Written Evidence Submission from METRO

1. INTRODUCTION

1.1 METRO is a leading equality and diversity charity, providing health, community & youth services across London & the South East & national & international projects. METRO promotes health, wellbeing, equality & participation through youth services, mental health services and sexual health & HIV services. We work with anyone experiencing issues related to gender, sexuality, diversity or identity.

1.2 METRO provides approximately 45,000 occasions of service each year seeing approximately 14,500 separate individuals or registered service users each year. Over half of our service users identify as lesbian, gay, bisexual or transgender (LGBT) and a fifth are under the age of 25.

1.3 We are pleased to be able to give evidence to the Committee drawn from our direct work with young people and our current research with LGBT and questioning (LGBTQ) young people through our METRO Youth Chances project.

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2. SUMMARY

2.1 Our submission focuses on two main areas in relation to the Committee's Inquiry terms: evidence directly from LGBTQ young people about their particular experiences of mental health; and evidence from practice and research about mental health support and service provision to LGBTQ young people

2.2 METRO Youth Chances Summary of First Findings shows:

- over half of LGBTQ young people report mental health issues
- 42% of LGBTQ young people have sought medical help for anxiety or depression
- 52% of LGBTQ young people report self-harm either now or in the past

- 44% of LGBTQ young people have considered suicide

3. EVIDENCE FROM RESEARCH ABOUT LGBTQ YOUNG PEOPLE'S NEEDS

3.1 Youth Chances is a social research project aiming to identify the needs of young LGBTQ people and improve the commissioning and provision of services to meet their needs. Its starting point is that not enough is known about the specific needs of this group of young people – their experiences are not routinely captured at local, regional or national levels.

3.2 We have also surveyed commissioners and providers of services to young people across England. Full reports of the survey of 16-25 year olds, survey of commissioners and survey of service providers present comprehensive accounts of methodology, data and findings to date are available on the Youth Chances website.

3.3 In comparison to other demographic groups, there is a lack of data relating to the health of LGB&T communities derived from population- based studies and statistical datasets. There are significant gaps in data and knowledge in this area - in large part due to the lack of routine monitoring of sexual orientation and gender identity. What the evidence points to is the significant impact of discrimination on health and wellbeing outcomes for LGB&T people.

3.4 Youth Chances plugs the knowledge gaps and helps us understand whether LGBTQ young people fare significantly worse than their heterosexual non-trans counterparts in respect of their health, wellbeing and life chances; what specific deprivations, exclusions or under-achievements LGBTQ young people experience; what support is available to them and what more needs to be done. With this in mind we have looked at young people's experiences through the lens of nationally recognised frameworks for young people's outcomes: participation; staying safe; enjoying and achieving; economic wellbeing; health and wellbeing .

3.5 **Respondents to the survey**

This is the largest survey sample of LGBTQ 16-25 year olds in England with over 7,000 young people taking part, and with a significant rate of response from trans young people of almost 1,000. It also includes a sub-group of respondents

who self-identify as heterosexual and non-trans. It is a representative sample of the English population:

- Gender identity distribution is roughly half male and half female
- Age spread is broadly consistent with the overall English population
- There is relatively even spread across the regions
- Ethnic diversity is broadly consistent with the overall English population

3.6 Previous research has presented how LGBTQ people experience poorer mental health than the general population. The stress associated with minority status and associated discrimination has been presented as a reason for this situation. Our findings are that discrimination against LGBTQ people is still a significant problem with most young people perceiving discrimination, especially against trans people.

3.7 These perceptions are consistent with the disturbingly high levels of abuse and violence that young LGBTQ face. Verbal abuse is very common, and a substantial minority of LGBTQ young people report very serious crimes including physical and sexual abuse. It is clear that a significant proportion of LGBTQ young people are at high risk of discrimination and abuse; that they are not getting the support that they need and that the consequences can be very serious: nearly one in ten young LGBTQ people report that they have had to leave home for reasons relating to their sexuality or gender identity.

3.8 Discrimination and fear of discrimination is affecting young LGBTQ people's experience of school and their ability to enjoy and achieve. Overall nearly half of LGBTQ young people (49%) reported that their time at school was affected by discrimination or fear of discrimination. The consequences can be devastating for their education and life chances: missing lessons, achieving lower grades than they might have expected, feeling isolated and left out and having to move schools are all reported.

