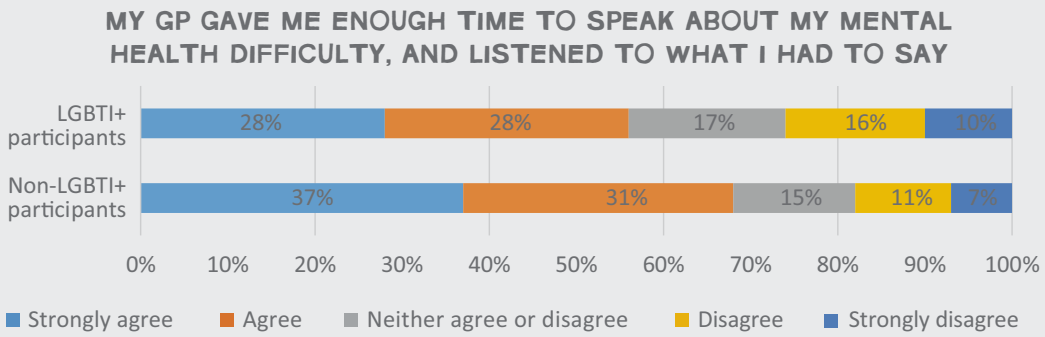


Figure 7: Listened to by GP compared.[4]

3 This difference approached statistical significance, U=49299.0, z=-1.66, p>.05 (p=0.87).
4 This difference was statistically significant, LGBTI+ Mdn: 4.0; Non-LGBTI+ Mdn: 4.0; U= 59808.5, z=-3.071, p<.01, r=-.10.

FOCUS GROUP FINDINGS

Five main themes relating to LGBTI+ mental health service users' views and experiences of mental health services were identified. These were as follows: *LGBTI+ Competence and Sensitivity*; *Access; Treatment and Care*; *Transition/Gender Affirmation and the Mental Health Services*; *and Service Improvements*. As indicated in Figure 8 below, all themes related in some way to LGBTI+ competence and sensitivity. Also as indicated in Figure 8, ways to improve services which related to each theme were raised by participants. More detailed findings are available in the main report.

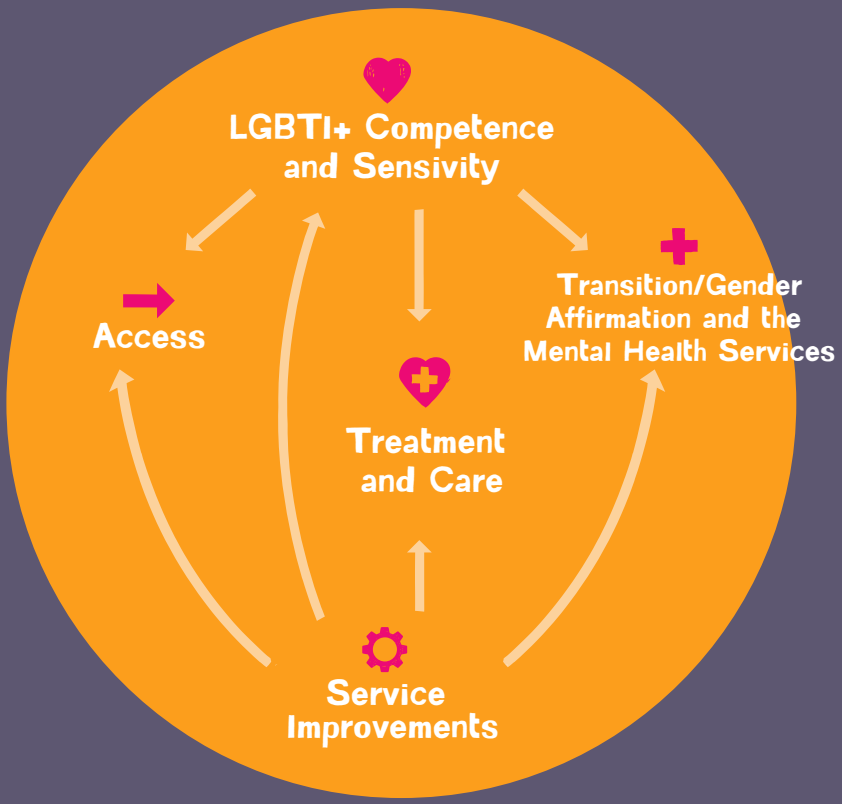


Figure 8: Thematic Map

LGBTI+ Competence and Sensitivity

A major theme identified in this analysis was the importance of LGBTI+ Competence and Sensitivity in mental health service delivery. Two subthemes which provide additional insight were identified. These were as follows: *Need to Explain, Teach and Self-Censor* and *LGBTI+ Competence and Service User Experience.*

