

Written evidence submitted by Jan Bridget (CMH0014)

1. Who I am and why I am submitting this written evidence.

- 1.1 I am submitting this evidence because of the high vulnerability of young lesbian, gay, bisexual and transgender (LGBT people) to mental health problems including anxieties, phobias, self-harm, attempted suicide, eating problems (and related substance misuse). In my opinion the situation is getting worse.
- 1.2 It is my belief that most children and adolescent services, including CAMHS, are not responding to this need. Thus a highly vulnerable group of young people are being neglected by the very agencies set up to support vulnerable children and young people. Meanwhile, more LGBT young people are taking their own lives and more young lives are being blighted with poor mental health due to lack of appropriate intervention.
- 1.3 My name is Jan Bridget, I retired in 2012 after over 25 years of working with LGBT people, and for the latter 14 years working specifically with LGBT young people in Calderdale. My professional background is Youth and Community Work.
- 1.4 I jointly set up and ran Lesbian Information Service in 1987 (<http://www.lesbianinformationservice.org>) followed by Gay and Lesbian Youth in Calderdale in 1999 (<http://www.galyic.org.uk>)
- 1.5 I was a member of the Department of Health's Sexual Orientation and Gender Identity Advisory Group; whilst involved with SOGIAG GALYIC made a short training film for the Department of Health (<http://www.youtube.com/watch?v=ym8xUKjOAr0>)
- 1.6 More recently I worked with the National CAMHS Support Service until it ceased to exist in 2011; whilst involved with NCSS I developed a specific web page on LGBT youth (many of the resources have been incorporated into the Child and Maternal Health Intelligence Network (<http://www.chimat.org.uk/resource/aphosearch.aspx>) as well as expanding the NCSS's Organisational Cultural Competence Self Assessment Tool (OCCA Tool) and Work Book for Children and Adolescent Mental Health Services (<http://www.galyic.org.uk/support/professionals.html> - scroll to bottom, useful links).
- 1.7 I recently commented on the MindEd E-Learning Core Curriculum to be launched on March 25th 2014.
- 1.8 I am on the Youth Chances Advisory Panel: <http://www.youthchances.org/>
- 1.9 I have volunteered my expertise for the new LGBT Youth Suicide Prevention Project at Lancaster University having worked with Liz McDermott (and Katrina Roen, now at the University of Oslo) on an earlier project connected with LGBT young people and self-harm.

2. Main points:

- 2.1 LGBT young people are highly vulnerable to mental health problems
- 2.2 This is because of homophobic bullying (inside school and outside school), internalised homophobia/transphobia, isolation, parental rejection, lack of support.
- 2.3 Some are more at risk than others: young people from poor, lower class backgrounds and those who are gender non-conforming (both LGBs as well as trans).
- 2.4 The situation is likely to get worse as the age of coming out continues to drop and the issues identified above are ignored.
- 2.5 The majority of mainstream services are not meeting needs of LGBT young people

- 2.6 The majority of professionals who work with children and young people have not had training on needs of LGBT young people either as part of their basic professional qualification or in-service training
- 2.7 The majority of professionals who work with children and young people are not aware of the sexual orientation or gender identity of their clients as most services are not monitoring for sexual orientation or gender identity, neither do they ask their clients about their sexual orientation or gender identity
- 2.8 The majority of professionals who work with children and young people are not aware of needs of LGBT young people as they are not included in needs assessments
- 2.9 There are few targeted services aimed at meeting the needs of LGBT young people and what does exist is usually in cities.

3. Recommendations

- 3.1 All professional qualifications for those who work with children and young people should include comprehensive awareness training about the vulnerabilities of LGBT young people (see http://www.youtube.com/playlist?list=PLcpgW_sZMQgoxLxvFVINVhIqyDZOSdvEO for comprehensive, free, training programme) including GPs, police, youth workers, social workers, school nurses, etc
- 3.2 All people working with children and young people who are already qualified should have in-service awareness training (as above)
- 3.3 Children and young people's services should utilise the NCCS OCCA (or something similar): <http://www.galyic.org.uk/support/professionals.html> to ensure services are LGBT friendly
- 3.4 All Children and Young People's services should monitor for sexual orientation and gender identity see <http://www.galyic.org.uk/support/professionals.html> point 5
- 3.5 All CAMHS should have identified specialist to work with LGBT young people and liaise with local LGBT youth groups; CAMHS need to work with families as well as young person to support parents to be able to accept and support their LGBT children
- 3.6 CAMHS LGBT specialist should utilise the GALYIC Needs Assessment Tool (or something similar) <http://lgbt.resurv.co.uk/> to assess needs of LGBT young person accessing service
- 3.7 All children and young people attending A and E for self-harm or attempted suicide should be screened for sexual orientation and gender identity (using a similar system as Barnardo's, see link in 3.3)
- 3.8 Local authorities should give priority to developing LGBT youth groups, not only in cities and large towns but also across rural areas, with qualified and appropriately trained staff and managers, with appropriate policies and safe (ring fenced) funding
- 3.9 Set up a national advisory group of experts on LGBT young people's issues
- 3.10 Facilitate establishment of a national LGBT young people's organisation (or might need to be regional ones, based along similar lines to both LGBT Youth Scotland and BeLonGTo in Ireland)
- 3.11 Facilitate establishment of an equivalent of Trevor Project <http://www.thetrevorproject.org/> in England
- 3.12 Social Services need to develop specialist workers to intervene with families who reject their LGBT children with the aim of educating them to support their children; if this is not possible then ensure young person is in safe accommodation. See