3.9 All of these experiences have a negative impact on young people's mental health and wellbeing. The differences in mental health for LGBTQ young people we have found are startling. Several measures in the survey indicate that mental

health problems are significantly worse amongst LGBTQ young people including acute problems such as self-harming and suicidal ideation.

3.10 42% of LGBTQ respondents report going for medical help for depression or anxiety, compared to 29% of heterosexual non-trans respondents. Over half of LGBTQ respondents (52%) report self-harming, either now or in the past. This compares to 35% of heterosexual non-trans young people in our sample and to a rate of 12% for this age-group self-reported in a household survey by the NHS in 2007[1]. 44% of the LGBTQ respondents report having ever thought about suicide. This compares to 26% of heterosexual non-trans respondents and a rate of 21% documented in the same research from the NHS. The rates of self-harm and suicide ideation reported by both groups exceed national statistics, suggesting an alarming rise in the prevalence of poor mental health amongst all young people.

4 EVIDENCE ABOUT SERVICES TO LGBTQ YOUNG PEOPLE

4.1 Overwhelmingly young people tell us both through our Youth Chances research and through our services, is that what they want most is emotional support . They also want to be able to meet with other LGBTQ young people – peers who have gone through the same experiences. This is what drives our commitment to dedicated and targeted youth groups, work in schools and mental health support.

4.2 Through METRO Youth Chances we have also surveyed commissioners of services for young people and relevant service providers across England including a range of different services across health, social care, education and youth provision. Looking at our survey of commissioners, both the limited engagement (29 respondents) and the findings indicate little evidence of local commissioning serving the specific support needs of LGBTQ young people, either through a specific LGBTQ service or within mainstream services.

4.3 A complementary picture emerged from our provider survey (52 respondents). Only a minority of areas of England appear to have services that are sensitive to the specific needs of LGBTQ young people. Respondents from both surveys

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[1] The NHS Information Centre for Health and Social Care 2009. *Adult Psychiatric Morbidity in England 2007, results of a household survey.* London: NHS Information centre p. 82

confirmed that the main obstacles to improving this underdeveloped area were the impact of public sector austerity cuts; the structural change to public services; historical and continuing prejudice; as well as the limited needs assessments of LGBTQ young people. One provider commented starkly on the *"increased demand for support with decreasing resources"* and another noted encountering *"institutional homophobia".*

4.4 Commissioners indicated local leadership, young people's involvement and the implementation of diligent commissioning processes, including an evidence base, as the key drivers for improving policy. One commissioner said: *"There is a severe lack of information, particularly regional or even local. Any information/data about the needs, wants and aspirations of young LGBTQ people would be most welcome."*

4.5 The main enablers that providers identified were funding and access to specialist knowledge and understanding. Throughout there was a strong call for robust data that can provide an evidence base for the needs for this population.

4.6 Current government policy, outlined in No Health without Mental Health and more recently in Closing the Gap: Priorities for Essential Change in Mental Health, recognises the need both to address higher rates of mental ill health in LGBT people, as well as to intervene early and provide preventative services for young people, through work in schools as well as continuing support between ages 18 and 25.

4.7 Despite this recognition, there is no commitment to provide specialist mental health services for LGBT people, young or otherwise. Rather, intervention at early stage of mental distress (whether with a young person or an adult) will, it is hoped, avoid the need for more in depth care at a later date. Our Youth Chances research demonstrates that LGBTQ young people are suffering high levels of acute mental health problems but 72% of those polled indicated their LGBTQ status had stopped them from accessing services, while those who accessed services for issues related to their mental health found LGBTQ specialist services more effective at supporting them.

4.8 In London there are very few specialist LGBT mental health services. And those that do exist are commissioned to serve adult populations aged 25+. METRO and

one counterpart in North London are able to offer very limited mental health support to LGBTQ young people, but only through services commissioned for LGBT adults.

4.9 METRO seeks to bridge this gap by seeking to offer targeted LGBTQ mental health services that link with local authorities and schools across London to provide one-to-one, family and group therapy for young LGBTQ people along with assessment, signposting and referral into other relevant services. We know that many other professionals and services want to refer to targeted services and/or seek support from us.