Need to Explain, Teach and Self-Censor

Consequences of a lack of LGBTI+ knowledge and competence among some mental health professionals were identified by participants. These included the need to explain their gender and/or sexual identities to mental health professionals, to teach mental health professionals about LGBTI+ issues and terminology, and to self-censor in relation to what and how they share when engaging with mental health professionals and the mental health services more broadly. These placed additional strain on LGBTI+ service users. Many described the need to explain, teach and/or self-censor as time-consuming, tiring and difficult. Participants also described having to teach mental health professionals about their sexual and/or gender identities and other LGBTI+ issues as a common experience. Some participants saw benefits for themselves and/or future LGBTI+ service users. Others saw this as inappropriate and unacceptable.

"the constant explaining yourself, the constant altering and the way that you talk to try and, like, get them to understand you. Like, it just kind of adds to all of the points about the efforts and mental strain that you don't wanna [sic.] be taking on at a time that you are, like, not mentally at your best." **P07 FG2**

"sometimes that being able to teach them is a good thing because that means that at least you can get what you need." **P12 FG3**

"I'm just telling her this so that the next time she comes across an LGBT person, she'll have a better sense of what to do. So certainly, I'm looking out for her potential and hypothetical other patients, um, which is kind of a-a-an-an-a weird position" **P08 FG2**

"I find it completely and utterly unacceptable for the clients to be teaching the mental health professional anything … the expectation that we should take on the emotional work of teaching them is the last thing I want to do. That will make me get up and leave the therapy room if the therapist wants me to teach them anything about transness [sic.]*"* **P13 FG3**

LGBTI+ Competence and Service User Experience

Participants' experiences of mental health services and supports varied considerably. The LGBTI+ knowledge, competence and sensitivity of mental health professionals appeared to be a significant moderating factor in the quality of experience. Participants who spoke positively of their engagement with the mental health services often praised specific mental health professionals and regularly referenced their level of LGBTI+ knowledge, competence and sensitivity. For some, LGBTI+ knowledge was not essential provided that mental health professionals were open, accepting and willing to learn. By contrast, participants who spoke negatively about their engagement with mental health services regularly referenced the perceived lack of LGBTI+ knowledge, competence and sensitivity. Some spoke about the lack of knowledge displayed by some professionals, while others described inappropriate questions and comments from some mental health professionals. Reflecting the extent to which levels of LGBTI+ competence and sensitivity can influence the quality or nature of experience, many participants spoke of the need to find "the right person" to help them, how difficult this can be and expressed a preference for mental health services and supports recommended to them by LGBTI+ organisations and/or community members.

"she was incredible. She was incredibly understanding. She knew a lot about being LGBT. There was never any kind of, like, anything you said to her didn't surprise her. She was a lifeline. I couldn't say enough about how wonderful she was."
P09 FG2

"the threat [is] *the kind of the lack of mental health professionals that have knowledge on our community because there's a lot of unintended-like, unintended issues that can arise from people making assumptions about a community rather than listening or, you know, being kind of, like, patient-informed."* **P06 FG2**

""she said that people who are non-binary or don't identify within the binary are out of touch, they've had trauma and they're having this dissociative thing with their identity. I just thought, "Jesus." It feels like she got no education in trans or queer matters … she didn't even know some of the basic terms for different transgender things." **P14 FG3**

"when I started my transition … I went to a psychologist in [names Irish county]*, I paid him a fistful of money and it was ridiculous, it was insulting. I was asked things like, 'I see that you're wearing jeans today, do you ever wear skirts or dresses?', 'When you go into the bathroom, do you sit down or do you stand up?' I was just sitting there, I just couldn't wrap my head around this. You're a professional and these are the questions that are going to determine my gender for you?"* **P13 FG3**

"it's made me go more towards services that have been approved by other trans people, or that are somehow connected to TENI [Transgender Equality Network Ireland]*, say, or LGBT Ireland just because I think so many people have had negative experiences that you go for ones that are safe to say or have been approved by others."* **P14 FG3**

Access

Participants spoke of the difficulties they experienced when accessing or attempting to access mental health services and supports. The subthemes *Service-Level Barriers to Access* and *Individual-Level Barriers to Access* were identified.

