

# LGBT HEALTH:

*TOWARDS MEETING THE HEALTH CARE  
NEEDS OF LESBIAN, GAY, BISEXUAL  
AND TRANSGENDER PEOPLE*



REPORT AND FINDINGS FROM A MAPPING  
EXERCISE UNDERTAKEN FOR THE HSE NATIONAL  
SOCIAL INCLUSION GOVERNANCE GROUP

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## Foreword

This document charts new territory for the HSE. It is the first report of its kind to map out existing health-related services, supports, gaps and actions for the Lesbian, Gay, Bisexual and Transgender (LGBT) community in Ireland. It gives visibility to issues which have not been to the fore in health service planning and it details key health priorities for this population group as evidenced in Irish and international research. The report further highlights services and areas which have supported and addressed the needs of the LGBT community and identifies where gaps remain, and it clearly sets out a number of recommendations to advance the work commenced through this exercise.

One of the aims in undertaking this work is to provide a cohesive, unitary approach towards addressing the health related needs of the LGBT community across the HSE. This report acknowledges that in some geographical areas concerted support and resources have been channelled into LGBT health, spanning a number of years. However, it also highlights that this practice is not consistent across the HSE, leading to an absence of services and supports in some areas. This work, and subsequent actions to emerge from this process, seeks to proactively redress this situation.

This report is emerging at a particularly challenging time for the HSE. These challenges will necessitate continued co-operation and partnership with service user groups such as Non-Governmental Organisations (NGO's) to progress a wide range of issues, including those of the LGBT population. This work is emerging however at a time of increased visibility and greater equality for the LGBT community. There is an ever increasing body of Irish evidence-based research on their health needs to support the recommendations and actions contained in the report. The numbers of LGBT-led NGO's continues to evolve and play a critical role in advancing the health and well-being of this community across the country. These factors are of central importance in helping to drive this agenda.

I am grateful to the LGBT sub-committee for undertaking this work on behalf of the HSE Social Inclusion Governance Group. The LGBT committee was made up of HSE staff,

NGO's and additional external advisors. In particular I am grateful to the editing working group who collectively authored this report in a true spirit of partnership. Thanks is also extended to members of the NAPS working group, Social Inclusion Governance Group, and other individuals and organisations who gave of their time in order to bring this document to where it is today.

I look forward to supporting a visible and effective response to the recommendations in the coming months and years.

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## Executive Summary

This report was prepared by the HSE LGBT Health sub-committee in order to give a detailed overview of health and social service provision and support for LGBT people in Ireland. It maps what services currently exist for LGBT people, in addition to mainstream services, what level of funding and other resources support this work, what service gaps exist and what needs to be put in place to address these gaps. It provides a detailed description of the LGBT population in Ireland, the health issues facing them and an overview of policies relevant to LGBT health and well-being in Ireland. It aims to draw attention to LGBT issues which have direct implications for health service providers and to highlight work which has been underway for a number of years to address these issues.

### The report highlights particular health issues experienced by the LGBT population:

- ◆ **General health:** health impacts of higher levels of smoking, alcohol consumption, recreational drug use, and a higher incidence of obesity and eating disorders.
- ◆ **Mental health:** high incidence of depression, anxiety, substance misuse, self-harm and suicide.
- ◆ **LGBT young people:** experience of isolation, fear, stigma, bullying and family rejection contributing to depression, anxiety, self-harm, suicide, and substance misuse.
- ◆ **Lesbian and Bisexual Women:** higher incidence of cardio-vascular disease, polycystic ovarian syndrome, ovarian cancer and possibly breast cancer. Lower use of gynaecological services. Low awareness of STIs spread by woman-to-woman sex. Barriers to accessing assisted human reproduction (AHR) services.
- ◆ **Gay, Bisexual Men and MSM:** homophobic abuse and violence, stress, substance misuse, and sexual health risks (including HIV and syphilis).
- ◆ **Transsexual people:** Lack of essential health services – surgeons, post-operative care, endocrinologists, psychiatrists, therapists, and a designated gender specialist. Isolation, fear, stigma, physical violence and family rejection contributing to depression, anxiety, self-harm, suicide and substance misuse.
- ◆ **Older LGBT people:** invisibility, isolation and loneliness. Lack of recognition of partners. Difficulties expressing bereavement.
- ◆ **Ethnic and cultural minorities:** health problems resulting from discrimination/

persecution in their county of origin, and discrimination within their respective communities here. 'Double discrimination' as both immigrants and LGBT people.

- ◆ **Disability:** mental and physical health consequences of 'double discrimination', lack of recognition of the disabled as sexual beings, access problems in relation to health services and participation in the LGBT community.
- ◆ **Parenting, fostering and adoption:** difficulties accessing health services for LGBT people and their children resulting from a lack of social and legal recognition of their family unit. Difficulties accessing Assisted Human Reproduction (AHR) treatment. Psychological distress associated with systemic stigmatisation of their families, and related risk of isolation and bullying of children with LGBT parents in schools.
- ◆ **Homelessness:** health risks associated with homelessness including substance misuse, prostitution and homophobic attacks, and difficulties accessing health services.

#### The core findings of the report include:

- ◆ Examples of good practice operate predominantly in urban centres including Dublin, Cork, Limerick and Dundalk. This is influenced by the presence of an active and organised NGO and/or the overt support and commitment of a HSE Senior Service manager.
- ◆ There is no specific HSE policy governing the support or funding of LGBT health-related work.
- ◆ Significant service gaps exist in many rural areas with little or no HSE support or funding in place.
- ◆ The western seaboard, with the exception of Limerick city, and the midlands are the most poorly served areas.
- ◆ In some areas, limited NGO-led LGBT health-related work exists but is almost entirely resourced by voluntary time and fundraising.
- ◆ LGBT people have not been a *named target group* within the HSE to date, which has resulted in inconsistent supports for LGBT work locally and nationally.
- ◆ Some funding commitments have been once-off or reliant on the support and commitment of a HSE senior manager in a particular location.

- ◆ Most funding sources have been for AIDS/HIV work.
- ◆ 49% of AIDS/HIV funding resources is allocated towards LGBT NGO's/ organisations. The remaining 51% is allocated to non-LGBT NGO's/ organisations.
- ◆ Work targeting the broader determinants of health for LGBT people has been largely under resourced.
- ◆ Distinct gaps in resources have been identified in three core areas (1) LGBT mental health, (2) Lesbian health and (3) Transsexual health.
- ◆ With the exception of the Gay Men's Health Service in Dublin there are no LGBT targeted STI/GUM clinics.

**Key recommendations include:**

1. Develop a National HSE Strategy and Action Plan for LGBT people.
2. Identify and secure adequate resources to enable the implementation of National HSE Strategy and Action Plan for LGBT people.
3. Publish and publicise this mapping report.
4. Name LGBT people as a target group in HSE policy and its planning process.
5. Develop an explicit HSE policy governing the funding and allocation of resources to LGBT health-related work.
6. Ensure that LGBT communities are appropriately consulted and involved in the planning and development of health and social services.
7. Ensure that the development of Primary Care Teams and Networks reflect and address the health needs of LGBT people.
8. Implement key findings from the Equality Authority report "Access to health services for transsexual people" (2004).
9. HSE undertake regular research on LGBT health and include LGBT people in population health profiling.
10. Develop an LGBT Workplace Diversity Policy promoting workplace welfare for HSE LGBT Staff.
11. Develop and implement training and awareness programmes, highlighting LGBT issues and the needs of LGBT people for all HSE staff.
12. Distribute and promote the 'LGBT Good practice guidelines for Service Providers'.

# 1. Introduction

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## Introduction

This report was prepared by the HSE LGBT Health sub-committee in order to give a detailed overview of health and social service provision and support for LGBT people in Ireland. LGBT people and their health needs are often invisible in health service policy and provision. This report seeks to address this invisibility by mapping what services currently exist for LGBT people, in addition to mainstream services, what level of funding and other resources support this work, what service gaps exist and what needs to be put in place to address these gaps. To contextualise the findings of the mapping exercise, this report also provides a detailed description of the LGBT population in Ireland, the health issues facing them and an overview of policies relevant to LGBT health and well-being in Ireland. In doing so, this report aims to draw attention to LGBT issues which have direct implications for health service providers and to highlight work which has been underway for a number of years to address these issues. Persistent gaps which require concerted attention are also highlighted.

A number of key developments have taken place in all facets of life for LGBT people in recent years. More than ever before LGBT people in Ireland are able to live their lives more freely without the same degree of fear of prejudice or discrimination than heretofore. Changes in equality legislation in both employment and service provision have increased the confidence of LGBT people to live more open and less invisible lives. While significant changes have been made, prejudice and discrimination still persist which have direct and widespread impacts on the health of LGBT people.

This report is of relevance to all health service providers, managers and planners who work throughout the HSE. It was compiled by the HSE LGBT Health sub-committee which was established through the PCCC National Social Inclusion Governance Group in 2006. The aims of the HSE LGBT Health sub-committee was to advise, make recommendations and support the development of a programme of work on LGBT health that is aligned with the HSE transformation process. The committee comprised of representatives from across the pillars of the HSE, external advisors and members of LGBT Non-Governmental Organisations (NGOs).

A mapping exercise was undertaken across all directorates within the HSE to ascertain what existing services, supports, interagency work, and/or working relationships exists within each area regarding LGBT people. In particular, information was sought to elucidate the following:

- *The exact level of service provision for LGBT people that is in existence in each HSE Directorate and area*
- *The key HSE contact person responsible for this work*
- *Any HSE plans in place for future developments*
- *Levels of funding which have been provided, if any, in each area*

This information is documented and presented in this report. Current service provision and support in place for the LGBT community in Ireland, existing gaps relating to such provision and recommendations as to how they can be addressed are outlined. LGBT services and supports provided through the NGO sector and through other state and interagency structures are also detailed.

The information is based on the responses received from key personnel in each of the HSE directorates and in the NGO sector. While every effort was made to ensure that the most up-to-date and accurate map was developed, there may be some additional activities which have not been captured by this exercise.

As this is the first LGBT mapping exercise to be undertaken for the HSE the report begins with an overview of the LGBT population in Ireland, key LGBT health issues and key LGBT health policies. It also draws on the available evidence from Irish research as well as the transferable evidence from international research.

### **HSE Transformation Programme, Mapping and LGBT people**

This work is being undertaken as part of the HSE Transformation Programme (HSE, 2006) which aims to enable people to live healthier, more fulfilled lives. Central to this programme is a vision where *“Everybody will have easy access to high quality care and services that they have confidence in and which staff are proud to provide”*. A key focus of the Transformation Programme is an acknowledgement of a need for *“change in not only what we do, but how we do things, how we work together and how we all commit to each other.”* Core themes of “easy access”, “confidence” and “staff pride” are pertinent

for service users who may experience barriers to accessing services, leading to diminished confidence in the health system and to less than optimal engagement between staff and service users. Implementation of the Transformation Programme provides much opportunity for promotion and development of new, responsive ways of delivering quality health services to all service users, including people who are LGBT, on the basis of need.

A mapping exercise which takes stock of exactly what services, supports, resources, programmes and policies are, and have been in place, for LGBT people is an integral part of realising this aspect of the Transformation Programme. A concise map has now been scoped out regarding health-related provision for LGBT people. Recommendations proposed in this document have particular implications for programmes 2, 4 and 12 of the Transformation Programme and are outlined in Table 1. These recommendations have been designed to support the process of transformation and ensure that LGBT people can lead more fulfilled and healthy lives.

*Table 1: LGBT health-related links with Transformation Programme*

Transformation Programme	Sub-Programmes
<b>Programme 2 -</b> Configure PCCC services to deliver optimal and cost effective results	2.3 - Establish Primary Care Teams (PCTs). 2.4 - Develop primary and social care network. 2.5 - Enhancement of primary continuing and community care services. 2.6 - Implement sector specific service transformation, consistent with integrated PCCC configuration framework.
<b>Programme 4 -</b> Improving the health of the population	4.6 - Develop a framework for health impact assessment. 4.7 - Maximise the use of health intelligence in health service planning and development.
<b>Programme 12 -</b> Corporate Stakeholder and Relationship Management	12.2 - Develop and implement an organisational approach to internal and external stakeholder engagement. 12.6 - Develop and implement a framework for involving service users and communities.

## **2. Explanation of Terminology**

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## Explanation of terminology

The term LGBT which refers to lesbian, gay, bisexual and transgender people is used throughout this document. The term LGB will be used when an issue or research only pertains to Lesbian, Gay and Bisexual people. In some instances reference will be made to Transgender and Transsexual people only, when addressing their specific needs.

Table 2 provides definitions for lesbian, gay, bisexual, transgender and transsexual people. These definitions underpin the use of these terms throughout this document.

*Table 2: Terminology Used in this document*<sup>1</sup>

Lesbian	A woman whose primary emotional and sexual attraction is to other women. This term often refers to women who are same sex attracted, rather than women who have sex with other women but do not self-identify as lesbian. While many women identify as gay, the term lesbian is commonly used to describe same sex attracted women.
Gay	A man whose primary emotional and sexual attraction is to other men. This term often refers to men who are same sex attracted, rather than men who have sex with men but do not self-identify as gay.
Bisexual	A person who is sexually and emotionally attracted to people of both sexes.
Transgender	Transgender is an inclusive, umbrella term used to describe the diversity of gender identities and gender expressions. The term can be used to describe all people who do not conform to the common, traditionally-held views of gender roles and gender presentations, including transsexual people.
Transsexual	Transsexualism describes where a person has been assigned one gender on the basis of their sex at birth, but identifies as belonging to the opposite gender. A main feature of transsexualism is

<sup>1</sup> Terminology adapted from "Towards a healthier LGBT Scotland", Stonewall/ NHS, 2003.

Transsexual  
(cont'd)

significant discomfort and distress due to the transsexual person's conviction that their body, as it is, does not reflect who they feel they really are, accompanied by a persistent desire to live permanently as a member of the opposite sex. The progression from living publicly and presenting as a man to living and presenting as a woman, or vice-versa is referred to as "transition". The medical term and diagnosis for transsexualism is gender identity disorder.

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## Overview of the LGBT population in Ireland

*"In the case of gays, history and experience teach us that the scarring comes not from poverty or powerlessness, but from invisibility"...*(Justice Albie Sachs, Constitutional Court of South Africa, 1998-in Amnesty International, 2001).

As previously stated, Ireland has witnessed significant social change and increasing levels of awareness and acceptance of diversity in recent times. These changes have positively impacted on the lives of many LGBT people. However, in spite of this social change and increasing awareness, the LGBT population on the island of Ireland, and particularly in the Republic, remains significantly invisible and under-represented in some aspects of life. This is particularly evident in health-related policy and research. To date, there has been very little specific research conducted on the health and social well-being of LGBT people in Ireland.

