LGBT Health and Wellbeing was established in 2003 to promote the health, wellbeing and equality of lesbian, gay, bisexual and transgender (LGBT) people in Scotland. It provides support, services and information to improve health and wellbeing and reduce social isolation. We provide a range of programmes for LGBT adults that provide social activities and mental health support.

We also work with service providers and other stakeholders to promote greater understanding of the lived experience, inequalities and needs of LGBT people, particularly in relation to health and wellbeing. This includes a focus on promoting a right to health and increasing LGBT people’s access to public services.

We welcome the opportunity to respond to this call for views as part of the Equality and Human Rights Committee’s scrutiny of the Scottish Government’s draft Budget for 2020-21. LGBT Health’s response outlines the public funding we receive, how we use this and some of the funding challenges we encounter as a community organisation working to support and empower a diverse community where individuals still often struggle to access their rights.

Question 1: What are the key public policy areas where individuals and protected groups are struggling to access their rights?

Question 2: Which groups of people are most likely to be affected and why?

Whilst there have been significant advances in legislation and social attitudes, experiences of discrimination and harassment continue to be a day-to-day reality for many LGBT people in Scotland. Inequalities persist in relation to health, and these are particularly acute in relation to mental wellbeing, with mental distress, self harm, suicidal ideation and addiction disproportionately affecting the LGBT population.

There is a currently a widespread lack of recognition of the severe mental health inequalities experienced by LGBT people within both policy and practice. Public policy in Scotland relation to mental health, such as the Mental Health Strategy 2017-27, rarely specifically acknowledges the needs of this protected group.

There is also, among policy makers and service providers, a tangible lack of understanding of the specific needs and experiences of LGBT people, such as the impact of harassment, discrimination and hate crime on mental health. It is clear that in order for the right to mental health to be delivered effectively the social determinants of good mental health - such as a

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1 LGBT Health and Wellbeing, Equality Network / Scottish Trans Alliance, LGBT Youth and Stonewall Scotland (2018), LGBTI Populations and Mental Health
Inequality notes, for example: LGB adults are twice as likely to report anxiety and depression and twice as likely to have attempt suicide in their lifetime; while 88% of trans people report depression, 53% have self-harmed and 35% have attempted suicide.

2 For example, an equalities approach is largely absent from the Scottish Government Mental Health Strategy; and there is no mention of LGBT+ people within the newly launched Healthy Minds resource from NHS Greater Glasgow and Clyde.
healthy psychosocial environment, respect, social connection, equal opportunities and dignity – need to be present, but these are due to prevailing negative social attitudes more difficult for LGBT people to access. The Human Rights Council points out that individuals may ‘turn to a mental health-care sector that often lacks adequate resources and appropriate approaches’.

We welcome the Scottish Government’s intent to take a human rights based approach to mental health, as outlined in the Scottish National Action Plan for Human Rights (SNAP), where there is an acknowledgement that to achieve high quality health and social care there is a need to increase understanding of human rights within mental health care. As stated by the United Nations, the right to mental health should include the obligation to deliver non-discriminatory services that promote mental health and equitable access to interventions and core determinants for those in the most marginalised situations, which clearly includes LGBT young people and adults.

The fact that currently the needs of LGBT people in relation to mental health continue to be rarely acknowledged and poorly understood within relevant policy and practice, means there are also no specific measures or funding allocations to address the gap. For example, investment in adult mental health services, such as is outlined in the Programme for Government 2018-19, demonstrates no cognisance of the needs of LGBT people and includes no measures to address these.

Poor monitoring of sexual orientation and gender identity within (mental) health services means that service providers have a lack of data on LGBT peoples’ engagement and experiences within their services. However research consistently points to the fact LGBT people face discrimination and unequal treatment when accessing health services, as well as a lack of understanding of their health needs from service providers. Past negative experiences can lead to expectations of discrimination, and create barriers for LGBT people accessing services or being open about their LGBT identity to service providers.

Health, and in particular mental health, is a key public policy area in which LGBT people are struggling to access their rights. The inequalities experienced by trans people are often particularly acute. Without the development and embedding of a more robust equalities and human rights focus within public policy, it is difficult to see how we can ensure the right to health is realised for LGBT people. The strengthening of monitoring and evaluation of programmes, including the monitoring of sexual orientation and gender identity, is key here.

We very much support the Scottish Human Rights Commission (SHRC) recommendation that government and Parliament should engage significantly in SNAP going forward, drawing on its potential to more fully understand where individuals and protected groups are struggling to access their rights, and which groups of people are most likely to be affected and why.

Promoting mental and emotional wellbeing, and addressing the wider social determinants of poor (mental) health is key to LGBT Health’s work. We however have severely limited resources to address the inequalities in (mental) health outcomes for LGBT people, and to deliver the right to health for this marginalised population. This means that, except for our LGBT Helpline Scotland, our services are currently only delivered in Glasgow and Edinburgh, with demand there consistently far outstripping...
capacity, particularly in relation to our mental health and transgender-specific services.

3 Human Rights Council, Forty-First Session 2019: Report of the special rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: p.3
4 Human Rights Council, Forty-First Session 2019: Report of the special rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health:p.6
6 This falls under the broader right to health, although the United Nations has also commented specifically on mental health.
We would welcome more meaningful engagement between Scottish Government and LGBT organisations and communities, so that particularly LGBT mental health needs and the needs of transgender people can be better understood and resourced, and improved health, wellbeing and equality outcomes can be achieved for LGBT people.