Service Level Barriers to Access

Participants identified waiting lists as a significant barrier to accessing mental health services. Some linked lengthy waiting lists to what they perceived as insufficient staffing levels in the services, while others spoke of the negative impact and potential dangers of long waiting lists. Participants also shared the difficulties they experienced getting referrals to mental health services. The geographical location of services was also identified as a significant barrier to access. This was particularly challenging for service users from more rural parts of the country and could result in considerable logistical and financial difficulties. Finally, the financial cost of accessing mental health services, both public and private, was raised as a significant barrier by participants.

"waiting lists, the delays in-in getting seen … that's a life, that's-that's-that's a risk to life. That's what that is. And it's not given the, um, seriousness that it needs to be given." **P01 FG1**

"the root of all of that is that there aren't enough, like, doctors or therapists to see everybody who needs to be seen. And if you fixed that, it would be a lot easier to access the services." **P07 FG2**

"part of the problem with the effort of accessing [mental health services] *it is that you need to talk to your GP to get a referral to talk to somebody- to get a referral to talk to somebody who might see you in three to six months. And it's just exhausting to have to keep all of that up."* **P07 FG2**

"the hardest barrier has been both cost and geographic location. Um, for example, when I had a really difficult time with my eating disorder, I was told there was only one psychiatric hospital that deals with that, and it is a private hospital in Dublin … I can't afford this [appointment] *and I can't get to this despite needing it."* **P06 FG2**

Individual-level Barriers to Access

For a number of participants stigma surrounding mental health and/or their LGBTI+ identities was considered a barrier to accessing the mental health services. The former feared being perceived as weak and being judged by others. The latter spoke of their reluctance to openly discuss their sexual and/or gender identities with mental health professionals, while some described feeling apprehensive and even fearful when doing so. Finally, it was noted by some participants that an individual's mental health can exacerbate difficulties accessing or attempting to access mental health services.

"it took me that long to actually step up and look for help … I think it was the fear of being seen to be weak or I-I'm not sure. But like [names participant], *it was sort of suicidal ideation* [resulted in help seeking]*"* ***P01 FG1***

"I'm always still that bit nervous kind of when you have to come out [to a mental health professional]*. Whether it's you're directly saying it, or whether you're kind of correcting an assumption that someone has made … I'm kind of scared."* **P06 FG2**

"the amount of effort that you have to go through when you're in the position least able to put an effort to do anything. I can't get up off the floor, let alone, call my doctor 10 times … it's mostly been the jumping through hoops, and calling 12,000 times, the effort, um, when I was too depressed to get out of bed." **P08 FG2**

Treatment and Care

Participants raised issues with the treatment and care they have received from the mental health services generally and from some mental health professionals specifically. Three subthemes were identified: *LGBTI+ Specific Issues*, *Non-LGBTI+ Specific Issues*, and the *Role of Charity and Voluntary Supports*.

LGBTI+ Specific Issues

Many participants raised concerns about the tendency among some mental health professionals to pathologise their LGBTI+ identity by attributing their mental health difficulties to their LGBTI+ identity. A minority of participants spoke about the reverse, where a person's LGBTI+ identity was attributed to their mental health difficulties.

"just because your patient is LGBT doesn't mean that all of their issues is [sic.] *because they are LGBT … it's frustrating."* **P07 FG2**

"this phrase that's called like trans broken arm syndrome, it's a phrase from like the community where no matter what is ailing you, the reason you're having this problem is because you're trans." **P06 FG2**

"I was early on in working out my identity. She [mental health professional] *was very apprehensive. She wasn't encouraging at all. She was very almost conservative at the idea of me coming in terms of being trans. She kept suggesting it was other things like trauma, depression, et cetera."* **P14 FG3**

Non-LGBTI+ Specific Issues

Participants raised concerns about the lack of continuity of care. These participants spoke about the excessive staff rotation and the strain this places on service users. Participants also raised concerns about the use of medication as the primary method of treatment and about the lack of long-term talk therapy which encourages a triage approach to therapy.