Information on the size and key health indicators of any population group are critical in order to meet the population's health care needs, monitor changes in health status, and address any health issues particular to that group. This is particularly pertinent in light of the HSE Transformation process and the shift to a population based model of health care provision. It is also clearly relevant for the completion of area needs assessments as part of the roll-out of primary care teams. However, as in many countries, there is no exact data about the size and composition of LGBT communities in Ireland (Aaron DJ, Chang Y-F, Markovic N, LaPorte R.E. 2003, Bradford J, Ryan C, Honed J, Rothblum E, 2001).

According to the national census, the population in Ireland in 2006 was 4,239,848 (CSO, 2007). The census does not collect data on sexual orientation; however it does gather information on cohabiting couples. In 2006 there were a total of 121,800 cohabiting couples - an increase of 57% since 2002. Of these, same sex couples numbered 2,090 (1.71% of the total) - an increase of 61% since 2002. Two thirds of this figure was comprised of male couples (CSO, 2007). The Equality Authority, in its *Implementing Equality for LGB People* (Equality Authority, 2002) adopted the figure of 10% of the population to estimate the size of the LGB population. Based on the last census, this gives an estimate of approximately 423,984 people.

The size of Ireland's transsexual population is not known, although a recent peer-reviewed article published in the *Irish Medical Journal* suggests that the condition is no less frequent in Ireland than anywhere else (De Gascun, Kelly, Salter, Lucey and O'Shea, 2006). The most recent prevalence information from the Netherlands for transsexuals is 1 in 11,900 males and 1 in 30,400 females (World Professional Association for Transgender Health, 2001). Transsexual people are a subset of the wider transgender community who desire to live permanently in the opposite gender. In Ireland, there are significantly limited tailored healthcare services to meet the needs of Transsexual people. Fear of discrimination and social stigma compels many transsexual people to conceal their identities. In addition, widespread confusion and disagreement over definitions results in under-reporting of statistics. Support groups which highlight and address issues for transgender people assert that Ireland's transsexual population is diverse, spanning all ages, geographic locations, ethnic origins and economic status. As society becomes progressively educated and tolerant on the issue, more transsexual people are remaining in Ireland and choosing to openly express their gender identity rather than feeling they have to emigrate or try to conceal it. This makes it imperative that the absence of targeted transsexual health services be urgently addressed.

### *Discrimination*

Although the situation for the LGBT community in Ireland has undergone significant positive change, it is likely that people continue to conceal or deny their sexual identity, as many still face discrimination in several areas of their lives (Equality Authority, 2002). This may in part explain why in the first national Irish Study of Sexual Health and Relationships (ISSHR), only 1.2% of women identified as lesbian or bisexual and 2.7% of men identified as gay or bisexual (Layte et al, 2006). However, 5.3% of male respondents and 5.8% of female respondents had experienced same sex attraction; and 7.1% of male respondents and 4.7% of female respondents reported having a homosexual experience sometime in their lifetime (Layte et al, 2006).

Lesbians and gay men who are open about their sexuality continue to experience disadvantages in employment (GLEN/Nexus 1995; Equality Authority (EA) 2002), education (EA, 2002; *Belong To*, 2004; Barron, 2006), housing and accommodation (EA, 2002; Mee & Royane, 2000), health (EA, 2002) and personal safety (EA, 2002; Coughlan,

2006). The situation for those who are lesbian, gay or bisexual and disabled is more complex as they are sometimes subject to a complex array of prejudices (Collins & Sheehan, 2004, National Disability Authority, 2005). Furthermore the situation for transsexual people is characterised by stigma and exclusion, invisibility in policy making, and attitudes of ignorance, fear and denial (Collins & Sheehan, 2004).

### *Legislation*

Male homosexual acts were decriminalised in Ireland in 1993 and a prohibition on discrimination on the grounds of sexual orientation and gender (interpreted to protect transsexual people) is included in the provisions of the Employment Equality Acts 1998-2007, the Equal Status Acts 2000-2004 and the Equality Act 2007. Despite legislative changes have led to increased equality for the LGBT population, homophobia is 'strongly present' in Ireland and opposition remains to recognising the rights and entitlements of the LGBT population (Coughlan, 2006). The first ISSHR study reported that although sexual attitudes have changed substantially over the years, 47% of all respondents still (or 53% of male and 41% of female respondents) believed that 'homosexual sex' is wrong (Layte et al, 2006). In a study of over 900 LGBT people, 41% of respondents reported being a victim of physical and/or verbal assault (Coughlan, 2006). Research within education indicates that while 79% of teachers are aware of homophobic bullying in second level schools, 90% reported that there was no reference to such bullying in their school's anti-bullying policies (Norman & Galvin, 2004).

### *Diversity*

Mirroring the diversity in the population as a whole, there is diversity within the LGBT population with differences in age, race and ethnic origin, socio-economic status, types and levels of disability and functional ability, as well as differing needs and circumstances. With these differences come disparate health concerns, the majority of which are under-researched (Boehmer, 2002). Vernon (1999) explores multiple identity issues and argues that multiple invisibility experienced by those who possess several 'negatively' labelled identities can lead to a greater potential for discrimination, with detrimental effects on health and well-being. For some people there can be a divergence between sexual identity and sexual activity. For instance the term 'men who have sex with men' (MSM) is used to describe all men who are sexually active with other men, regardless of how they identify themselves (UN AIDS, 2006).

This section has given a brief introduction to the LGBT population in Ireland. While, as previously stated, many members of the LGBT community in Ireland live happy and healthy lives, significant information deficits exist and it is likely that the needs of some LGBT people, particularly in areas such as health care, are not being met. However, given the new levels of awareness in Ireland and enhanced recognition of the need to actively promote equality for all, this is an opportune time to examine the health needs of the LGBT population, how these needs are currently being met and to recommend how services can be enhanced. The following section attempts to examine the key health needs of the LGBT population and recommend how services can be enhanced.

## Key health and well-being issues for the LGBT population

### Introduction

There is relatively little information about the health determinants, health status, risk profiles and health-seeking behaviour of the LGBT population in Ireland. However, a number of important health-related studies have been undertaken across the island of Ireland in recent years, these include: Gibbons, Manandhar, Gleeson and Mullan (2007), Gay HIV Strategies and the Northern Area Health Board (2004), Foyle Friend, (1999); Quiery (2002, 2007) Carolan and Redmond, (2003), Carroll, D. et al. (2002) Devine, P., Hickson, F., McNamee, H. & Quinlan, M. (2006) and Glen/Nexus (1995, 1996, 2004) \*Collins and Sheehan (2004). The evidence from these studies along with international evidence is presented here. In general, the body of evidence to-date indicates that LGBT people experience inequities in access to and within health and social services. These inequities and the social context in which they are embedded, can impact negatively on their health and well-being. The multi-faceted barriers in accessing health services in turn increases reluctance of LGBT people to engage with mainstream health services. The section below outlines specific health issues that pertain to the LGBT population. The health issues identified are those that have emerged from recent empirical research. It is important to note that LGBT people are likely to experience these issues to differing degrees thus generalisations should be avoided.

## Health-Related Behaviours

### Key issues:

- ◆ Health consequences as a result of higher levels of smoking, alcohol consumption and recreational drug use.
- ◆ Higher incidence of obesity and eating disorders.

In addition to general population health needs, there are specific health issues that face LGBT people. Research has shown significantly elevated levels of smoking among lesbian, gay and bisexual people, when compared to their heterosexual peers (Greenwood et al, 2005; Ryan et al, 2001; Tang et al 2004 and Valanis et al, 2000). Smoking is associated with particular health consequences, specifically, cancer and heart disease. Much of the research in this area has not included transgender people in its sampling but the Canadian National Diversity Council (2000) estimate that there are equally elevated levels of smoking among transgender people when compared to the general population. Research has also highlighted the need for smoking prevention and cessation campaigns to target LGBT people (Stall et al, 1999).

Elevated levels of alcohol consumption among lesbian, gay and bisexual people have also been identified in international research. Excessive alcohol consumption has significant implications for both physical and mental health. A number of studies have found that LGB people are at significantly higher risk for heavy drinking and developing drinking problems than their heterosexual counterparts (Bloomfield, 1993; Bux, 1996; Stall et al, 2001 and Valanis et al, 2000). While transgender people have not been included in the sampling for these studies, they most likely display similar levels of elevated alcohol consumption and risk of drinking problems.

A number of international studies have also demonstrated elevated levels of recreational drug use among LGBT people, and have highlighted the need for targeted campaigns to tackle this issue (Hughes & Eliason, 2002; King, M et al 2003, Stall et al, 2001 and Valanis et al, 2000). Use of recreational drugs may have serious consequences for both physical and mental health. Skinner (1994) compared the prevalence of illicit drug use between heterosexual and homosexual men and women and found

significantly elevated levels among lesbian women and gay men. This US study identified illicit drug use in the gay community as a public health concern requiring immediate attention. *Real Lives*, the report on the *All-Ireland Gay Men's Sex Survey*, (Devine, Hickson, McNamee, & Quinlan, 2006) found that of the 651 respondents, approximately 30%, were worried about their level of alcohol consumption, and 11% were worried about their use of recreational drugs. Similarly, a recent national study of drug use amongst LGBT young adults in Ireland, (aged 18-25, 173 respondents) commissioned by BeLonG To Youth Service, found heightened levels of use amongst this population (Sarma, 2007). This research found that 65% of the LGBT young people who participated in this study had some experience of drug use. This compares to 24.9% of the general youth population (National Advisory Committee on Drugs, 2006). Sixty percent had taken drugs over the 12 months preceding the study, and 21% had systematically used drugs on more than 60 occasions. 40% had consumed drugs in the previous month; by comparison, 6.9% of young people consumed drugs during the same period, as reported by the National Advisory Committee on Drugs research. Eleven percent of participants had been sexually assaulted while 'incapacitated due to drugs'. Some of the young people researched reported negative physiological reactions, risk taking behaviour and assault as a result of drug use but they did not see their use as a cause for concern.

Lastly, the LGBT population are at increased risk of eating related disorders. A recent study has indicated that lesbians are more at risk for obesity than their heterosexual counterparts. The report published in the *American Journal of Public Health* found that lesbians were 2.69 times more likely to be overweight and 2.47 times more likely to be obese. This puts lesbians at a higher risk for diabetes and heart disease, among other weight related ailments (Boehmer, Bowen & Bauer, 2007). Significant differences have been evidenced between gay and heterosexual males in levels of recurrent binge eating and purging (Stonewall Scotland, 2003). It is thought that there may be a similar prevalence of eating disorders among gay and bisexual men as heterosexual women (Ibid, 2003).

## Mental Health

### Key issues:

- ◆ Minority stress leading to depression and anxiety that can result in substance misuse, self-harm and suicide.

In addition to the mental health needs and challenges facing all people, LGBT people are at a heightened risk of psychological distress because of the stresses created by stigmatisation, marginalisation and discrimination (Cochran & Mays, 2006; Cochran, Mays & Sullivan, 2003). The term *minority stress* is often used to describe the mental health consequences of stigmatisation and marginalisation of minority groups such as the LGBT population (Meyer, 1995). This concept is centred on an understanding that alienation from social structures, norms and institutions can create psychological distress and even lead to suicide (Durkheim, 1951).

Many international studies highlight the link between minority stress in LGBT people and increased risk of mental health problems. Examples include:

- ◆ In a controlled, cross-sectional study in England and Wales (King et al, 2003) which compared gay men and lesbians to heterosexual men and women respectively, significantly higher levels of psychological distress were found among gay and lesbian participants. This study also found that gay men and lesbians were more likely to have consulted a mental health professional in the past, to have deliberately harmed themselves and to have used recreational drugs.
- ◆ In a large cohort study from New Zealand (Skegg, 2005), both men and women who had experienced same-sex attraction had higher risks of ever having self-harmed, suicidal ideation in the past year and ever having attempted suicide.
- ◆ A large-scale US study on the relationship between sexual orientation, suicidality and mental health problems (Fergusson, Hoorwood & Beautrais, 1999) found that lesbians were 2.3 times more likely and gay men were 6 times more likely to have mental health problems (e.g. depression, anxiety, drug dependence and suicide

attempts) when compared to exclusively heterosexual women and men respectively.

- ◆ Another US study (Herrell et al, 1999) found that lifetime measures of suicidality were strongly associated with same-gender sexual orientation and that these effects could not be explained by abuse of alcohol or drugs, non-suicidal depressive symptoms, or genetic and non-genetic familial factors. Therefore the strong association between same-gender sexual orientation and suicidality can be seen as a consequence of minority stress.
- ◆ A Norwegian longitudinal study (Wichstrom, 2003) compared suicide attempt rates among LGB and heterosexual young people. Same sex behaviour was strongly predictive of previous suicide attempt; the increased odds (OR 4.72) could not be attributed to their greater exposure to a wide range of risk factors, including depressed mood and substance abuse, and was therefore attributed to minority stress.

Although societal attitudes to homosexuality have changed markedly, anti-homosexual bias can still result in LGBT people experiencing negative feelings towards themselves when they first recognise their differing identity in adolescence or adulthood. This is referred to as *internalised homophobia* and it can make the process of coming out more difficult for LGBT people. Research has also found that a higher level of internalised homophobia is associated with greater psychological distress, lower self-esteem, lower levels of self-disclosure about one's sexual orientation and also reduced social support (Herek, Cogan, Gillis & Glunt, 1998).

Loneliness and depression may also be significant factors for LGBT people. *Real Lives* (Devine et al, 2006) found that of the 651 respondents, approximately 75% felt lonely.

There is evidence of an urban-rural dimension to LGBT mental health in Ireland, given that LGBT organisations and networks are more developed in urban areas (Quinn, 2006). Consequently, people living in rural areas can be more socially isolated and

marginalised, which can have a knock-on effect on their mental health. Furthermore, recent research has found that LGBT people in the north west of Ireland experienced anti-homosexual bias when using primary care and mental health services (Gibbons et al, 2007).

According to *Reach Out: The National Strategy for Action on Suicide Prevention* (DoHC, 2005), marginalised groups such as LGBT people often experience discrimination and can be vulnerable to self-harming behaviour and suicide. *Reach Out* highlights the need to develop services, supports and information/education resources to improve mental health and well-being, and reduce any increased risks of suicidal behaviour among LGBT people.