<http://www.galyic.org.uk/support/parents.html> and in particular the Family Acceptance Project in the USA

- 3.13 Ensure homeless hostels take into account needs of LGBT young people
- 3.14 Expand Hate Crime Reporting system to include reporting Hate Incidents in school with copies of report going to Head Teacher, Ofsted and schools liaison police officer
- 3.15 Promote the establishment of Gay Straight Alliances in schools, with trained staff such as school nurse, child safety officer to create safe spaces and publicise them
- 3.16 All research with children and young people to include sexual orientation and gender identity
- 3.17 Potential effects of introducing above recommendations:
 - 3.17.1 reduced suicides
 - 3.17.2 reduced mental health problems
 - 3.17.3 reduced teenage pregnancies
 - 3.17.4 reduced levels of STIs, in particular HIV
 - 3.17.5 reduced levels of alcohol misuse
 - 3.17.6 reduced levels in use of illegal drugs
 - 3.17.7 reduced smoking
 - 3.17.8 reduced levels of poorer general health
 - 3.17.9 reduction in numbers of school drop-outs
 - 3.17.10 reduction in numbers of school truancy
 - 3.17.11 reduction in bullying at school
 - 3.17.12 reduction of hate crime
 - 3.17.13 reduced homelessness

4. Evidence

4.1 I was first alerted to the vulnerability of young lesbian and bisexual women when I conducted research in East Lancashire in 1991

(<http://www.lesbianinformationservice.org/tizard.htm>) published in Journal of Community and Applied Social Psychology: [http://onlinelibrary.wiley.com/doi/10.1002/\(SICI\)1099-1298\(199612\)6:5%3C355::AID-CASP386%3E3.0.CO;2-Y/abstract](http://onlinelibrary.wiley.com/doi/10.1002/(SICI)1099-1298(199612)6:5%3C355::AID-CASP386%3E3.0.CO;2-Y/abstract)

4.2 In 1998 I conducted research with young lesbian, gay and bisexual people in Calderdale (<http://www.galyic.org.uk/about/history.html> - scroll to bottom to access ACTION report).

I developed a Needs Assessment Tool and continued to assess the needs of the young people who accessed GALYIC. A report was published in 2008 called *Ten Years On* which compiled the findings of 50 NATs conducted over the ten year period (access via above link).

4.3 The various reports for my research in Calderdale can be accessed via above link. For a concise power point of key issues see

http://www.galyic.org.uk/support/young_people/bullying_6.html Statistical Evidence.

4.4 Below is a table showing research findings from various projects in the UK with regard to self-harm, suicidal thoughts and attempts

	YOUTH CHANCES (2014) n4278	GALYIC (2011) n30	GALYIC (2008) n50	ACTION (1998) n15	Reading (2000) n169 ⁱ	N.Ireland (2003) n362 ⁱⁱ	Scotland (2003) n95 ⁱⁱⁱ	London (2005) n100 ^{iv}	Brighton (2006) n43 ^v	N.Ireland (2006) n190 ^{vi}
Suicidal Thoughts	44%	65%	72%	80%	55%	-	54%	31%	-	71%
Suicide Attempts	16%	50%	56%	13%	22%	29%	27%	15%	53%	27%
Self Harm	52%	82%	74%	40%	33%	26%	28%	16%	42%	30%

ⁱ Mullen, A. (1999) *Social Inclusion: Reaching Out to Bisexual, Gay and Lesbian Youth*, ReachOut, Reading <http://www.andymullen.com/>

ⁱⁱ Shout: Research into the needs of young people in Northern Ireland who identify as lesbian, gay, bisexual or transgender, YouthNet, 2003

ⁱⁱⁱ Live to tell: Findings of a study of suicidal thoughts, feelings and behaviours amongst young gay and bisexual men in Edinburgh, Craig Hutchinson, Samuel Porter, Simon De Voil, Gay Men's Health LGBT Youth Scotland, 2003

^{iv} Time to Think, Metro Centre, 2005, www.timetothinkresearch.co.uk/

^v LGBT Youth Homelessness Research Project, Mark Cull, Hove YMCA and Hazel Platzer & Sue Balloch, University of Brighton, 2006

^{vi} Out on Your Own: An examination of the mental health of young same-sex attracted men, Helen McNamee, The Rainbow Project, 2006
Youth Chances, 2014 <http://www.youthchances.org/>

4.5 It is worth noting that recent research from Australia has found similarly high numbers <http://gaynewsnetwork.com.au/news/growing-up-queer-report-reveals-widespread-homophobia-12899.html> Recent English research has also identified higher levels of smoking and alcohol use <http://bmjopen.bmj.com/content/3/8/e002810> Youth Chances published a literature review which identified other research from abroad; this is a live review that will be up-dated throughout the life of the project (ends 2015).