4.10 Young people need to be able to access services quickly and without having to wait long periods of time when they are in need. The current lack of provision to meet young people's needs means that the focus and meaning of an early intervention approach is often lost. LGBTQ young people are being let down in mainstream services that don't include them, recognise them or respond to their low level needs which means that problems can escalate as the quotes and case study below demonstrate.

4.11 *"I think the main thing that young people going through the process of coming out really need is people they can talk to who have been in the same position as them." (Taz, gender queer person from the South-east, 18)*

4.12 *"When I was at school I told a couple of friends that I was bisexual at the time and word got out and the whole school thought instantly I was a lesbian... I am now however... but when this leaked out at school I got horrifically bullied by the majority of the pupils in my year. The school well they did nothing about it! Ever since I've struggled with my confidence and suffered anxiety and depression. Cheers (name of college)" (Lesbian from the south-east)*

4.13 *"I had a psychologist who was treating me for depression. I wanted to tell him about my trans issue, but he was treating me like 'one of the lads' like I was a 'proper chap'. He had no idea I had such an issue about my gender because he was trying to build my confidence by complimenting my 'male' gender, which, was actually damaging." (Trans woman from the East Midlands, 21)*

4.14 The **case study** below reflects common experiences for young people trying to access mental health services and highlights critical issues around the lack of

support services available; the lack of awareness and understanding in mainstream services; assumptions that are made within mental health services that are not patient centred; the huge demands on CAMHS services that mean that young people in acute need are having to wait lengthy periods of time to access the services they are assessed as needing; and how young people fall through the transition gap between child and adolescent services and adult services.

4.15 17 year old was referred to us by a teacher at school with low mood and distress around sexuality. We offered him some crisis one to one support as there were no other services available. We were supporting him with some coping mechanisms and support around his sexual identity but his mood continued to be very low and flat and he had mentioned feelings of hopelessness, he seemed to be deteriorating, so we advised him to make an appointment to talk to his GP about his symptoms and to discuss any possible medication options and a referral to CAMHS for some talking therapies such as CBT. The GP would not prescribe any antidepressant medication to a 17 year old because of the risk of the medication making him feel suicidal. The GP said if he feels suicidal he should approach A&E and gave him a letter to take with him and he agreed to make an 'Urgent referral' to CAMHS but it may take a long while to be seen. Our client waited for 11 hours in urgent care until he was finally seen by adult mental health services by a nurse for assessment. By the end of the assessment he reported feeling frightened, exhausted, tearful and made to feel that his mental health state was due to alcohol consumption despite that fact that he does not consume alcohol. He felt scared and judged. He left hospital after 14 hours with a prescription for anti-depressants. A couple of weeks later he was given an appointment with CAMHS where he was seen by his first psychologist, who was optimistic in referral for him into talking therapies and CBT to assist in treatment alongside the antidepressants. He was eager to start treatment. This was in December last year and he is still waiting for CAMHS talking therapies. When our client enquired how long the wait would be in January they said that he would be better off waiting for adult services now as if he starts in the child services they would have to swap him into adult services

where there would also be a wait, therefore he should now wait until he is 18 before starting any talking therapies. He was devastated and felt even more suicidal as a result. He felt like the whole process was a joke, that he was being 'fobbed off' by CAMHS, that they weren't listening to him or taking him seriously and that statutory services didn't care for him at all. We are still supporting him. After 8 weeks on anti-depressants and coming to weekly crisis one to one sessions and receiving sexuality support at METRO, he has shown incredible progress, a lift in mood and confidence, has come out and has been well enough to attend one of our LGBTQ youth groups. He felt this process could have been a lot smoother and easier and saved him mental pain and distress if he could have seen a young persons mental health professional (CAMHS) sooner when he first presented to the GP who could have prescribed him medication as the GP didn't feel qualified and if he had been offered and actually given talking therapies when he initially needed them.

5 FURTHER EVIDENCE

5.1 We are further analysing our Youth Chances data to look particularly at the whole area of mental health, alongside three other key areas of trans young people; schools and safety and risk. We would be very please to provide any further evidence to the Committee and to provide oral evidence. We are involving young people and professionals and other organisations in developing recommendations

04th February 2014