"There's these different doctors cycling in all the time. You have to go in and explain everything from the very beginning. And one person will be amazing and the next person will tell you to get over it and you're just like, "What?" So you can't even like mentally prepare yourself to go in." **P06 FG2**

"all he wanted was to put me for the medication. And so there was no support necessarily there" **P01 FG1**

"bouts of six sessions [of talk therapy] *that were covered through organisations, or through my work health insurance, or through jigsaw, or through the HSE. And it was very much like, 'How can we fix the immediate problems?' and kind of just glossing over everything else."* **P06 FG2**

Role of Charity and Voluntary Supports

Many participants recognized the role played by charity and voluntary organisations in the sector. Some described how they accessed mental health supports through charity and voluntary organisations when they were experiencing difficulties accessing public or private mental health services. Others emphasized the importance of the work of these organisations in filling gaps in service provision and providing support to those in need.

"I tried to access the same service on those emails and phone in four months because I could feel myself slipping and I'm still waiting on response from that service. And it was a HSE service at the time, or it is a HSE service. So I ended up going through the My Mind service because it was the only way, I knew I was- I was really getting very bad" **P01 FG1**

"charities carry I think so much. They are really the backbone for a lot of us, I think, not everyone, obviously. But it's a huge amount of work that doesn't get recognized by the government … if it goes under, it means it's a service completely lost to a group of people." **P09 FG2**

Transition/Gender Affirmation and the Mental Health Services

Members of the transgender community are required to access mental health services to receive a referral and/or a diagnosis of gender dysphoria to access certain gender affirmation services. This is referred to as the diagnostic model of transition care. For some, accessing gender affirmation services was their sole reason for engaging with mental health services. Those transgender participants who were also engaged with the services due to a mental health difficulty expressed concern that their mental health difficulty could delay access to gender affirmation services. Some participants viewed the diagnostic model of care as problematic. They raised concerns about how difficult the system was to navigate and the potentially detrimental impact this has on the mental health and well-being of those seeking to access gender affirmation services. Others also questioned the validity of gender dysphoria as a diagnosis. Frustration with the diagnostic model was such that participants stressed the need for change.

"I'm on the [Autism] *spectrum, I've heard desperate things about people being denied care because of it and I just have this fear that I'm going to get there after all these years of waiting, and they're going to deny me based on that."* **P15 FG3**

"the fact that the mental health services [are] *part of our transition is the problem, these things are not connected … they're continuing on this outdated model of pathologising our gender identity … psychologists who are put in place standing between us and our autonomy. We have to pay them so that they can decide we're womanly or manly enough."* **P13 FG3**

"We don't run this system, we don't make the rules, you do. We're suffering from them. If you care, change them." **P13 FG3**

Service Improvements

Ways in which the mental health services could be improved were regularly raised and discussed by participants. These actions fell into one of the following two subthemes: *LGBTI+ Focused Actions* and *General Actions*.

LGBTI+ Focused Actions

Almost all participants stressed the need for LGBTI+ training and education for mental health services staff. Participants also recognised that numerous LGBTI+ strategies and policies have been developed but expressed concerns about a lack of implementation. Some participants were of the view that having an advocate, perhaps with self-experience of accessing the mental health services, would be beneficial, as would making the inclusivity of services more visible, e.g. LGBTI+ affirmative posters, badges, etc. Finally, some participants expressed the need to move away from the diagnostic model of transition care and towards an informed consent model.

"the community is incredibly diverse and that there needs to be upkeep and training on this." **P09 FG2**

"There's a lot of, like, great plans and great ideas. And in theory, it's really, really, like, patient-focused service user-focused ... And then the actual implementation … implementing it is incredibly difficult to do." **P09 FG2**

"peer support advocates and it's like a new role in the HSE, so somebody who's gone through the mental health services themselves … if you had someone like that … that they would wear a small LGBT rainbow badge." **P05 FG1**

"I think changing eventually to informed consent, that'll fix a lot of issues … Questioning the old systems and maybe even looking abroad to countries where it is more informed consent, that would definitely help. If it works elsewhere, why not get inspiration from them? I think that would definitely help with the waiting lists problem" **P13 FG3**

General Actions

Although participants raised issues such as a shortage of mental health professionals and lengthy waiting lists, many expressed the view that these issues could be addressed by increasing the financial resources available to the mental health services.