## Lesbian and Bisexual Women's Health

### Key issues:

- ◆ Higher incidence of cardio-vascular disease, polycystic ovarian syndrome, ovarian and (possibly) breast cancer, due in part to their lower use of gynaecological services.
- ◆ Low awareness of Sexually Transmitted Infections (STIs) spread by woman-to-woman sex.
- ◆ Barriers to accessing Assisted Human Reproduction (AHR) services.

International research indicates that lesbians have specific health needs. As with the population as a whole, and women in particular, research suggests that lesbian and bisexual women have a preference for a more holistic approach to healthcare (Trippet, 1993; Bunting, 1993; Lukas, 1993); and a marked preference for female health providers (Robertson, 1992; Trippet, 1993;). Lesbian and bisexual women delay in seeking healthcare (Stevens, 1995, 1998; Bunting, 1993; Robertson, 1992; Trippet, 1993), have higher levels of cardio-vascular disease (Hughes & Evans, 2003) and a higher prevalence of polycystic ovarian syndrome (Hutchinson, 2003). These issues are exacerbated by a general lack of relevant health information, in particular in the area of sexually transmitted infections (STIs) that can be spread by woman-to-woman sex. Lastly, there is an absence of service provision for those seeking to become pregnant through assisted reproduction (O'Connell, 2000; Flood, 2004).

While increasing numbers of lesbians have children, they have significantly fewer pregnancies than heterosexual women, as well as a lower use of birth control pills (Dibble, S., Roberts, S. A., Robertson, P. A., & Paul, S. M., 2002). These variables place lesbians at higher risk of developing ovarian cancer, which has a five-year survival rate of only 50%. Research indicates that lesbians have poorer outcomes for ovarian cancer and polycystic ovarian syndrome owing to their low usage of gynaecological services (for birth control and ante-natal care) thus reducing early cancer detection and treatment (Solarz 1993, Carr, 1999). Other research indicates that lesbians are less likely than heterosexual women to have a cervical smear test, mammography or to examine their own breasts. There are some indications that lesbians may be at greater risk of breast cancer than heterosexual women (L.Inc, 2006; Rankow, 1995). The risk factors include higher levels of smoking and possibly because they are less likely to become pregnant, they therefore do not experience reduced oestrogen levels (Hunt & Minsky, 2006). If lesbians have a different risk profile for some cancers than heterosexual women, targeted intervention programmes are needed to alert health care providers and communities about their differential risk status (Solarz, 1993, Peterkin, A. & Risdon, C., 2003).

The *National Women's Health Plan 1997-1999* stated that the most serious health issue identified by lesbian women "was the attitudes which they encountered when seeking care from the health services" (DOHC, 1997). The Galway Lesbian Line report, *Towards a More Inclusive Health Service* (Galway Lesbian Line, 1999), found homophobia to be the biggest barrier for lesbians and bisexual women in accessing health care services. Negative experiences of attending health care services arising from discrimination and a presumed heterosexuality can impact upon lesbians' willingness to seek regular medical care, which in turn will have implications on their general health (Equality Authority, 2002, Gibbons et al, 2007).

### *Lesbian Sexual Health*

The prevailing invisibility of lesbian health issues has led to sexual health services that are not targeting or accessible to lesbians or bisexual women (Equality Authority, 2002). The current health services have not been equipped to adequately meet the needs of lesbian and bisexual women. There is a distinct lack of information on woman-to-

woman STIs and sexual health information targeting lesbians and bisexual women. Lesbian and bisexual women are often completely forgotten in sexual health discourse under the false assumption that they may not be at risk (Hughes & Evan, 2003; Marrazzo, Coffey and Bingham, 2005) leading to mainstream sexual health information omitting them. Research indicates that over 80% have had sexual relations with men in the past and therefore may have put themselves at risk (Bradford et al, 1994; Hervordotter, 1997).

### *Reproductive Health*

There is no 'right' to fertility treatment or assisted human reproduction (AHR) in Ireland, and there is no regulation of the area. There are currently eight fertility clinics in the Republic of Ireland, all of which operate privately. There is no onus on clinics/doctors to provide treatment to same sex-couples as there are currently no laws governing this area. Attitudes among providers and the public in general appear to be divided on the question of who AHR services should be provided to (DOHC, 2005). The Commission on Assisted Human Reproduction (CAHR) recommended that any relevant legislation on the provision of AHR should reflect the general principles of the Equal Status Acts 2000 and 2007 subject to derogations in relation to the upper age of patients and to circumstances where the welfare of the child might be held to be at risk.

***"(AHR) services should be available without discrimination on the grounds of gender, marital status or sexual orientation subject to consideration of the best interests of any children that may be born" (DOHC, 2005).***

The 1994 edition of the Irish Medical Council (IMC) Guidelines limited the availability of AHR to married couples but this limitation is not included in subsequent editions (IMC, 1994). The guidelines make no comment on the provision of services to single people or same-sex couples. The CAHR surveyed obstetricians/gynaecologists working in maternity centres in Ireland. The respondents were asked whether they took account of the relationship status of the patient(s) in coming to a decision as to whether or not to provide treatment. In general, consultants in Ireland seem to be willing to provide treatment for infertile heterosexual couples whether or not they are married; however,

they are divided in their approach to single people and relatively few are prepared to treat same-sex couples <sup>2</sup>.

In 2005, Sweden made assisted reproduction services available to lesbian couples in public hospitals by law. In order to qualify for the services the lesbian couple need to either be registered partners or co-habiting. The partner of the woman accessing treatment must also give her written consent, thereby, giving her the legal status of parent (Socialstyrelsen, 2007).

## Gay and Bisexual Men and MSM's Health

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### Key issues:

- ◆ Health consequences of homophobic abuse and violence.
- ◆ Increased likelihood of suffering from high levels of minority stress – implications for mental and physical health.
- ◆ High incidence of substance misuse.
- ◆ Increased likelihood of being exposed to significant sexual health risks.

In addition to the health needs and risks facing all men such as cardio-vascular disease, prostate, testicular and bowel cancer, obesity and mental health issues, gay and bisexual men and men who have sex with men (MSM) are also exposed to a range of issues which significantly impact on their health and well-being. These issues include homophobic violence and abuse, stress, drug and alcohol misuse and sexual health risks, which are often compounded by the well documented under-engagement of all men with health services (Richardson, 2004).

Gay men's specific health needs are often erroneously limited to HIV and AIDS. Health research unrelated to STIs and HIV issues is still notably lacking, largely due to a funding bias towards HIV and AIDS research. A recent report has highlighted the need ***"to take gay men's health and social concerns out of the policy 'ghetto' that is HIV and challenge community organisations to broaden their policy objectives"*** (Keogh et al, 2004b).

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<sup>2</sup> 47 of the 114 surveyed responded – (96% of respondents would provide treatment for unmarried couples, 53% would provide treatment for single people, 13% would provide treatment for same sex couples).

Fear in identifying as gay or accessing health services directly impacts on the health and well-being of gay and bisexual men and MSM. Some recent studies have highlighted high incidences of non-disclosure of sexual orientation to GP's in instances where it was directly relevant to the health status of the clients in question (Carroll et al, 2002, Devine et al, 2006; Keogh et al, 2004 a). International research shows that doctors often lack the confidence to deal with sex and sexuality fearing that enquiries will only embarrass the patient (Keogh et al, 2004a - as above).

Recent studies have found incidences of sexual violence amongst gay and bisexual men and MSM. In *Vital Statistics Ireland 2000*, the all-Ireland gay sex survey, 24% of the respondents did not find it easy to say no to sex they did not want. This increased to 48% among respondents over fifty years of age (Carroll et al, 2002). In *Real Lives*, (the annual All-Ireland internet gay sexual health survey 2003 and 2004) 8% of the respondents and 18% of those aged under 20 stated that they were forced to have sex they did not want (Devine et al, 2006).

### *Sexual Health*

Attention to the sexual health needs of gay and bisexual men and MSM has tended to be in the context of HIV prevention, care and treatment. While the majority of gay and bisexual men and MSM are not HIV-infected, HIV prevention remains critically important. Particularly as many MSM continue to have unprotected anal sex (Carroll et al, 2002; Devine et al, 2006; UNAIDS, 2006). In Ireland, of the 4,419 people officially diagnosed with HIV, MSM account for 22% of this figure (Health Protection Surveillance Centre, 2005). The issues of secondary prevention (i.e. activities to maintain the well-being of people with HIV and to delay disease progression ) along with the psychological care and support for MSM who are HIV positive is of critical importance (UNAIDS, 2006; Collins & Sheehan, 2005).

Since 2000, there has been a significant increase of syphilis among MSM (HPSC, 2005). Despite the comprehensive response by the HSE to this, the HPSC stated that "*the numbers of infections reported have not reverted to pre-outbreak rates and syphilis remains endemic in Ireland*" (HPSC, 2005). Other STIs such as gonorrhoea, Chlamydia,

genital warts (Human Papilloma Virus) are significant among sexually active MSM (GMHP, 2006). This includes Hepatitis A and B which is mostly acquired sexually and can be prevented by vaccination. In Vital Statistics Ireland 2000, 56% of respondents were susceptible to hepatitis B and most lived outside Dublin. A recent survey showed that the hepatitis B vaccine is only available free in STI/GUM clinics (Quinlan, 2007). Hep B vaccination is a highly effective preventive measure but 34% had never had an STI check-up and most lived outside Dublin (Carroll et al, 2002).

STI services are free and usually provided in hospital settings to the general and LGBT population. There is one community based specialised and targeted sexual health service for gay and bisexual men and MSM in Ireland. This service is provided by the Gay Men's Health Service (GMHS), a HSE agency based in Dublin. HIV prevention and sexual health promotion for gay and bisexual men in Ireland is carried out by the Gay Health Network (GHN) in addition to a number of gay health, HIV and AIDS organisations.

The provision of screening services for STIs for the entire population, within a GP clinic or other community-based services is underdeveloped (HSE Eastern, 2005). The lack of provision of services coupled with documented difficulties of disclosure of sexual orientation to GPs has significant health implications for the sexual health of LGBT service users, and may result in the non-provision of appropriate clinical sexual health services (Keogh et al, 2004a).

## Transgender Health

### Key issues:

- ◆ Isolation, fear, stigma, physical violence and family rejection contributing to depression, anxiety, self-harm, suicide, substance misuse.
- ◆ 'Multiple discrimination', for example where the Transsexual person also identifies as LGB, has a disability, or is an ethnic minority.
- ◆ Absence of a designated gender specialist to coordinate delivery of national Transsexual health services.
- ◆ Limited provision of psychological support services for transsexual person's family members and significant others.
- ◆ Limited availability of essential health services – surgeons, post-operative care, endocrinologists, psychiatrists and therapists.
- ◆ Prohibitive cost of gender reassignment treatment such as laser hair removal/electrolysis.

In addition to general health needs, transsexual people have specific health needs related to their diagnosis of Gender Identity Disorder (GID). While anecdotal evidence suggests that awareness on the part of health care practitioners is improving, transsexual people seeking health care in Ireland still face unpredictable and sometimes negative responses from practitioners (Collins & Sheehan, 2004). This experience is compounded by a number of challenges:

- ◆ The absence of formal policy within the Department of Health and Children, HSE and professional bodies (Collins & Sheehan, 2004) on transsexual health.
- ◆ The distinct lack of services and of designated treatment paths.
- ◆ Lack of information and understanding of transsexual health needs and of formal training on transsexual health issues for medical and other health care professionals. This deficiency impacts negatively on both the treatment of GID and on delivery of ongoing health care to transsexual people who must remain on hormone therapy for life.
- ◆ The absence of a designated gender specialist to coordinate delivery of transsexual health services in Ireland.

- ◆ Limited psychiatric and psychological supports – There is currently one psychiatrist (based at St Patrick’s Hospital, Dublin) qualified to diagnose GID available for all Irish transsexual people. In addition, there is one therapist (based in Dublin) with expertise in transgender issues working in Ireland, and is only available through private consultation. Both these professionals work in the private sector.
- ◆ There are no specialists in Ireland for GID in minors, nor support services to meet the needs of family members affected by a diagnosis of GID.
- ◆ Endocrinologists - One endocrinologist (based in Loughlinstown Hospital, Dublin) with expertise in transsexual hormone therapy currently serves the needs of all transsexual people in the Republic of Ireland.
- ◆ Electrolysis/laser hair removal is a critical issue for ‘male to female’ transsexual people. The prohibitive cost of such treatment represents a formidable barrier to successful transition.

Internationally recognised standards of care for transsexual people (World Professional Association for Transgender Health, 2001) clearly identify the services and treatment paths that should be made available to meet the specific health needs of people with GID (Levine et al 1998). It is the experience of the Transgender Equality Network Ireland (TENI) that the lack of specialist services and the social stigma associated with transsexualism prevent people from readily seeking the health treatment they need. Furthermore, when people do access services, they can experience delays and barriers, such as lack of knowledge and awareness of the specific healthcare issues and prejudice on the part of some healthcare providers, which cause unnecessary hardship (TENI, 2007).

## LGBT Young People

### Key issues:

- ◆ Particular vulnerability to **isolation, fear**, being **stigmatised**, being **bullied** and being **rejected by their families**, with consequences for physical and mental health.

In addition to the health needs and challenges facing all young people, young LGBT people in Ireland may experience additional barriers as a consequence of societal attitudes to diverse sexual and gender identities. Evidence would suggest that young people are coming out as LGBT in greater numbers and at an earlier age. The Department of Education in Northern Ireland found that 12 years was the average age at which young people identified themselves as LGBT (YouthNet, 2004).

Irish and international research has established that LGBT young people are at significant health risk due to isolation, fear, stigma, the 'coming-out' process, bullying and family rejection (Bontempo & D'Augelli, 2002; GLEN/Nexus, 1995; MacManus, 2004). Although all LGBT people may suffer mental health problems due to minority stress and isolation, this is particular acute among young people. International research has consistently indicated that LGBT youth are more likely to attempt suicide during adolescence than heterosexual peers, and are up to 6 times more likely to have serious substance mis-use or mental health problems (depression and anxiety), which are known risk factors for both attempted and completed suicide (Association of Gay & Lesbian Psychiatrists, 2002). If these risk factors are not addressed, the risk of mental health problems and suicide can continue throughout adulthood, as highlighted above. A recent study of the mental health of young same-sex attracted men in Northern Ireland found that over one quarter of respondents (27%) had attempted suicide and 71% of these had attempted suicide more than once. Almost three-quarters of respondents (71%) had thought about taking their own life and 81% of these said this was related to their same-sex attraction. Almost one third of respondents (31%) had self-harmed and 64% of these said their self-harming was related to their same-sex attraction. Over one third of respondents (34%) had been diagnosed with a mental health problem with the most frequent diagnoses being depression (28%) and anxiety

(16%). Lastly, 38% had received professional mental health help; 65% of whom said it was related to social stresses they experienced related to their same-sex attraction (McNamee, 2006). Similarly, YouthNet<sup>3</sup> found that issues of particular concern in relation to LGBT youth include suicidal ideation and self-harming behaviour. For instance, compared to their heterosexual peers, LGBT young people were found to be (YouthNet, 2004):

- ◆ Five times more likely to be medicated for depression;
- ◆ Two and a half times more likely to self harm; and
- ◆ At least three times more likely to attempt suicide.