Question 3: What type of public sector funding (European, national or local) is provided to your organisation to support vulnerable groups and those with protected characteristics to access public services?

LGBT Health currently receives funding from the Scottish Government for three of our areas of work: our LGBT Helpline (which is co-funded with NHS Lothian) and provides support and information to LGBT people across Scotland; our LGBT Age programme which supports LGBT people over 50; our national LGBT Policy project supporting our policy and influencing work particularly in relation to LGBT health, trans wellbeing and older LGBT people. This represents 18% of our funding per annum.

A number of our local services, especially in Edinburgh, also receive public sector funding, including support for our Transgender, Mental Health and Helpline provision. This represents 29% of our funding per annum.

The remainder of our services are funding through trusts and foundations, as well as some income generated through individual donors and corporate fundraising. We do not receive any European funding.

LGBT Health’s work is particularly targeted at supporting the most vulnerable sections of the LGBT community: 40% of those using our services identify as transgender or non-binary; 17% are BAME; 30% are over 50; 10% are asylum seekers. We are also engaging with a high proportion of community members who are experiencing economic disadvantage, including 27% who are unemployed.

In terms of health status, 74% of those using our services report having a long term health condition or disability. This includes: 58% experiencing mental health issues; 18% a physical disability; 14% a learning difficulty or disability; 12% a chronic illness.

In terms of mental wellbeing, 46% of beneficiaries indicate suicidal thoughts are an issue for them, 43% that self-harm is. Around 1 in 2 indicate suicidal thoughts and/or the likelihood of them self harming has decreased as a result of their engagement with our services.

Alongside providing specialist support, one of our key aims is also to build LGBT people’s confidence in using mainstream (public sector) services. Encouragingly, 57% of those using our services indicate their confidence in using general mental health services has increased.

Question 4: Is the level of public sector funding provided enough to deliver national priorities and better outcomes for people and communities?

Whilst there is a strong commitment from government, and across Parliament, to deliver on LGBT rights, the LGBT sector continues to be underfunded, and where funding is in place it is often short term and precarious. This is certainly the case for LGBT Health. Whilst we are well established in Edinburgh and Glasgow, aside from through our national helpline, we currently have no presence in other parts of Scotland, where there is a dearth of provision.
Lack of specialist LGBT services, and of LGBT-affirmative mainstream services where people can be confident they will be treated with dignity and respect, is a real issue in more rural and remote parts of Scotland. Especially as LGBT people in rural areas report experiencing more discrimination and higher rates of isolation than those in urban areas.7

Through our scoping and pilot support programme in Fife, we were able to demonstrate a clear desire for services to meet the needs of Fife’s LGBT population, but the lack of longer term public sector investment meant we were unable to sustain this programme.

In Glasgow and Edinburgh the short term year-on-year funding for many of our projects, as well as the lack of substantive statutory funding for our work in Glasgow, means these vital services are often very precarious, and makes long term planning to progressively realise greater equality and human rights impossible.

It is unclear how the government currently quantifies the impact of investment on particular people and communities. There appears to be a lack of disaggregated health data which can tell us about the situations for specific protected groups. For us as a service provider trying to meet the needs of an underserved community, that lacks confidence in the ability and knowhow of mainstream services to meet their needs effectively and in an affirmative non-discriminatory way, the sense of investment and disinvestment is often acutely ‘felt’ according to the availability of funding and how well this matches need.

**Question 5: Are there public funding challenges for the third sector; if so what would be the implications for delivering equalities and human rights outcomes?**

There are clearly considerable public funding challenges for the LGBT sector. Whilst through our extensive reach and support to LGBT people our organisation is really well placed to deliver against many of the national equality outcomes, lack of (secure) funding is a significant barrier to long-term planning and ensuring we continue to maximise our impact.

As well as our direct support services for LGBT people, there is huge scope to improve the experiences LGBT people have of mainstream (statutory) health services, where professional practice often fails to be inclusive and affirmative of LGBT identities. Whilst our awareness raising and capacity building work with third and statutory sector service providers is proving valuable, it remains poorly resourced.

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Question 6: What type of administrative systems are in place to monitor the impact on equalities and human rights outcomes from public sector funding to the third sector?

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LGBT Health’s Scottish Government-funded work links closely to the government’s Equality Outcomes and Fairer Scotland Action Plan. Additionally our local statutory funding links with national and local outcomes. Our Strategic Plan outlines strategic objectives linked to national outcomes, and individual projects report impact in relation to specific thematic strategies, including mental health, older people, loneliness and isolation and hate crime.

We use robust evaluation tools and collate and analyse a range of qualitative and quantitative data quarterly. We regularly report on outputs, outcomes and progress to a range of (public sector) funders. Evidence of impact is collated for individual
programmes, but also across the organisation, including measuring organisational reach and profile of those using our services, as well as level of activities. All of this evaluation data is fed into the planning process, ensuring continuous learning and development.

Evidence is also collected regarding significant gaps in provision, and emerging needs, with a view to addressing these. This means we are currently carrying out research regarding the experiences of transgender people in the workforce, and have a bid in for a project working specifically with LGBT asylum seekers and refugees.