"it would be much more helpful for our service users if we get more psychologists, but that means more budgeting" **P09 FG2**

"I realise this is a simplistic solution of like, let's just throw a shit ton more money at the problem, but we really should be just throwing a shit ton more money at the problem." **P07 FG2**

SUMMARY & CONCLUSION

This project serves to highlight potential disparities between the experiences of LGBTI+ and non-LGBTI+ mental health services users. These disparities are very likely due, in part at least, to the additional issues and challenges faced by LGBTI+ mental health service users, not least a perceived lack of LGBTI+ competence and sensitivity among some mental health service providers. Such findings are consistent with previous research in Ireland[1,2,3,4] and internationally.[5,6,7]

The project also highlights the range and diversity of LGBTI+ people's experiences of the mental health services. Some LGBTI+ mental health service users are experiencing mental health service provision that reflects national mental health policy,[8] national LGBTI+ strategies[9,10] and guidance for mental health service staff working with LGBTI+ service users, produced by the HSE[11], by GLEN and the MHC[12] and by professional representative bodies. [13,14,15,16]

However, many LGBTI+ people are not having wholly positive experiences of the mental health services, and some are having predominantly negative experiences.

1 Higgins, *The LGBTIreland Report*
2 Higgins, A. et al. "LGBT+ young people's perceptions of barriers to accessing mental health services in Ireland," *Journal of Nursing Management*, 29, no.1 (2020): 58-67. https://doi.org/10.1111/jonm.1318
3 Mayock, *Supporting LGBT lives*
4 McNeil, *Speaking from the Margins*
5 Avery, *Satisfaction with mental*
6 Ellis, *Trans people's experiences*
7 Page, *Mental health services*
8 Department of Health, *Sharing the Vision*
9 Department Children, Equality, Disability, Integration and Youth, *National LGBTI+ Inclusion*
10 Department of Children and Youth Affairs, *LGBTI+ national youth*
11 HSE, *LGBT health*
12 GLEN, *Lesbian, gay, bisexual*
13 CPI, *Lesbian, gay & bisexual*
14 ICGP, *Guide for providing care*
15 IIMHN, *Gay, lesbian & bisexual*
16 PSI, *Guidelines for good practice*

.. many LGBTI+ people are not having wholly positive experiences of the mental health services, and some are having predominantly negative experiences.

Positive experiences shared by participants were characterised by LGBTI+ competent and sensitive mental health service provision. In contrast, negative experiences were often characterised by a lack thereof which at best, hindered providers' ability to meet the needs of LGBTI+ service users and at worst manifested as inappropriate questions and comments by some mental health service providers, as well as apprehension and even fear among LGBTI+ service users. Having to explain one's gender and/or sexual identities to mental health service providers, to teach mental health service providers about LGBTI+ issues and terminology, and to self-censor when engaging with mental health service providers were common experiences. Stigma relating to, and pathologising of, LGBTI+ identification were also highlighted as challenges LGBTI+ mental health service users could face. These findings are also consistent with previous research. [17,18,19,20]

17 Higgins, *The LGBTIreland Report*
18 Higgins, *LGBT + young people's*
19 Mayock, *Supporting LGBT lives*
20 McNeil, *Speaking from the Margins*

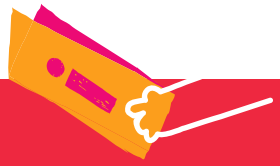
Although the progressive and very welcome policies, strategies and guidance developed in recent years may be having a positive impact for some, the issues and challenges faced by many LGBTI+ mental health service users when accessing or attempting to access mental health services suggest that implementation of these policies, strategies and guidance may be limited and inconsistent.

Taken together, findings not only highlight the considerable scope for improvement so that mental health services in Ireland can better meet the needs of all LGBTI+ people, they also provide guidance to decision makers on how best this can be achieved. This guidance is consistent with national mental health policy, with LGBTI+ National Strategies, and with professional guidance for those working with LGBTI+ service users. There are many steps that can be taken but, at a minimum, building the capacity of mental health service providers through education and training, coupled with regular consultation with LGBTI+ mental health service users to evaluate progress, is key to the delivery of LGBTI+ competent and sensitive mental health services that meet the needs of LGBTI+ people.