Young men and women of same-sex orientation have also been identified as one of the high-risk group for youth suicide in a recent evidence briefing on youth suicide published on behalf of the UK and Ireland Public Health Evidence Group (Crowley, Kilroe, & Burke, 2004).

Similar to the LGBT population as a whole, research has indicated that drug misuse is significantly higher amongst LGBT young people than amongst the overall youth population, (Greenwood et al, 2001). In the Irish context, as was noted above, a recent study commissioned by BeLonG To Youth Service found that 65% of LGBT youth surveyed had taken drugs, compared to 24.9% of general youth population who were questioned in similar research (Sarma, 2007).

The negative health impacts on LGBT young people of widespread homophobic bullying have been well established in the Irish context (Norman & Galvin, 2006). A study by the Anti-Bullying Centre in Trinity College Dublin found that 50% of LGBT youth had been bullied in school. This compared to 16% of the general youth population (Minton, Dahl, O'Moore & Tuck, 2006). As well as the mental and physical damage, other health impacts of bullying on LGBT young people include poor body image and vulnerability to eating disorders (Barron & Bradford, 2006).

Young LGBT people's sexual health concerns have also been highlighted in Irish research. The Trinity Anti-Bullying Centre study mentioned above found that 29% of LGBT young

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<sup>3</sup> Youthnet is a network of voluntary youth organisations in Northern Ireland (similar to the National Youth Council of Ireland in the Republic).

people questioned had practiced unsafe sex, while almost 6% had been paid for sex. The study discusses links between bullying, poor self-esteem and sexual risk-taking behaviour amongst LGBT youth (Minton et al. 2006). Similarly, the BeLonG To research mentioned above found that 46% of LGBT young drug users had engaged in unprotected sexual intercourse and 11% had been sexually assaulted while 'incapacitated due to drugs'.

Significant barriers exist to LGBT young people accessing health services, including lack of access to appropriate information, fear of negative reaction and confidentiality fears. Young people who have not disclosed their sexual/gender identity to their parents/guardians may also not be in a position to secure parental consent and so may not be able to access health services, (Frankham, 1996; BeLonG To, 2004).

## Older LGBT Health

### Key issues:

- ◆ Health implications of high levels of **invisibility, isolation and loneliness**.
- ◆ **Lack of recognition of partners** with particular consequences for illness/death.
- ◆ Difficulties expressing **bereavement** openly.

Older LGBT people have a number of issues which impact on their health and use of health services. Many have experienced greater exposure to anti-homosexual bias and grew up at a time of few positive role models and a lack of affirmation of their identities (Russell & Bohan, 2005). As a result of this many older LGBT people fear using health services and fear disclosing their sexual identity to professionals. They are also at risk of being an invisible minority within a minority (Hubbard and Rossington, 1995). A recent report on LGBT Health Matters commissioned by the Lambeth Council (UK) found that older gay men and lesbians have elevated needs compared to heterosexuals. This research showed that older LGBT people are two and half times more likely to live alone, twice as likely to be single in older life and four and half times as likely to have no children to call upon in times of need (Keogh et al, 2006). Thus, older LGBT people may face many similar issues as the younger population, but they may not be able to access family support and/or the LGBT community as easily as younger LGBT people.

While there is a dearth of national research on Older LGBT people, UK and US reports along with anecdotal evidence from Irish LGBT health-related service providers highlight particular issues as outlined below:

- ◆ **Invisibility** - older lesbians and gay men have lived a greater proportion of their lives within a more punitive legal and social environment than exists today. This includes having faced criminalisation of homosexual acts, familial and community rejection, employment discrimination and medical pathologisation of sexual orientation (Keogh et al, 2006). The effects of growing up in more conservative and restrictive Ireland has meant more older LGBT people have felt the need to conceal their identity. In the ISSHR study more younger than older men felt able to be open about same-sex attraction (Layte et al, 2006).
- ◆ **Non-inclusive services** - Older LGBT people's concealment of their identity may lead to the assumption that there are no LGBT older people using services such as nursing homes. This can hinder the delivery of an inclusive or appropriate service which takes account of their needs (Foreman and Quinlan, 2007). Hubbard and Rossington (1995) found significant homophobia on the part of care providers in the UK while Johnson et al. (2005) found significant fear and experiences of homophobia among gay and lesbian care home residents (in Keogh et al, 2006).
- ◆ **Isolation and loneliness** - While many older people may experience isolation and loneliness, the situation for older LGBT people is compounded by their invisibility in Irish society. Furthermore this can be exacerbated by their lack of connection to the LGBT community and the lack of provision within the community to meet their needs. In a UK study 20% of older LGB people "indicate they have no one to call on in a time of crisis or difficulty, a rate up to ten times higher than the general older population" (Cross, 1999, in Keogh et al, 2006). Research carried out by Age Concern in the UK found that older LGBT people can be more reliant on social services, more excluded from normal forms of social support and more isolated (Age Concern, 2005). There is a lack of research into older LGBT people's mental health and there are few services or groups who specifically provide for this group in Ireland.

- ◆ **Lack of recognition of partners** - In the absence of legal recognition of partnerships, all LGBT people face challenges in relation to recognition of partners within a healthcare context (Equality Authority, 2002). This has particular consequences in relation to decision-making around the healthcare of a partner e.g. Do Not Resuscitate (D.N.R.) or last rites, hospital visits, nursing home care and next-of-kin.
- ◆ **Bereavement** - The invisibility of older LGBT people may lead to reluctance to disclose a same-sex relationship. This may impact on the ability to express grief when a partner dies or to be involved in the funeral arrangements (EA, 2002).
- ◆ **Older Transsexual people** - There is little research on the situation of older Transsexual people, but it is the experience of the Transgender Equality Network Ireland (TENI) that aging transsexual people are at risk of adverse consequences due to non-inclusive services, isolation, loneliness, stigmatisation, and in some cases, caregivers' adverse reactions to atypical body characteristics resulting from surgeries and hormone therapy (TENI, 2007). Further, preliminary research indicates the existence of long-term side effects of cross-gender hormone therapy, including, but not limited to, coronary heart disease and risk of thromboembolic events (Asscheman, Gooren, & Eklund, 1989).

## Ethnic and Cultural Minorities

### Key issues:

- ◆ Health problems resulting from discrimination/persecution in their country of origin, and discrimination within their respective communities here.
- ◆ Mental and physical health consequences of 'double discrimination'.

The population of Ireland has changed dramatically over the last 5 years. Ten percent of the population are non-Irish nationals and 5% of this figure identify as being a member of an ethnic minority race (CSO, 2007). This diversity is also reflected in the LGBT community, especially among MSM and transgender people. The recent *Men from Afar*

report by GMHP (Quinlan, 2007) found that:

- ◆ 30% of MSM diagnosed HIV positive in Ireland were born in other countries.
- ◆ 25% of the men attending at GMHS STI clinic were born in other countries.
- ◆ 6% of men surveyed for Real Lives were from minority ethnic groups.

Minority ethnic communities experience significant issues that have a direct impact on their health and well-being. These issues are widely documented and include racism and discrimination, language and communication barriers, lower health service usage, lower health outcomes and higher mental health incidences exacerbated by persecution, poverty, racism and discrimination (National Action Plan against Racism, 2005-2009, National Intercultural Health Strategy, 2008, Traveller Health Strategy 2002-2006). A number of additional issues impact on the health and well-being of LGBT minority ethnic communities. These issues include:

- ◆ Invisibility – LGBT minority ethnic communities are often invisible owing to cultural and religious practices which criminalise and/or forbid homosexuality. In some cultures homosexuality and homosexual acts are crimes punishable by imprisonment, torture, public beatings and/or death forcing concealment (Amnesty International, 2001).
- ◆ Violence, torture and persecution related to their sexual orientation - Some LGBT people from minority ethnic communities have been exposed to violence and persecution because of their sexual orientation (Amnesty International, 2001). There are increasing numbers of people who have sought asylum in Ireland owing to this (Carroll & Quinlan, 2004).
- ◆ Direct experience of sexual assault and rape when in transit to Ireland (Carroll & Quinlan, 2004).
- ◆ Non-disclosure of sexual orientation or same-sex experience of LGBT people seeking asylum, thereby continuing or increasing the fear, anxiety and invisibility (Carroll & Quinlan, 2004).
- ◆ Mental health difficulties such as psychosis and post traumatic stress disorder owing to prolonged exposure to violence and persecution and displacement (ERHA, 2005).
- ◆ Non-recognition and/or denial of LGBT people existing within their respective communities (Keogh et al, 2004b).

While minority ethnic communities are increasingly participating in LGBT groups, events and services, gaps still persist. The relatively new phenomena of inward migration to Ireland has meant that LGBT services and supports have not had the capacity to cater to the needs of the many ethnic and cultural groups now living and working in Ireland.

## Disabled LGBT people

### Key issues:

- ◆ Mental and physical health consequences of **'double discrimination'**.
- ◆ Lack of recognition of the disabled as **sexual beings**.
- ◆ Difficulties accessing **health services**.
- ◆ Difficulties participating in the **LGBT community**.

Disabled LGBT people may encounter many negative experiences which have a direct impact on their health and well-being. In particular, disabled LGBT people experience discrimination and exclusion in most areas of their lives. This discrimination and exclusion has very real consequences for the individual in terms of mental well-being, access to services and quality of life.

In the 2002 Irish Census, 8.3% of the population were identified as having a disability (National Disability Authority, 2005). While there are no definitive numbers of LGBT disabled people, two recent Irish and British studies have shown that 15% of LGBT people had a disability (Keogh et al, 2006) and 5% of MSM had a disability (Devine et al, 2006). Based on the 8% finding in the Census, the National Disability Authority (NDA) estimated that there could be up to 30,000 disabled LGBT people in Ireland (NDA, 2005).

In a discussion paper entitled 'Disability and Sexual Orientation, 2005', the NDA asserted that in Ireland:

- ◆ Many health and social services show a lack of understanding of disability issues, sexual orientation issues and the intersection between the two.
- ◆ Many LGBT disabled people experience a distance and/or homophobia from their disabled peers (Davidson-Paine et al, and Brothers in NDA, 2005).

Particular issues experienced by disabled LGBT people include:

- ◆ **Invisibility** – It is common for disabled people, including those who are LGBT, to be erroneously regarded as being asexual or non-sexual beings (EA, 2002). The issue of sexuality for disabled people has rarely been addressed, particularly in care or residential settings. This has compounded the invisibility of LGBT disabled people and influenced the non-disclosure of LGBT sexual identity among disabled people. Mental health problems and substance misuse may be exacerbated due to prolonged discriminatory treatment and exclusion.
- ◆ **Access** - All disabled people experience significant barriers to full participation in society. These barriers similarly impede disabled people's participation within the LGBT community, and thus also limit their access to targeted social supports. Barriers include: inaccessible built environments, advertising and marketing campaigns which cater only for able-bodied people and support and helplines which are not resourced to take account of the needs of disabled people.
- ◆ **Double stigmatisation/discrimination** – disabled LGBT people may experience stigmatisation and discrimination both as a member of the LGBT community and the disabled community. This may result in significant mental distress and associated negative health consequences.

## Parenting, Fostering, Adoption, Assisted Human Reproduction

### Key issues:

- ◆ Difficulties accessing health services for LGBT people and their children due to lack of social and legal recognition of their family unit.
- ◆ Difficulties accessing assisted human reproduction (AHR) treatment.

There is a prevailing lack of recognition and support for the increasing number of LGBT-headed families in Ireland. LGBT people who are parents or want to parent either through assisted reproduction, co-parenting arrangements, fostering or adoption, often face medical, social and legal barriers, and prejudice about the issues of homosexuality and children's welfare. This is despite consistent evidence from international, peer-reviewed research showing that children of same-sex parents do not differ emotionally or sexually from their peers with heterosexual parents and function just as well

academically, socially and vocationally (American Psychological Association, 2005; CAHR, 2005). Furthermore, all mainstream national children's health and welfare organisations in the US oppose restrictions on same-sex parenting and support legal recognition of LGBT-headed families (American Civil Liberties Union, 2006)

In Ireland, unmarried couples are not allowed to adopt a child jointly, even if the child is the biological child of one of the partners, nor is the non-biological partner currently facilitated in registering as the child's second parent on the birth certificate (Adoption Authority of Ireland, 2008). Fostering has only recently become a practical possibility for LGBT people in Ireland. As was noted above, the Commission on Assisted Human Reproduction (2005) stated that, in line with the Equal Status Acts 2000 and 2004, "[AHR] services should be available without discrimination on the grounds of gender, marital status or sexual orientation subject to consideration of the best interests of any children that may be born" (Department of Health and Children, 2005).

The different treatment of LGBT-headed families, vis-à-vis heterosexual married families, creates special challenges and obstacles which ultimately have negative consequences for the well-being and stability of these families (Herek, 2006). Couples who embark on parenthood experience stresses related to the lack of legal connection with the child by one of the partners, and the consequent lack of recognition or even stigmatisation of the co-parenting relationship by medical professionals, in social policy and in society at large. This can have serious practical, financial and emotional consequences for all concerned. This is particularly the case given the absence of any legal mechanism for sharing or transferring parental authority between LGBT couples and the child's exclusion from the protection and legal obligations of their non-biological parent towards them in terms of inheritance, maintenance and other benefits (Department of Justice, Equality and Law Reform, 2006)

## Homelessness

### Key issues:

- ◆ High levels of **substance misuse** with consequent implications for physical and mental health.
- ◆ Mental and physical health impacts of **prostitution**.
- ◆ Mental and physical health impacts of **homophobic attacks**.
- ◆ Difficulties **accessing health services**.