4.6 The high levels of suicidal thoughts, attempts and self-harm in the Calderdale findings could be the result of bias because of the small number of people taking part; or it could be because young people seeking out GALYIC were already vulnerable. However, it is my opinion that there are two significant factors for the results: class and isolation. Youth Chances will be analysing their findings in more depth and this will include class and isolation.

5. Lack of Appropriate Support

5.1 *Nowhere to turn*, PACE, 2010 <http://www.pacehealth.org.uk/resources/publications/> found that 40% of the LGBT youth service respondents currently supporting someone who was suicidal and described their relationship with Child and Adolescent Mental Health Services as poor or very poor.

5.2 The *Metro Youth Chances, Survey of Commissioners Base Line report*, 2013, <http://www.youthchances.org/> found little evidence of local commissioning that accounts for the specific needs of LGBTQ young people. The provider survey found that respondents were sceptical that mainstream agencies were providing sensitive services for LGBT young people.

5.3 As part of awareness training I have regularly included a training needs assessment survey. I conducted this with 9 agencies between 2002 and 2009 mostly in Calderdale: Youth Offending Team; Calderdale & Kirklees Careers; NSPCC; School Nurses; Victim Support; Mental Health Day Services; Social Services Outreach; West Yorkshire Connexions; Wigan Social Services. The 167 workers included a huge arrange of professional qualifications. Some trained many years ago, some were newly trained. They were asked what they thought about their basic professional

training covering LGB issues. Their responses were: Excellent .6%; Good 13%; Poor 29%; No training 58%. When asked about In-Service training their responses were: Excellent 0%; Good 2%; Poor 13%; No training 72%. They were asked what percentage of LGBs were using their service, 63% said they didn't know. They were also asked if they asked clients about sexual orientation, 80% said they did not ask. The point is, if you are unaware of the sexual orientation (or indeed gender identity) of your client group, how can you hope to meet their needs?

- 5.4 *The Ten Years On* report from GALYIC <http://www.galyic.org.uk/docs/news/10yearsfull.pdf> section 8 Universal and Specialist, Targeted Youth Services: Responding to the Needs of LGBT People, looks at the experiences of 25 young LGBT people accessing services in Calderdale. It is clear that GALYIC members were more likely to use those services who worked closely with GALYIC and that these were the most LGBT-friendly.
- 5.5 With regard to CAMHS, only six of the 25 had accessed this service. Two were out; two thought CAMHS was gay-friendly; three thought it was not gay-friendly. Two said their needs were met, two said their needs were not met. Three thought they were lacking in understanding about LGBT issues. Of these one said he got 'funny looks' from them, this was when he was in hospital after having attempted suicide.
- 5.6 Gay and Lesbian Youth in Calderdale was renowned as an example of good practice, being identified in *Where To Turn*, PACE 2010 as one of four examples from across England. Our Needs Assessment Tool and Impact Assessment Tool was noted as a means of exploring suicide prevention needs of members. The PACE report also refers to the Organisational Cultural Competence Self Assessment Tool for CAMHS which I helped to adapt to include LGBT youth amongst others (see page 39).
- 5.7 GALYIC was active for just over twelve years (1999-2011). During this period we expanded from a weekly youth group run on one part-time youth work session to a company limited by guarantee and charity employing four staff. As well as the weekly youth group we provided a whole range of other activities, see http://www.galyic.org.uk/about/old_services.html and developed policies and procedures to support our work. We worked in partnership with others <http://www.galyic.org.uk/about/partnership.html> and provided awareness training to hundreds of workers, see <http://www.galyic.org.uk/about/index.html> for a comprehensive list of presentations and training events.
- 5.8 It is clear that good quality LGBT youth groups can make a huge difference in the lives of young LGBT people, as the following findings from 25 Impact Assessments conducted in 2008 by GALYIC suggest:
- 100% of participants interviewed said that being in contact with GALYIC has helped them develop a positive identity as a young LGBT person.
 - 96% said being in contact with GALYIC has helped them develop their confidence.
 - 96% said that they felt less isolated as a young LGBT person as a result of being in contact with GALYIC. One young person who answered, "yes and no" is a young trans person – trans young people are significantly more isolated.
 - 81% of those who had been depressed said that being in touch with GALYIC has reduced their feelings of depression;
 - 83% of those who had been suicidal said being in touch with GALYIC has helped them feel less suicidal;
 - 79% of those who had self-harmed said being in touch with GALYIC has helped them self-harm less;
 - 75% of those who had a phobia said it had got better since attending GALYIC;
 - 50% of those who said they had an eating disorder said it had cleared up or reduced since being in touch with GALYIC.
 - 76% said that they were more likely to practise safer sex as a result of being in touch with GALYIC.

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