**For a more detailed discussion of the findings, see chapter five of the main report.*

.. findings highlight the considerable scope for improvement so that mental health services in Ireland can better meet the needs of all LGBTI+ people..

RECOMMENDATIONS



LGBTI+ Competent and Sensitive Service Provision

1. Review and update policies, procedures, and practice to ensure that services are inclusive of, and responsive to, the needs of LGBTI+ mental health service users.

2. Professional bodies and service providers including the HSE integrate LGBTI+ issues into the curriculum across all training and professional development modules, where possible.

3. Build the LGBTI+ capacity of mental health service providers through accredited education, training and professional development opportunities for existing mental health service providers and LGBTI+ modules for mental health professional providers in training.

4. LGBTI+ educational resources, training and development courses and modules should be developed in consultation with LGBTI+ mental health service users and should at a minimum cover the following:
    a. Sexual orientation, gender identity and LGBTI+ terminology
    b. Research on LGBTI+ mental health and well-being and the relationship between LGBTI+ identification and mental health
    c. The diversity within the LGBTI+ community in terms of identity, experience and need.

5. Review and update professional/good practice guidelines for mental health service providers working with LGBTI+ people. This should be done regularly and in consultation with LGBTI+ mental health service users.

6. Raise awareness of where LGBTI+ competent supports can be accessed. Information should be available on mental health professionals who are experienced in the intersectionality of issues facing people with mental health difficulties.

Treatment and Care

1. HSE Mental Health Services should aim to provide a range of treatment and care options including alternatives to medication where requested.
2. HSE Mental Health Services should ensure that talking therapy is a core component of the service offering and is readily available on an extended basis where necessary.
3. HSE Mental Health Services should provide LGBTI+ friendly reading material, literature and resources, including information on local LGBTI+ services and supports.
4. HSE Mental Health Services should ensure that LGBTI+ mental health service users get the opportunity to develop consistent relationships with mental health professionals that are not subject to frequent change.

Research and Evaluation

1. Given the findings in relation to the model of care, a more in-depth review of the transition model of care should be conducted and should include experiences of service-users.
2. Regular consultations with LGBTI+ mental health service users should be carried out. Where this is part of a larger consultation with mental health service users, an LGBTI+ module should be included in the larger survey. This would facilitate ongoing improvement of services and priority setting by the Minister with responsibility for Mental Health, Department of Health and HSE for annual service plans. This would also be consistent with policies, strategies and guidance outlined in this report and Ireland's obligations under the UNCRPD (see section 1.5).

REFERENCES

Adams, J., McCreanor, T. & Braun, V. "Gay men's explanations of health and how to improve it." *Qualitative Health Research* 23, no.7 (2013): 887-899. https://doi.org/10.1177%2F1049732313484196

Amos, R., Manalastas, E.J., White, R., Bos, H. & Patalay, P. "Mental health, social adversity, and health-related outcomes in sexual minority adolescents: a contemporary national cohort study." *Child and Adolescent Health* 4, no.1 (2020): 36-45. https://doi.org/10.1016/S2352-4642(19)30339-6

Avery, A. M., Hellman, R.E. & Sudderth, L.K. "Satisfaction with mental health services among sexual minorities with major mental illness." *American Journal of Public Health* 91, no.6 (2001): 990-991. https://dx.doi.org/10.2105%2Fajph.91.6.990

Bariola, E., Lyons, A., Leonard, W., Pittts, M., Badcock, P. & Couch, M. "Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals." *American Journal of Public Health* 105, no.10 (2015): 2108-2116. https://dx.doi.org/10.2105%2FAJPH.2015.302763

CPI. *Lesbian, gay & bisexual patients: The issues for mental health practice*. Dublin: CPI, 2010. url: https://www.irishpsychiatry.ie/wp-content/uploads/2016/12/Lesbian-Gay-Bisexual-Patients-The-Issues-for-Mental-Health-Practice-Full-doc.pdf

Department of Children and Youth Affairs. *LGBTI+ national youth strategy: Report of the consultations with young people in Ireland.* Dublin: Government of Ireland, 2017. url: https://www.drugsandalcohol.ie/28323/1/DOCYA_LGBTIConsultationStrategyReport.pdf