Homelessness prevention and resettlement support for LGBT people is increasingly recognised by the Homeless Agency and other agencies such as the HSE, BeLonG To Youth Service, GMHS and Outhouse. In addition to the problems accessing health services and the stresses resulting from the multi-faceted nature of homelessness, there are additional risks which impact on LGBT people who are homeless. These include:

- ◆ **Mental Health Issues and Emotional Distress** – LGBT homeless young people are particularly vulnerable to depression, loneliness and psychosomatic illness (McWhirther, 1990), withdrawn behaviour and social problems (Cochran, B. N., Stewart, A. J., Ginzler, J. A., & Cauce, A. M., 2002) . As was noted above, LGBT young people live in a society that discriminates against and stigmatises them making them more vulnerable to mental health problems than their heterosexual peers. This is magnified for LGBT young people who are also homeless (Ray, 2006).
- ◆ **Substance Misuse** – The stresses caused by homelessness may lead to substance and alcohol misuse. These stresses are exacerbated for homeless LGBT people (Ray, 2005).
- ◆ **Risky Sexual Behaviour and Prostitution** – Trading sex for accommodation, food, drugs, alcohol or money (“survival sex”) and, in some cases, prostitution are often the last resort for homeless LGBT people. Irish studies and reports showed that a high percentage of male sex workers experienced homelessness (O’Connor, Quinlan and Wyse, 1997, INMP 2001). A Canadian study found that those who identify as LGBT are three times more likely to participate in survival sex than their heterosexual peers (Gaetz, 2004). Young homeless LGBT people are also at increased risk of sexual exploitation (Gold, 2005).

- ◆ **Victimisation and Homophobia** – Homophobia, perpetrated by staff, service users or other homeless people, can compound the difficulties faced by LGBT homeless people. Some experience actual homophobic abuse and/ or assault, while others come to expect it and develop very low levels of trust in services (Gold, 2005).
- ◆ **Invisibility** – Lack of awareness among some mainstream service providers about the specific needs of homeless LGBT people can mean that the services are not inclusive or sensitive to these needs. This can make it difficult for LGBT people to get the appropriate help and support, which in turn can lead to increased vulnerability and perpetuate the cycle of homelessness (Gold, 2005).

## Domestic Abuse and LGBT people

### Key issues:

- ◆ **Physical and mental health** consequences of domestic abuse.
- ◆ Difficulties **accessing appropriate support services**.

It is estimated that one in four LGBT people experience domestic abuse from family members, partners or ex-partners (Henderson in Donovan et al, 2006). The issue of domestic abuse within the LGBT community has been largely invisible and hidden (Donovan et al, 2006; Henderson, 2003; Broken Rainbow, 2006). In Ireland, as well as abroad, there is little reliable data on the extent of the problem. With a paucity of appropriate services and fear of discrimination and prejudice, few people report the incidents. Notably in Britain in the first year of its establishment, a specific helpline for LGBT people received 213 calls from people experiencing domestic abuse and 185 from agencies supporting LGBT people (Broken Rainbow, 2006). Within the Irish Domestic Violence Act 1996, same-sex couples are protected and a same-sex partner can apply for either a safety order or an interim protection order. It is potentially legally possible that a same-sex couple could apply for a barring order, but this has not yet been tested (Equality Authority, 2002).

Recent UK studies and reports clearly highlight that LGBT domestic abuse is a sizable and urgent problem both for the community and public services. Anecdotal reports

indicate that the findings would be similar in Ireland. For instance, of the 4,511 LGBT people surveyed in three UK studies, the findings can be summarised as follows:

- ◆ Number of people affected: between 23% and 38% reported experiencing domestic abuse (Keogh et al, 2006; Donovan et al, 2006 & Henderson, 2003).
- ◆ Sources of abuse: partner, parents, siblings, flatmates and other family members (Keogh et al, 2006).
- ◆ Types of abuse: forced to have sex; physically attacked, injured or bruised and needing medical attention; insults or put downs; isolation; monitored; and living in fear of their life (Henderson et al, 2003). Many victims do not recognise domestic abuse because the experience can be emotional and sexual rather than physical. Moreover, many victims of abuse do not report it to public agencies, partly due to the fact that many see their experience as their own problem and partly because they do not believe they will receive a sympathetic response (Donovan et al, 2006). Domestic abuse for LGBT people also includes threats to 'out' someone, undermining of sexual orientation, belittling transgender identity (not a real man/woman), forcing someone to act 'straight', placing blame for sexuality ('you made me lesbian/gay'), blame for loss of family/friends and threatening to seek custody of children because of sexual orientation/gender identity (Stonewall 2003).
- ◆ Who is affected: gay men were more likely to experience sexual abuse. Rape is under-reported by gay men as they have difficulty in naming it; those aged 25 and under were more likely to report domestic abuse (Donovan et al, 2006).

## Conclusion

This section has outlined the key health issues that may be associated with or specific to the LGBT population in Ireland today, compared to the population as a whole. The issues are summarised in Box 1 below. Different groups may have different health issues or may experience the issues to different degrees, for example, mental health problems such as depression may be mainly caused by minority stress and fear of 'coming out' for young LGBT people, while loneliness may be a key cause of mental health problems for older LGBT people.

Some LGBT health issues result from particular health-related behaviours such as higher

levels of smoking, alcohol consumption and recreational drug use. However, many of the issues outlined result from minority stress associated with being part of a stigmatised and marginalised group in Irish society. Minority stress and discrimination can lead directly to poorer health outcomes among the LGBT population, while institutionalised discrimination may impede LGBT people's access to appropriate health care, further exacerbating ill-health. Thus movement towards a more inclusive society requires that health services are designed to recognise the existence of LGBT people and be delivered in a way to meet their needs. At the same time concerted efforts must take place to advance the inclusion of LGBT people in all aspects of Irish society, including institutional structures.

### *Box 1: Summary of Key health and well-being issues for LGBT people*

- ◆ **General health:** health impacts of higher levels of smoking, alcohol consumption, recreational drug use, and a higher incidence of obesity and eating disorders.
- ◆ **Mental health:** high incidence of depression, anxiety, substance misuse, self-harm and suicide.
- ◆ **LGBT young people:** experience of isolation, fear, stigma, bullying and family rejection contributing to depression, anxiety, self-harm, suicide, and substance misuse.
- ◆ **Lesbian and Bisexual Women:** higher incidence of cardio-vascular disease, polycystic ovarian syndrome, ovarian cancer and possibly breast cancer. Lower use of gynaecological services. Low awareness of STIs spread by woman-to-woman sex. Barriers to accessing assisted human reproduction (AHR) services.
- ◆ **Gay, Bisexual Men and MSM:** homophobic abuse and violence, stress, substance misuse, and sexual health risks (including HIV and syphilis).
- ◆ **Transsexual people:** Distinct lack of essential health services – surgeons, post-operative care, endocrinologists, psychiatrists, therapists, and a designated gender specialist to coordinate delivery of nationwide health services. Prohibitive cost of electrolysis/laser hair removal. Isolation, fear, stigma,

physical violence and family rejection contributing to depression, anxiety, self-harm, suicide and substance misuse. 'Multiple discrimination' in cases where Transsexual person identifies as LGB, is an ethnic minority, has a disability. Lack of psychological support services for transsexual person's family members and significant others.

- ◆ **Older LGBT people:** invisibility, isolation and loneliness. Lack of recognition of partners. Difficulties expressing bereavement.
- ◆ **Ethnic and cultural minorities:** health problems resulting from discrimination/persecution in their county of origin, and discrimination within their respective communities here. 'Double discrimination' as both immigrants and LGBT people.
- ◆ **Disability:** mental and physical health consequences of 'double discrimination', lack of recognition of the disabled as sexual beings, access problems in relation to health services and participation in the LGBT community.
- ◆ **Parenting, fostering and adoption:** difficulties accessing health services for LGBT people and their children resulting from a lack of social and legal recognition of their family unit. Difficulties accessing AHR treatment. Psychological distress associated with systemic stigmatisation of their families, and related risk of isolation and bullying of children with LGBT parents in schools.
- ◆ **Homelessness:** health risks associated with homelessness including substance misuse, prostitution and homophobic attacks, and difficulties accessing health services.
- ◆ **Domestic Abuse:** Physical and mental health consequences of domestic abuse, and difficulties accessing appropriate support services.

## **4. Policy Context**

<b>Background to provision for LGBT Health in Ireland</b>	<b>49</b>
<b>Health policy and the LGBT population</b>	<b>49</b>

## Background to provision for LGBT Health in Ireland

The Equal Status Acts 2000 and 2004 set the legislative context for the development of health services that meet the needs of the LGBT population in Ireland. However, the sexual orientation equality ground of the Acts is often difficult to identify in the agendas of the public services, community and voluntary services, and private sector bodies. Furthermore, this ground is often not perceived as warranting the same status or importance as other groups represented under the Acts, such as Travellers and people with disabilities. This is reflected in the increasing body of policies, strategies and programmes developed around the other eight grounds of the Equal Status Acts while programmes addressing the sexual orientation ground are not developed or resourced in the same way, if at all.

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There have been a number of recent NGO-led developments which have resulted in a significant increase in major strategic, advocacy, policy and research documents on LGBT issues, particularly around identity, education and health (Carroll & Collins, 1995; Wardlaw, 1994; Taillon, 1999; O'Carroll, 1999; Dillon, 1999; GLEN and NEXUS 1995, 1999; Collins and Sheehan, 2004, 2005, Barron & Collins 2005; BeLonG To, 2005; Gay Health Network, The Rainbow Project, Gay Men's Health Service 2001, 2002, 2006; Norman & Galvin, 2006; Sarma, 2007; YouthNet 2004). However, the challenge remains to build on this work and put in place a mainstream health strategy for LGBT people in Ireland.

## Health policy and the LGBT population

This section provides an overview of recent Irish health policy, and its inclusion of LGBT health issues.

LGBT people are not a named group in many key health policy documents at both national and regional level. Existing literature on the issue of health and well-being within the LGBT community has tended to predominantly focus on the issue of HIV/AIDS and gay men. As a result of this focus on gay men and HIV/AIDS compared to other LGBT health issues, there has been a deficit of work and funding in other areas, particularly in relation to lesbian and transgender health.

The establishment of the National AIDS Strategy Committee in 1990, which included representatives from the gay community, led to a number of significant developments.

These included:

- ◆ The recommendation that homosexual acts be decriminalised.
- ◆ The establishment of outreach work with gay and bisexual men to engage with the gay community.
- ◆ The establishment of the Gay Men's Health Project in 1992 by the former Eastern Health Board.
- ◆ Provision of funding for publications and organisations such as the Southern Gay Men's Health Project in Cork in 1994 and Outhouse, a LGBT community centre in Dublin in 1996.
- ◆ Establishment of the Gay Health Network in 1994 (a network of various organisations working on sexual health and HIV) who have published information and research reports reflecting the HIV prevention needs and other influences affecting gay and bisexual men.
- ◆ Establishment of Gay HIV Strategies in 1996.

In Ireland, the first explicit recommendations in relation to health and the LGB community were published in the GLEN/NEXUS report (GLEN/NEXUS,1995). Many of these were re-stated in the Equality Authority 2002 report *Implementing Equality for LGB People* (Equality Authority, 2002). Further recommendations were made in the Department of Health's *Plan for Women's Health* (DOHC, 1997). The plan highlighted lesbian health issues as a major concern. It stated that:

*"Health Boards will be asked to ensure that health professionals are informed about lesbian health issues and that staff respect the sexual orientation of lesbian women".*

*The Health Promotion Strategy 2000-2005* noted that lesbians and gay men had particular health needs, and adopted a recommendation that all environments must be safe and supportive for young gay men and lesbians by 2010 (DOHC, 2000). Whilst acknowledging that "considerable progress" had been made in the area of health promotion interventions for these groups, the strategy recommended:

- ◆ Research into the health and lifestyle behaviour of LGB groups within the population

- ◆ Prioritization of health promotion programmes
- ◆ Working in partnership with LGB people to develop and adapt health promotion programmes to meet their particular needs.

The health policy environment for LGB people was considerably strengthened in 2002 with the publication of The Equality Authority's strategic document, *Implementing Equality for LGB People*, which proposed specified recommendations for health and healthcare of the LGB community for the Department of Health and Children and to the Health Boards which were in existence at the time (Equality Authority, 2002). This document represented a milestone in establishing LGB rights and highlighted areas of concern around a variety of issues affecting their lives. A subsequent report "Access to Health Services for Transsexual People" (Collins & Sheehan, 2004) called for new health policy and provision for Transsexual people. In particular, the report highlighted the underdeveloped nature of the health treatment and supports available to transsexual people in Ireland.

The National Economic and Social Forum (NESF) addressed LGB issues in a report on implementing equality policies for LGB people with regard to many different aspects of their lives, including health (NESF, 2003). Although it noted that there had been positive developments, particularly in the area of HIV/AIDS for gay men, it found a lack of visibility of LGB issues within the health system. It recommended that these issues should be addressed to a greater degree and made specific recommendations regarding particular concerns of LGB people.<sup>4</sup> These recommendations were taken up by the Department of Health and Children which urged action to implement the recommendations (DOHC, 2003).

Although LGBT people were not specifically named as a population group in *Quality and Fairness, the National Health Strategy* (DOHC, 2002), Action 18 under National Goal 1 "Better health for everyone", Objective 3 "Health inequalities are reduced", broadly incorporates issues of LGBT health and health care. Action 18 states "A programme of actions will be implemented to achieve NAPS (National Anti-Poverty Strategy) and Health Targets for the reduction of health inequalities". NAPS and Health Targets (Institute of

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<sup>4</sup> The health needs of transgender people were not addressed in either document.

Public Health in Ireland, 2001) recommended activities to eliminate the impact of deprivation and disadvantage on health status and achieve equity of access to health and social services. The main areas of NAPS and Health Targets of relevance to LGBT health relate to equity of access and bringing an equality dimension into the delivery and development of service. The recently published National Action Plan for Social Inclusion 2007-2016, states that 'Access to quality health services is a prerequisite for participation in the social and economic life of society. Working to improve the health status of all, and particularly vulnerable groups..... is an essential element of social inclusion' however, it does not explicitly mention the LGBT population at any point (DSFA, 2007).

The Department of Health and Children outlined its commitment to providing equality of service to LGBT young people, in-line with the Equal Status Act, (which applies to young people as well as adults). *"Get Connected – Developing an Adolescent Friendly Health Service"* indicates that *"there should be an increased focus on the health needs of adolescents who are members of minority groups, with the emphasis being placed on equality and discrimination issues"*; it further recommends that every public service should have a policy and protocol in response to the needs of gay and lesbian adolescents (Denyer, 2001).

*A Vision for Change*: Report of the expert group on mental health policy, which has been adopted as the Department of Health and Children's mental health policy, refers to the fact that *'There is a small but significant number of people in Ireland who have additional needs when they develop a mental health problem* and this group includes gay and lesbian individuals (among others). *A Vision for Change* also identifies that professionals providing services to these individuals require specific knowledge and understanding in order to meet their needs, and that mental health services should be provided in an inclusive way (Department of Health and Children, 2006). The report also identifies 'same-sex' attraction as a suicide risk factor.

Similarly, *Reach-Out* the government's ten year strategy on suicide prevention names LGBT people as a marginalized group with particular vulnerability (Chambers et al,

2005). The strategy recommends that the HSE, as a suicide prevention measure, promote research and services to support LGBT people. As a result the HSE National Office for Suicide Prevention (NOSP<sup>5</sup>) has been supporting BeLonG To Youth Service to develop a network of youth supports for LGBT young people around the country. This work also involves working to make mainstream youth services more accessible to LGBT young people.

The documents mentioned above and other health policy documents which specifically refer to the LGBT community are listed in table 3 and table 4 below. In both tables the third column indicates if any specific reference is made in the document to the L, G, B or T community, and identifies where the reference is made in the document.

*Table 3: Government Health and Related Policy and the LGBT population*

Title	Department/ Agency	LGBT specifically mentioned
National Action Plan for Social Inclusion 2007-2016	Office for Social Inclusion, Department of Social and Family Affairs (2007)	No mention
National Women’s Strategy 2007-2016	Department of Justice, Equality and Law Reform (2007)	LB women (in the Introduction only)
A Vision for Change - Report of the expert group on mental health policy	Department of Health & Children (2006)	L and G (Minority Groups p.40; ‘At risk’ of Suicide p.151)
Reach Out, National Strategy for Action on Suicide Prevention 2005-2014	Health Service Executive, the National Suicide Review Group and the Department of Health and Children (2005)	LGBT (Level B, Area 15 Marginalised Group p.37; Action table p.62)

<sup>5</sup> The NOSP also works with the Gay and Lesbian Equality Network and BeLonG To Youth Project who are currently collaborating to develop initiatives to address the issue of suicide behaviour among the LGBT community. Research is currently being commissioned to investigate the experience of suicide within the LGBT community. The overall aim of the research is how to best address the needs of the LGBT community in Ireland in terms of suicide prevention and mental well-being with a special emphasis on LGBT young people..

Title	Department/ Agency	LGBT specifically mentioned
Primary Care - A New Direction	Department of Health and Children (2001)	No mention
The National Health Promotion Strategy 2000-2005	Department of Health and Children (2000)	L and G (5.2 Population Groups, 'Other', p.45)
National Health Strategy: Quality and Fairness <sup>6</sup>	Department of Health and Children, (2002)	No mention

*Table 4: Other Health-Related Documents and Reports and the LGBT population*

Title	Department/ Agency	LGBT mentioned
<i>"A Vision for Change" – Report of the Expert Group on Mental Health Policy, First Report on implementation 1st Feb '06 to 31st Jan '07</i>	Independent Monitoring Group (2007)	No mention
The Irish Study of Sexual Health and Relationships	Department of Health and Children and the Crisis Pregnancy Agency (2006)	L, G and B
Quality and Fairness - A Health System for You, Action Plan Progress Report, 2005	Department of Health and Children (2006)	No mention
Mid-term Review of the UNGASS Declaration of Commitment on HIV/AIDS	Department of Health and Children (2006)	MSM

<sup>6</sup> There is a reference to sexual orientation in reference to discrimination in the health services workplace.

Report on the Consultation for the National Action Plan against Poverty and Social Exclusion 2006 – 2008	Office for Social Inclusion (2006)	L and G (Vulnerable Groups p.46 & 76; Education p.59, Data p.83, Proofing p.84)
Women's Health in Ireland: Meeting International Standards	National Women's Council of Ireland (2006)	L and B women
Women & sexually transmitted infections: a gendered analysis	The Women's Health Council (2006)	L and B women
Report of The Commission on Assisted Human Reproduction (CAHR)	Department of Health and Children (2005)	Same-sex couples
Report by the Care and Management Sub-Committee of the National AIDS Strategy Committee on HIV/STI services in Ireland	Department of Health and Children (2005)	G and B men (Gay Men's Health Project, p.37)
Women's Mental Health - Promoting a Gendered Approach to Policy and Service Provision	The Women's Health Council (2005)	L (p.16, 26 & Appendix 2, p64)
National Primary Care Steering Group PROGRESS REPORT	Department of Health and Children (2004)	No mention
Forum Report No. 27 "Equality Policies for Lesbian, Gay and Bisexual People: Implementation Issues"	National Economic and Social Forum (2003)	LG and B (implementation issues, p.37)

Women, Disadvantage and Health - A Position Paper of the Women's Health Council	The Women's Health Council (2003)	L and G (p.34 and 41)
"Implementing Equality for Lesbians, Gays and Bisexuals" (2002)	Equality Authority (2002)	LG and B (recommendations for DoH&C and Health Boards, p.vii)
Equal Status Acts 2000 to 2004 and Provision of Health Services	HSE/ Department of Health and Children Equality Authority (2005)	LG and B (discrimination grounds)
Access to Health Services for Transsexual People	Equality Authority (2004)	Transsexual
Report of the Working Group on the National Anti-Poverty Strategy and Health	The Institute of Public Health in Ireland (2001)	LG and B (Specific groups p.17; monitoring systems p.69)
Equity of Access to Health Services - Some relevant issues in an Irish context, A Background Paper prepared for the Working Group on the National Anti-Poverty Strategy (NAPS) and Health	The Institute of Public Health in Ireland (May 2001)	L and G (Access problems for special groups. P.26)

This brief review illustrates that, although it has been increasing in recent years, the inclusion of LGBT health issues in mainstream health policy documents remains overall at a low level.

The Equal Status Acts 2000-2004, along with recent reports, studies and evidential service output from both the statutory and NGO sector has established a context upon which an LGBT health policy, research and further service delivery can be built. This will guide both the mainstreaming of LGBT health within the health services and the development of targeted services, where necessary.

## 5. Profile of LGBT Health - Related work in the Republic of Ireland

### Introduction

- ◆ NGO Sector
- ◆ Health Sector

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## Introduction

This section gives a detailed overview of health-related LGBT work which is taking place in the HSE and in the NGO sector throughout the Republic of Ireland. The first section details NGO-Led health-related work which is in operation in different locations in the Republic of Ireland. This work is resourced through a number of mechanism including the HSE, other public bodies and agencies including Pobal, Department of Social and Family affairs, Department of Education, Department of Community, Rural and Gaeltacht affairs, Dormant accounts, and through private and philanthropic agencies or through voluntary means.

The second section details the work of the Gay Men's Health Service which is the only HSE-led LGBT health-related service in the Republic of Ireland.

## NGO Sector

A number of publicly and privately funded LGBT groups and organisations which have a health-related focus exist in different locations throughout the Republic of Ireland. The activities of such organisations can be grouped as follows:

- ◆ **LGBT Resource Centres** - These include L.Inc (Cork City), Cork Gay Community Development (Cork City), Dundalk Outcomers (Dundalk), Outhouse (Dublin), Rainbow Support Services (Limerick City). These resource centres are a base for many of the social and peer support groups and advocacy organisations. While all these organisations work with LGB or LGBT related issues, their areas of involvement may vary greatly, depending on local needs, and availability of funding, staff and volunteers.
- ◆ **Social and Peer Support Groups** - These vary hugely depending on local needs, interests and resources, and provide a range of social and peer supports.
- ◆ **Advocacy Organisations** - These include GLEN, BeLonG To, GIDI, TENI, and L.Inc. These organisations work for change in legislation and social policy in Ireland to advance equality for LGBT people.

- ◆ **Helplines** - These operate on a voluntary basis, with limited funding, from one evening a week up to six evenings a week. There is currently no national LGBT helpline, though work is under way to pool resources from individual helplines, to form a national one.
- ◆ **Sexual Health Organisations and Groups** - Health-related work within the LGBT NGO sector has focused mainly on issues of sexual health, AIDS and HIV prevention among gay, bisexual men and MSM, with little or no sexual health services currently targeting lesbians or bisexual women (with the exception of the Red Ribbon Project in Limerick).
- ◆ **Youth Services** - while youth groups exist in most of the community resource centres mentioned above, BeLonG To, based in Dublin, is the only designated national LGBT youth service in the country. As well as delivering direct youth work to LGBT young people in Dublin, BeLonG To, through its HSE supported National Development Programme, is working to support the development of designated LGBT youth services around the country.

Much of the above work is concentrated in the main population centres of Dublin, Cork and Limerick. While some of the organisations have developed work and contacts in more rural areas of the Republic, this is localised and large areas of rural Ireland still have no LGBT services or supports at all.

It is worth noting that in some areas of work, NGOs are the only organisation providing services, and if the organisation was to no longer continue, there would be no service for their targeted population group. For example, currently there are no supports for the transsexual community in Ireland outside of the supports offered through TENI. If, for any reason, the voluntary NGO TENI was to no longer operate, there would be no continuity for the projects they have developed and no support for the population they serve.

Some of these organisations receive a variable amount of funding from the HSE and other Governmental Departments. However, many social and support groups around

the country exist with little or no funding, and are highly dependant on committed volunteers and fundraising.

## Health Sector

### *Gay Men's Health Service*

Established in 1992, the Gay Men's Health Service (GMHS) is the only statutory community gay health service in Ireland, and one of the very few in Europe (ECAHB, 2004). GMHS is unique as its Outreach and Counselling Service is based in an NGO setting, Outhouse (LHO Area 7), while the STI Clinical Service is based at Baggot St Community Hospital, Dublin 4 (LHO Area 2). The budget and administration is through LHO area 2.

Though GMHS' main function is the promotion of sexual health and HIV prevention and awareness among gay, bisexual men and MSM, it is also involved in other LGBT health and social issues, peer support advocacy, and the provision of information and referrals. Apart from direct services, GMHS is involved in and leads out on research, training and policy development, and provides representation on national and regional committees or campaigns. It also works in partnership with many LGBT groups and networks throughout Ireland and Europe.

Table 5: Profile of LGBT health related community and voluntary groups and organisations in each Local Health Office/Area - as identified through LGBT-Led NGO's

Local Health Office/Area	Key areas of NGO Activity in LGBT Health
Dublin City and County Area 1-8 South Dublin	<ul style="list-style-type: none"> <li>● Outhouse</li> <li>● BeLonG To</li> <li>● Johnny- Gay Peer Action</li> <li>● GLEN</li> <li>● TENI</li> <li>● GIDI</li> <li>● Gay Switchboard Dublin</li> <li>● Dublin Lesbian Line</li> <li>● Parent support</li> <li>● Dublin Aids Alliance*<sup>7</sup></li> <li>● Open Heart House*</li> </ul>
Area 9 Kildare/West Wicklow	-
Area 10 Wicklow	-
Cavan/Monaghan	● Dundalk Outcomers
Donegal	<ul style="list-style-type: none"> <li>● Women Out and About</li> <li>● Aids Help North West*</li> <li>● Rainbow - Derry</li> </ul>
Galway	● AIDS Help West*
Laois/Offaly	-
Longford/West Meath	-
Louth	● Dundalk Outcomers
Mayo	● Out West
Meath	-

<sup>7</sup> \*The asterisk denotes all non-LGBT specific organisations which includes: Dublin Aids Alliance, Open Heart House, Aids Help West, Aids Help North West, Red Ribbon Project, Relationships and Sexual Health Programme, Limerick and the Sexual Health Clinic, Cork. These organisations provide HIV and Sexual Health Services to the general public *in addition* to the LGBT population.

North Tipperary/East Limerick	<ul style="list-style-type: none"> <li>● Rainbow Support Services</li> <li>● Gay Switchboard Limerick</li> <li>● Red Ribbon Project*</li> </ul>
Roscommon	<ul style="list-style-type: none"> <li>● Out West</li> </ul>
Sligo/Leitrim	<ul style="list-style-type: none"> <li>● Women Out and About</li> <li>● Out West</li> </ul>
Limerick	<ul style="list-style-type: none"> <li>● Rainbow Support Services</li> <li>● Red Ribbon Project*</li> <li>● Gay Switchboard Limerick</li> </ul>
Cork - North/South Lee/ West Cork/North Cork	<ul style="list-style-type: none"> <li>● LinC (Lesbians in Cork) Ltd</li> <li>● Cork Lesbian And Gay Community Development Company Ltd</li> <li>● TENI</li> <li>● Happy Out</li> <li>● The Southern Gay Mens Health Project</li> <li>● Sexual Health Centre, Cork*</li> </ul>
Kerry	<ul style="list-style-type: none"> <li>● Southern Gay Men's Health Project</li> </ul>
Carlow/Kilkenny	-
Waterford	<ul style="list-style-type: none"> <li>● Prism Drop-in Centre.</li> <li>● sOUTH</li> </ul>
South Tipperary	-
Wexford	-
National and All-Ireland Networks	<ul style="list-style-type: none"> <li>● LGBT Network</li> <li>● Gay Health Network</li> </ul>

## **6. Findings from a mapping exercise of LGBT health-related services supported and/or funded by the HSE**

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## Findings from a Mapping exercise of LGBT health-related services supported and/or funded by the HSE

### Background:

A mapping exercise was undertaken across all directorates within the HSE in 2006/2007 to ascertain what existing services, supports, interagency work, and/or working relationships exists within each area regarding LGBT people. In particular information was sought to identify:

- ◆ *The exact level of service provision for LGBT people in each HSE Directorate and area*
- ◆ *The key HSE contact person responsible for this work*
- ◆ *Any HSE plans in place for future developments in this area*
- ◆ *Levels of funding which have been provided, if any, in each area*

This information is presented in this section. Current health service provision and support in place for the LGBT community in Ireland, existing gaps relating to such provision and recommendations to address such gaps are outlined.

The information presented in this section is based on the responses received from key personnel in each of the HSE directorates. While every effort was made to ensure that the most up-to-date and accurate map was developed, there may be some additional activities which have not been captured by this exercise.

### Key HSE Findings:

The key findings from the LGBT mapping exercise undertaken in 2006-2007 are listed in Box 2 on the following page.