Department of Children and Youth Affairs. *LGBTI+ national youth strategy 2018-2020: LGBTI+ young people: visible, valued and included.* Dublin: Government of Ireland, 2018. url: https://assets.gov.ie/24459/9355b474de34447cb9a55261542a39cf.pdf

Department of Health. *Sharing the Vision: A mental health policy for everyone.* Dublin: Government of Ireland, 2020. url: https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/

Department of Health & Children. *A Vision for Change: Report of the expert group on mental health policy*. Dublin: The Stationary Office, 2006. url: https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf

Elliott, M., Kanouse, D.E., Burkhart, Q., Abel, G.A., Lyratzopoulos, G., Beckett, M.K, Schuster, M.A. & Roland, M. "Sexual minorities in England have poorer health and worse health care experiences: a national survey." *Journal of General Internal Medicine* 30 (2015): 9–16. https://dx.doi.org/10.1007%2Fs11606-014-2905-y

Ellis, S. J., Bailey, L. & McNeil, J. "Trans people's experiences of mental health and gender identity services: A UK study." *Journal of Gay & Lesbian Mental Health* 19, no.1 (2015): 4-20. https://doi.org/10.1080/19359705.2014.960990

GLEN. *Lesbian, gay, bisexual and transgender service users: Guidance for staff working in mental health services*. Dublin: GLEN, 2013. url: https://www.mhcirl.ie/sites/default/files/2021-01/Lesbian,%20Gay,%20Bisexual%20and%20Transgender%20Service%20Users_0.pdf

Higgins, A., Doyle, L., Downes, C., Murphy, R., Sharek, D., DeVries, J., Begley, T., McCann, E., Sheerin, F. & Smyth, S. *The LGBTIreland report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland*. Dublin: GLEN & BeLonG To, 2016. url: https://www.belongto.org/wp-content/uploads/2019/02/250_LGBTIreland_Report_Key_Findings.pdf

Higgins, A., Downes, C., Murphy, R., Sharek, D., Begley, T., McCann, E., Sheerin, F., Smyth, S., De Vries, J. & Doyle, L. "LGBT + young people's perceptions of barriers to accessing mental health services in Ireland." *Journal of Nursing Management* 29, no.1 (2020): 58-67. https://doi.org/10.1111/jonm.13186

HSE. *LGBT Health: Towards meeting the health care needs of lesbian, gay, bisexual, and transgender people.* Dublin: HSE, 2009. url: https://www.hse.ie/eng/services/publications/topics/sexual/lgbt-health.pdf

ICGP. *Guide for providing care for lesbian, gay and bisexual patients in primary care quick reference guide*. Dublin: ICGP, 2020. url: https://lgbt.ie/wp-content/uploads/2020/11/Guide_for_Providing_Care_for_Lesbian__Gay_and_Bisexual_Patients_in_Primary_Care_Quick_Reference_Guide.pdf

IIMHN. *Gay, lesbian & bisexual people: A good practice guide for mental health nurses*. Dublin: IIMGN, 2010. url: https://www.ilga-europe.org/sites/default/files/lesbian_gay_and_bisexual_people_-_a_good_practice_guide_for_mental_health_nurses.pdf

King, M. Semlyen, J., Tai, S.S., Killaspy, H., Osborn, D., Popelyuk, D. & Nazareth, I. "A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people." *BMC Psychiatry* 8, no.1 (2008): 70. https://doi.org/10.1186/1471-244X-8-70

Mayock, P., Bryan, A., Carr, N. & Kitching, K. *Supporting LGBT Lives: The Mental Health and Well-being of Lesbian, Gay, Bisexual and Transgender People in Ireland*. Dublin: GLEN, 2009. url: https://www.hse.ie/eng/services/publications/mentalhealth/suporting-lgbt-lives.pdf

McCann, E. & Sharek, D. "Survey of lesbian, gay, bisexual, and transgender people's experiences of mental health services in Ireland." *International Journal of Mental Health Nursing* 23 (2014): 118-127. doi.org/10.1111/inm.12018

McCann, E. & Sharek, D. "Challenges to and opportunities for improving mental health services for lesbian, gay, bisexual, and transgender people in Ireland: A narrative account." *International Journal of Mental Health Nursing* 23, no.6 (2014): 525-533. https://doi.org/10.1111/inm.12081