## Box 2: Key findings from the mapping exercise

- ◆ There are examples of good practice in operation, predominantly in urban centres including Dublin, Cork, Limerick and Louth.
- ◆ Good practice is influenced by the presence of an active and organised NGO and/or the overt support and commitment by a HSE Senior Service manager.
- ◆ There is no specific HSE policy<sup>8</sup> governing the support or funding of LGBT health-related work.
- ◆ The absence of a clear and explicit organisational commitment to supporting LGBT health-related work has led to uncertainty among local LGBT service providers.
- ◆ This uncertainty impacts negatively on the service planning, delivery and sustainability of LGBT groups and services.
- ◆ Significant service gaps exist in many rural areas with little or no HSE support or funding in place.
- ◆ The western seaboard, with the exception of Limerick city, is the most poorly served region.
- ◆ The midland counties have few or no LGBT health-related services.
- ◆ In some areas, limited NGO-led LGBT health-related work exists, but is almost entirely resourced by voluntary time and fundraising.
- ◆ Limited HSE support for LGBT health-related services is concentrated in urban centres of population such as Dublin, Limerick, Cork and Dundalk.
- ◆ There is no evidence of HSE targeted supports and/or services for LGBT health-related work in the following counties:
  - *Kildare/West Wicklow*

<sup>8</sup> In addition, there were no such policies in operation within the former health board structures.

- *Meath*
  - *Laois/Offaly*
  - *Mayo*
  - *Roscommon*
  - *Carlow/Kilkenny*
  - *South Tipperary*
- 
- ◆ LGBT people have not been a named target group within the HSE to date, thus this lack of naming and targeting has resulted in inconsistent supports for LGBT work locally and nationally.
  - ◆ Some funding commitments have been approved on a once-off basis or have been reliant on the support and commitment of a senior manager in a particular location.
  - ◆ Work targeting the broader determinants of health for LGBT people has been largely under resourced.
  - ◆ Distinct gaps in resources have been identified in three core areas (1) LGBT mental health, (2) Lesbian health and (3) Transsexual health.
  - ◆ There is uneven geographical distribution of STI/GUM<sup>9</sup> clinics provided through the HSE National Hospital's Group for the general population, including LGBT people. With the exception of the Gay Men's Health Service in Dublin there are no LGBT targeted STI/GUM clinics. There are no targeted STI/GUM clinics for lesbians, bisexual women or transgender people.
  - ◆ Limited HSE support for LGBT health-related services is provided through Population health and Area-based health promotion units.

<sup>9</sup> STI – Sexually Transmitted Infection; GUM – Genito-Urinary Medicine.

## Key HSE areas of activity:

### 1. *Primary, Community and Continuing Care (PCCC) :*

The main areas of activity, resource allocation and supports currently operating through PCCC are concentrated in the following counties:

- ◆ Dublin
- ◆ Cork
- ◆ Limerick
- ◆ Louth
- ◆ Waterford

Some of the organisations funded primarily through PCCC operating in these counties also have a broader geographical remit. For example:

- ◆ Dundalk Outcomers covers Louth, Monaghan and Cavan.
- ◆ L.inC and the Cork Gay Community Development Co. Ltd. are based in the City of Cork and provide services for Cork County.
- ◆ L.inC also has a national remit for influencing policy development regarding lesbian and bisexual women's issues.
- ◆ The Gay Men's Health Service HSE has both a national remit and an area-based remit for Dublin Mid-Leinster and Dublin North-East.
- ◆ The Rainbow Support Services, Limerick, also provides for service users from both Clare and Tipperary.
- ◆ BeLonG To Youth Project, through their National Development Programme, works to promote services to LGBT young people throughout Ireland. They also campaign, lobby and work with government departments and national bodies to promote policy change so that the needs and rights of LGBT young people are heard.
- ◆ GLEN has a national remit advancing the policy and equality issues for LGB people in relation to: education, partnerships, community development, mental health and HIV.

There are examples of recurrent HSE funding for projects, specifically for prevention, awareness and support of HIV, AIDS and sexual health in:

- ◆ Galway
- ◆ Limerick
- ◆ Cork
- ◆ Dublin
- ◆ Donegal

Ad hoc, once-off or inconsistent HSE funding supports have been in place in the following counties for **non-HIV** and AIDS prevention work:

- ◆ Sligo/ Leitrim
- ◆ Donegal
- ◆ Galway

*Table 6: Profile of PCCC funded/supported activity for LGBT work*

Local Health Office	Key areas of activity	Funding support
Area 1-8 The work covers all the areas in Dublin.	On-going support for following: <ul style="list-style-type: none"> <li>● Gay Men’s Health Project</li> <li>● Outhouse LGBT Community Centre</li> <li>● Gay Health Network</li> <li>● Belong To Youth Project</li> <li>● Transgender Equality Network Ireland –TENI</li> <li>● Gay and Lesbian Equality Network-GLEN</li> <li>● Dublin AIDS Alliance* <sup>10</sup></li> <li>● Open Heart House*</li> </ul>	<ul style="list-style-type: none"> <li>● H.S.E. Social Inclusion</li> <li>● H.S.E. Dublin/North of East</li> <li>● H.S.E. Dublin/Mid-Leinster</li> <li>● Once-off funding</li> <li>● AIDS Strategy</li> <li>● NYCD</li> </ul>
Area 8 - Dublin North	No HSE targeted services/ supports in this area.	N/A
Area 9 - Kildare/ West Wicklow	No HSE targeted services/supports in this area.	N/A

<sup>10</sup> \*The asterisk denotes all non-LGBT specific organisations which includes: Dublin Aids Alliance, Open Heart House, Aids Help West, Aids Help North West, Red Ribbon Project, Relationships and Sexual Health Programme, Limerick and the Sexual Health Clinic, Cork. These organisations provide HIV and Sexual Health Services to the general public *in addition* to the LGBT population.

Area 10 – Wicklow	No HSE targeted services/ supports in this area.	N/A
Cavan/Monaghan	As per Louth	As per Louth
Louth	<ul style="list-style-type: none"> <li>● On-going support for Dundalk Outcomers. The Group has a regional remit.</li> <li>● Funded through the 'Health Inequalities'. Funded on an annual basis since 2004.</li> </ul>	PCCC/Health Inequalities Fund.
Meath	No HSE targeted services/supports in this area.	N/A
Longford/ Westmeath	No HSE targeted services/supports in this area.	N/A
Laois/Offaly	No HSE targeted services/supports in this area.	N/A
Galway	<ul style="list-style-type: none"> <li>● Provision of funding and support to AIDS Help West*</li> </ul>	National Aids Strategy
Mayo	<ul style="list-style-type: none"> <li>● No HSE Targeted services/supports in this area.</li> </ul>	N/A
Roscommon	<ul style="list-style-type: none"> <li>● No HSE Targeted services/supports in this area.</li> </ul>	N/A
Donegal	<ul style="list-style-type: none"> <li>● Once off grants to Aids Help North West*</li> </ul>	National Aids Strategy
Sligo/Leitrim	<ul style="list-style-type: none"> <li>● Once off grant to North West Lesbian Line</li> </ul>	National Lottery Funding
Clare	<ul style="list-style-type: none"> <li>● No HSE Targeted services/ supports in this area.</li> </ul>	N/A
North Tipp/East Limerick	<ul style="list-style-type: none"> <li>● Service Level Agreement with the Red Ribbon Project*</li> </ul>	Aids Strategy

Limerick	<p>On-going support for the following:</p> <ul style="list-style-type: none"> <li>● Rainbow Support Services</li> <li>● Red Ribbon Project*</li> <li>● Relationships and sexual health programme</li> </ul>	<ul style="list-style-type: none"> <li>● Social Inclusion</li> <li>● Aids Strategy</li> </ul>
Cork-North/ South Lee/ West Cork/Kerry	<p>On-going support for the following:</p> <ul style="list-style-type: none"> <li>● L.InC (Lesbians in Cork)</li> <li>● The Southern Gay Mens Health Project</li> <li>● Alliance Sexual Health Centre*</li> </ul> <p>Once-off support for:</p> <ul style="list-style-type: none"> <li>● Transgender Equality Network of Ireland- TENI.</li> </ul>	<ul style="list-style-type: none"> <li>● Section 39 Funding</li> <li>● Once off funding-equipment, research</li> </ul>
North Cork	<ul style="list-style-type: none"> <li>● No HSE Targeted services/supports in this area.</li> </ul>	N/A
Carlow/Kilkenny	<ul style="list-style-type: none"> <li>● No HSE Targeted services/supports in this area.</li> </ul>	N/A
Waterford	<ul style="list-style-type: none"> <li>● Once-off Lottery funding to South, c/o Waterford Area Partnership.</li> </ul>	Lottery Funding
South Tipperary	<ul style="list-style-type: none"> <li>● No Targeted services in this area.</li> </ul>	N/A
Wexford	<ul style="list-style-type: none"> <li>● No Targeted services in this area.</li> </ul>	N/A

## 2. National Hospitals Networks

Limited *targeted activity* for LGBT people within the hospitals in the National Hospital Group was evident in Cork University Hospital. Sexual health services are provided for the general population through the GUM (Genito-Urinary Medicine) clinics located in a number of hospitals throughout the country.

There was an explicit commitment stated by all hospital groups towards equality of access for all clients including LGBT people. There was a stated low level of knowledge of the *specific* health and social care needs of LGBT people. In particular there was no policy or targeted action on issues such as disclosure of sexual identity or next of kin, and their impact on LGBT people in a hospital setting.

*Table 7: Profile of HSE funded/supported activity for LGBT health-related work within the National Hospitals Networks*

National Hospitals Networks	Key areas of Activity	Funding Support for LGBT health-related work
<b>Dublin/Midlands Hospital Group</b> – includes: Mullingar, Tullamore, Portlaoise, Naas, The Coombe, Our Lady’s HospFor Sick Children-Crumlin, AMNCH-Tallaght.	Sexual Health services provided through GUM Clinics*. No specific targeted services for LGBT people.	None to date
<b>Dublin North-East Hospital Group</b> – includes: Beaumont, Mater, CUH, Cappagh, Rotunda and Connolly.	Sexual Health services provided through GUM Clinics. No specific targeted services for LGBT people.	None to date
<b>Mid-western Hospital Group</b> - includes: Mid-western regional hospital group, Limerick, Ennis Nenagh, Croom, St. John’s Limerick.	Sexual Health services provided through GUM Clinics. No specific targeted services for LGBT people.	None to date
<b>North East</b> – includes: Monaghan, Cavan, Navan, Dundalk, Drogheda.	No specific targeted services for LGBT people.	None to date

<p><b>West and North West Hospital Group</b> - includes: Sligo, Letterkenny, Mayo, UCHG, Merlin, Roscommon, Portiuncula, Ballinasloe.</p>	<p>Sexual Health services provided through GUM Clinics. No specific targeted services for LGBT people.</p>	None to date
<p><b>South Eastern Hospital Group</b> – includes: Waterford, Wexford, St. Luke’s, Kilkenny, Our Lady’s Cashel, Lourdes Orthopaedic.</p>	<p>Sexual Health services provided through GUM Clinics in Waterford Regional and Wexford General Hospitals. No Specific targeted services for LGBT people.</p>	None to date
<p><b>Southern Hospital Group</b> – includes: CUH, Erinville, St. Mary’s Orthopaedic, Mallow General, Kerry General, Mercy University, Bantry General, South Infirmary Victoria Hospital.</p>	<p>Cork University Hospital</p> <ul style="list-style-type: none"> <li>● Limited provision of tailored services to Transsexual people.</li> <li>● Allocation of funding to local NGO.</li> </ul>	€ 10,000
<p><b>Dublin South Hospital Group</b> - St Vincents, St, Michaels, St Colmcille’s, National Maternity Hospital, Hume Street, St. Lukes, St. James, Royal Victoria.</p>	<p>No Specific targeted services for LGBT people.</p>	None to date

\* Sexual Health Services provided through the GUM clinics are for the general population. Some services in some areas adapt and tailor services to meet the needs of LGBT people.

### 3. Population Health

Limited *targeted activity* for LGBT people within population health was evidenced by:

- ◆ Advocacy and strategic development on behalf of LGBT people, in particular, transsexual people through the National Population Health Directorate
- ◆ Support and funding for particular areas of LGBT health-related work through the National Office for Suicide Prevention.

*Table 8: Profile of HSE funded activity for LGBT health-related work within Population Health*

Population Health	Key areas of Activity	Funding Support
Equality/Health Inequalities	Support for Transgender People	HSE Population Health Directorate
National Population Health Directorate/ National Office for Suicide Prevention	Support for the National Suicide Study	HSE Population Health Directorate Dormant Accounts
National Office for Suicide Prevention	<p>Support for BeLonG To Youth Project to develop a national programme to support the development of youth services to LGBT young people. This work includes:</p> <ul style="list-style-type: none"> <li>● Working with mainstream youth services to make their services accessible to LGBT young people.</li> <li>● Working with regional youth services to support the development, in partnership, of esignated regional LGBT youth services.</li> <li>● Working with Youth &amp; Community Work university and training courses to ensure training on LGBT issues.</li> <li>● Working on the co-ordination of research carried out by The HSE’s National Office for Suicide Prevention, The Gay &amp; Lesbian Equality Network and BeLonG To Youth Project into the service needs of LGBT youth.</li> <li>● Designing templates for best practice in working with LGBT young people, based on the research and the experience and evaluation of BeLonG To Youth Project.</li> </ul>	National Office for Suicide Prevention

#### 4. Health Promotion

Limited *targeted activity* for LGBT people within health promotion was evidenced by:

- ◆ Support and funding through Area-Based Sexual Health strategies.
- ◆ Support, advocacy and funding through Area-Based Health Promotion Teams, including Women’s Health Development Officers, Youth Advocacy Support Teams, and Schools Programmes.
- ◆ Inclusion of LGBT issues in health promotion educational programmes, including youth programmes, women’s and men’s health programmes.