McNeil, J. Bailey, L., Ellis, S. & Regan, M. *Speaking from the margins: Trans mental health and wellbeing in Ireland*. Dublin: Transgender Equality Network Ireland, 2013. url: https://lgbt.ie/wp-content/uploads/2018/06/attachment_5bdd0cd5-16b6-4ab6-9ee6-a693b37fdbcf.pdf

MHC. *Quality framework: Mental health services in Ireland* (Dublin: MHC, 2007). url: https://www.mhcirl.ie/sites/default/files/2021-01/The%20Quality%20Framework.pdf

Mongelli, F., Perrone, D., Balducci, J., Sacchetti, A., Ferrari, Silvia, Mattei, G. & Galeazzi, G.M. "Minority stress and mental health among LGBT populations: an update on the evidence." *Minerva Psichiatrica* 60, no.1 (2019): 27-50. https://psycnet.apa.org/doi/10.23736/S0391-1772.18.01995-7

Ó Féich, P., Mitchell, K., Pérez, S., & McDaid, S. *My voice matters: Report on a national consultation with mental health service users*. Dublin: Mental Health Reform, 2019. url: https://www.mentalhealthreform.ie/wp-content/uploads/2019/03/SU-MAIN-WEB.pdf

Ó Féich, P., Mitchell, K., Pérez, S., & McDaid, S. *My Voice Matters: Report on a national consultation with family, friends and carers/supporters of mental health service users*. Dublin: MHR, 2019. url: https://www.mentalhealthreform.ie/wp-content/uploads/2019/03/FFCS-MAIN_WEB.pdf

Page, E. H. "Mental health services experiences of bisexual women and bisexual men: An empirical study." *Journal of Bisexuality* 4 (2004): 137-160. https://doi.org/10.1300/J159v04n01_11

Ploderl, M., Wagenmakers, E., Tremblay, P. Ramsey, R. Kralovec, K. Fartacek, C. & Fartacek. R. "Suicide risk and sexual orientation: A critical review." *Archives of Sexual Behavior* 42, no.5 (2013): 715-727. https://doi.org/10.1007/s10508-012-0056-y

PSI. *Guidelines for good practice with lesbian, gay and bisexual clients*. Dublin: PSI, 2015. url: https://www.psychologicalsociety.ie/source/PSI%20Guidelines%20for%20Good%20Practice%20with%20LGB%20Clients_1.pdf

Schulman, J.K. & Erickson-Schroth, L. “Mental Health in Sexual Minority and Transgender Women.” *The Medical Clinics of North America* 103, no.4 (2019): 723-733. https://doi.org/10.1016/j.mcna.2019.02.005

Taylor, P. *A survey of LGBT Americans: attitudes, experiences and values in changing times*. Washington, D.C: Pew Research Center, 2013. url: https://www.pewresearch.org/social-trends/2013/06/13/a-survey-of-lgbt-americans/

Thyen, U., Lux, A., Jurgensen, M., Hiort, O. & Kohler, B. “Utilization of health care services and satisfaction with care in adults affected by disorders of sex development (DSD).” *Journal of General Internal Medicine* 29 (2014): 752–759. https://doi.org/10.1007/s11606-014-2917-7

Utamsingh, P., Richman, L.S., Martin, J.L., Lattanner, M.R. & Chaaikind, J.R. “Heteronormativity and practitioner-patient interaction.” *Health Community* 31 (2016): 566–574. https://doi.org/10.1080/10410236.2014.979975

Zeeman, L., Sherriff, N., Browne, K., McGlynn, N., Mirandola, M., Gios, L., Davis, R., Sanchez-Lambert, J., Aujean, S., Pinto, N., Farinella, F., Donisi, V., Niedzwiedzka-Stadnik, M., Rosinska, M., Pierson, A., Amaddeo, F. & Health4LGBTI Network. “A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities.” *European Journal of Public Health* 29, no.5 (2019): 974-980. https://doi.org/10.1093/eurpub/cky226

MY LGBTI+ VOICE MATTERS

Mental Health Reform
Promoting Improved Mental Health Services

LGBT IRELAND
For Inclusion
For Equality
For Everyone

HSE
Seirbhís Sláinte Níos Fearr á Forbairt
Building a Better Health Service