*Table 9: Profile of HSE funded activity for LGBT health-related work within Health Promotion*

Health Promotion	Key areas of Activity	Funding Support
Dublin - North East - Youth Health Promotion Team	<ul style="list-style-type: none"> <li>● Organise and co-host GP training on the issue of the LGBT Community accessing GP services and how to make this service more ‘LGBT User Friendly’. This training is delivered in conjunction with Dundalk Outcomers and the IFPA.</li> <li>● Member of Outcomers Resource Publications Steering Committee.</li> <li>● Deliver Sexual Health ‘Training the Trainers’ Programmes to Youth Organisation’s staff, with each training incorporating a LGBT module.</li> <li>● Outcomers have liaised with the Youth Health Promotion Team to access contacts within the HSE on a series of issues most recently the accessing of Child Protection Training.</li> </ul>	<ul style="list-style-type: none"> <li>● Health Promotion, Dublin - North East</li> </ul>

<p><b>County Louth Sexual Health Committee</b></p>	<ul style="list-style-type: none"> <li>● Set up by the Youth Health Promotion Team and the Teenage Parent Support Programme. Dundalk Outcomers are a member of this committee which has most recently provided training on the issue of Sexual Health.</li> </ul>	<ul style="list-style-type: none"> <li>● Health Promotion, Dublin - North East</li> </ul>
<p><b>HSE West - Galway</b></p>	<ul style="list-style-type: none"> <li>● Health Promotion Services has contacts with support groups in GMT, NUIG and Out West regarding supports available from health promotion around information and training and other issues that may arise related to health promotion.</li> <li>● Supports and links through Health promotion and sexual health services, Women's health development officer, Infectious diseases clinic.</li> </ul>	<ul style="list-style-type: none"> <li>● Health Promotion, HSE West</li> </ul>
<p><b>HSE West - Donegal/ Sligo/Leitrim</b></p>	<ul style="list-style-type: none"> <li>● Health promotion supports to North West Lesbian Line, North West Lesbian Health events, Men's health workshops, youth health workshops, sexual health strategy and action plan</li> <li>● Research into experiences of LGB people accessing health and social services in the region- with the Equality Authority.</li> <li>● Establishment of LGBT youth group in Donegal in collaboration with BeLonG To and a local interagency steering group.</li> </ul>	<ul style="list-style-type: none"> <li>● Sexual Health Strategy</li> <li>● Sexual Health Strategy/Equality Authority</li> <li>● Health Promotion HSE West</li> </ul>

### Funding:

There is no HSE policy<sup>11</sup> governing the support or funding of LGBT health-related work. Most resources heretofore for LGBT work have been channelled through PCCC, Health Promotion and Population Health through the following sources:

- ◆ AIDS Strategy funding
- ◆ Sexual Health Strategy funding
- ◆ Section 39/65 Grants
- ◆ Health Inequalities Funding
- ◆ Population Health

The vast majority of the funding has come from AIDS/HIV prevention sources. There is a distinct absence of funding for lesbian and transgender health-related work. Funding for activity targeting the broad determinants of LGBT health is inconsistent.

### Funding allocations, 2006:

In 2006, the total allocation of funding for AIDS/ HIV and LGBT health-related work was € 2,777,989.00.

€1,423,821.00 (51%) was allocated to services and organisations that provide AIDS/ HIV support, information and sexual health information to the **general population**, in addition to the LGBT population. These organisations include:

- ◆ Dublin Aids Alliance
- ◆ Open Heart House
- ◆ Aids Help West
- ◆ Aids Help North West
- ◆ Red Ribbon Project
- ◆ Relationships and Sexual Health Programme, HSE Limerick
- ◆ Sexual Health Clinic, Cork.

€ 1,354,168.00 (49%) was allocated to LGBT specific organisations and services for all LGBT health-related work including HIV/AIDS prevention, support and information and sexual health work (see figures 1-6 for more details).

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<sup>11</sup> In addition, there were no such policies in operation within the former health board structures. These organisations provide HIV and Sexual Health Services to the general public *in addition* to the LGBT population.

### Funding allocations 2007:

In 2007, the total allocation of funding for AIDS/HIV work and LGBT health-related was €2,883,517.00.

€1,527,875.00 (53%) was allocated to services and organisations that provide AIDS/HIV support, information and sexual health information to the **general population**, in addition to the LGBT population. These organisations include:

- ◆ Dublin Aids Alliance
- ◆ Open Heart House
- ◆ Aids Help West
- ◆ Aids Help North West
- ◆ Red Ribbon Project
- ◆ Relationships and Sexual Health Programme, HSE Limerick
- ◆ Sexual Health Clinic, Cork.

€1,355,641.00 (47%) was allocated to LGBT specific organisations and services for all LGBT health-related work including HIV/AIDS prevention, support and information and sexual health work (see figures 1-6 for more details).

Figure 1: HSE Funding Allocations for AIDS/HIV/LGBT Health-Related work for 2006

Please note that the figures below are inclusive of allocations made to **all** organisations, including all non-LGBT organisations who provided HIV and Sexual Health Services to the general public in addition to the LGBT population e.g. Dublin Aids Alliance, Open Heart House, Red Ribbon Project. All of the other organisations provide a service to the LGBT community only.

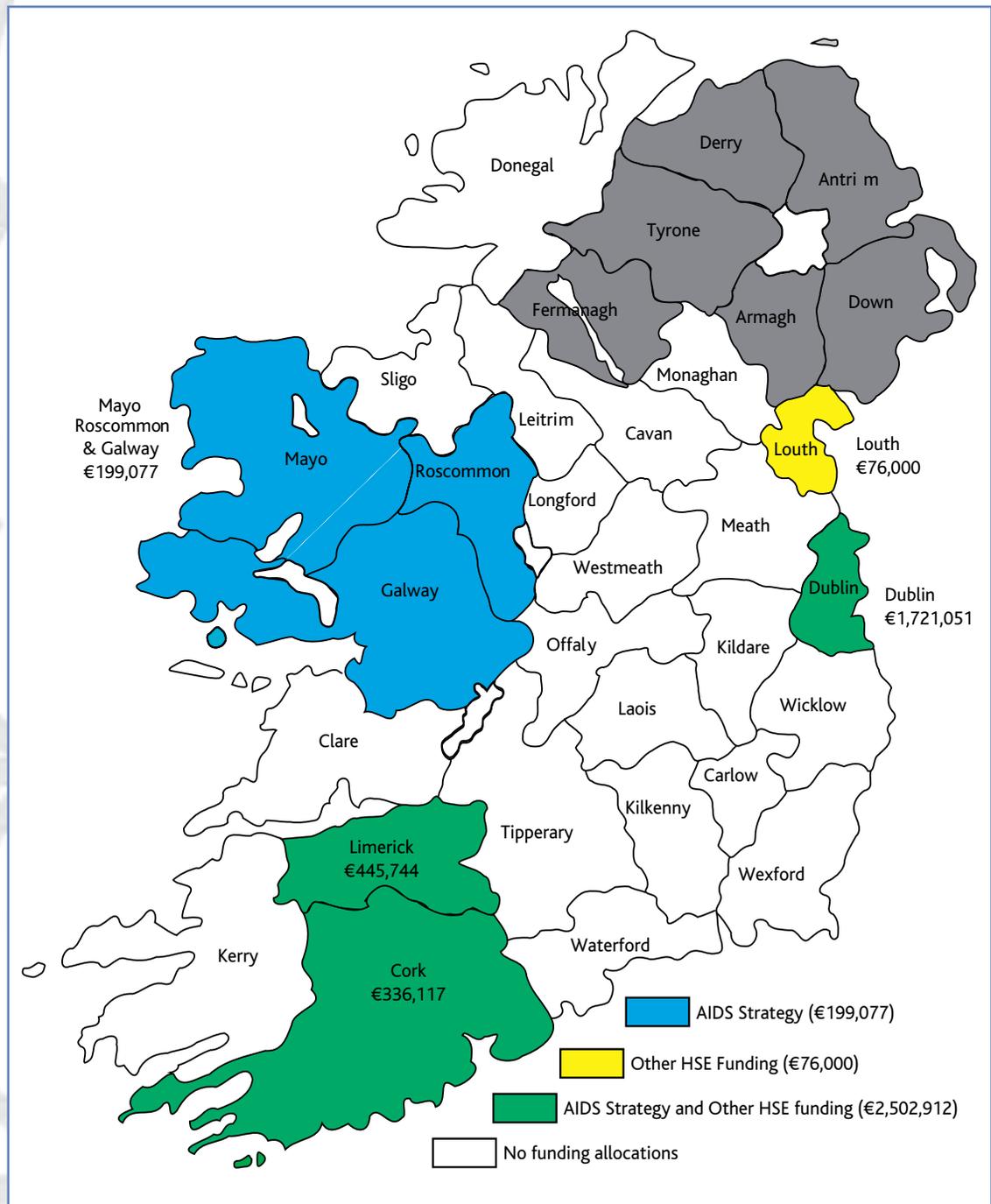


Figure 2: HSE Funding Allocations for LGBT Health-Related work for 2007

Please note that the figures below are inclusive of allocations made to all organisations, including all non-LGBT organisations who provided HIV and Sexual Health Services to the general public in addition to the LGBT population e.g. Dublin Aids Alliance, Open Heart House, Red Ribbon Project. All of the other organisations provide a service to the LGBT community only.

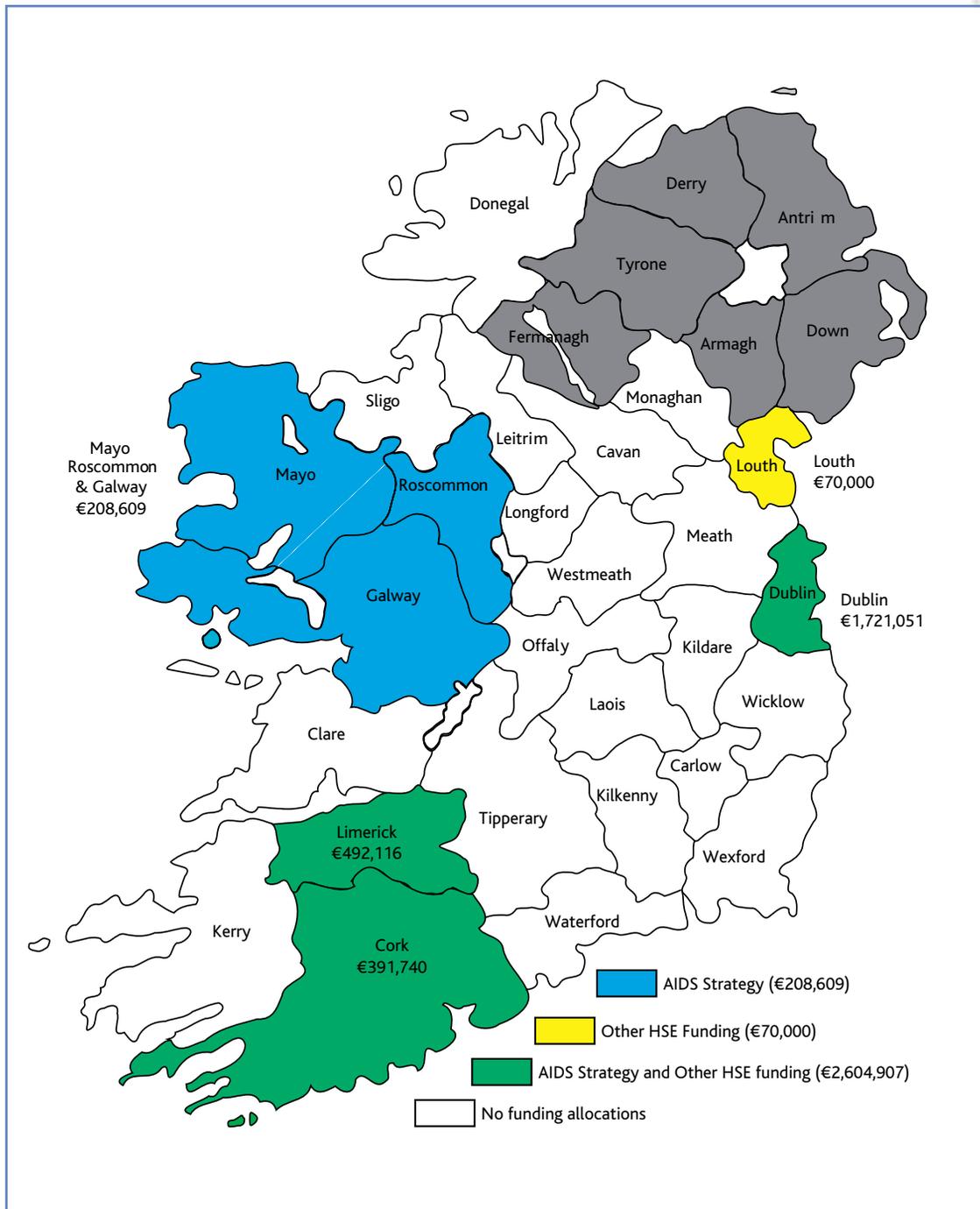


Figure 3: LGBT health-related funding and AIDS/HIV funding allocations per each administrative area in 2006 <sup>12</sup>

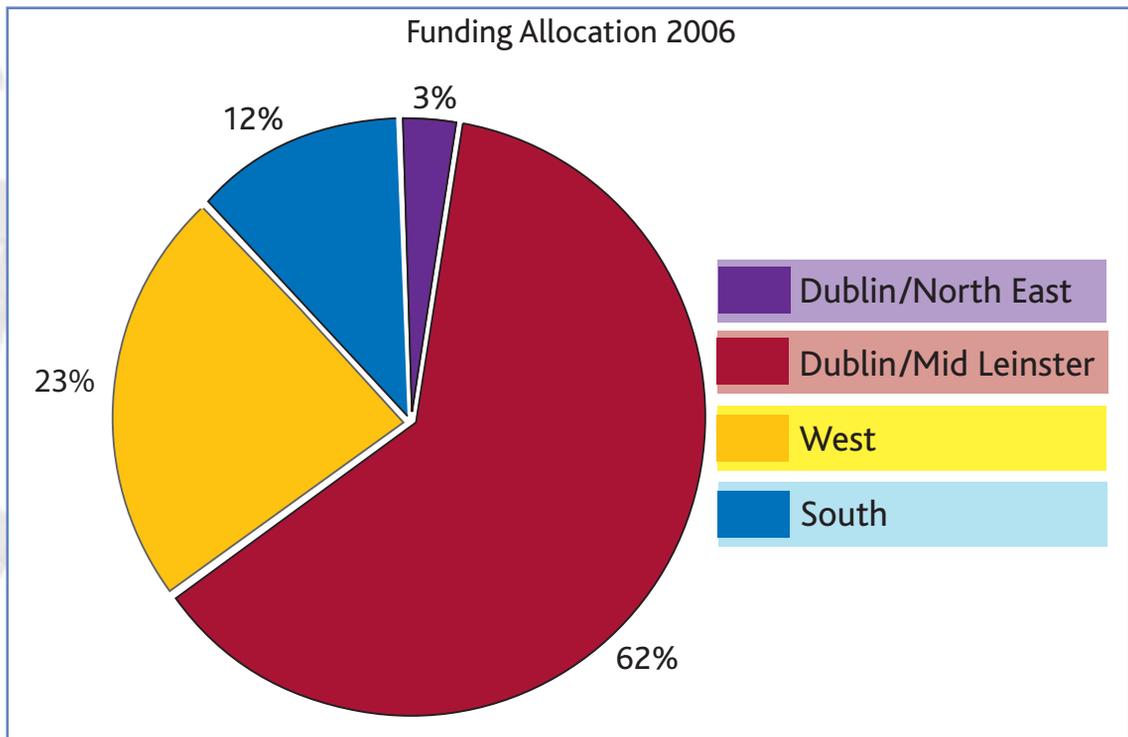
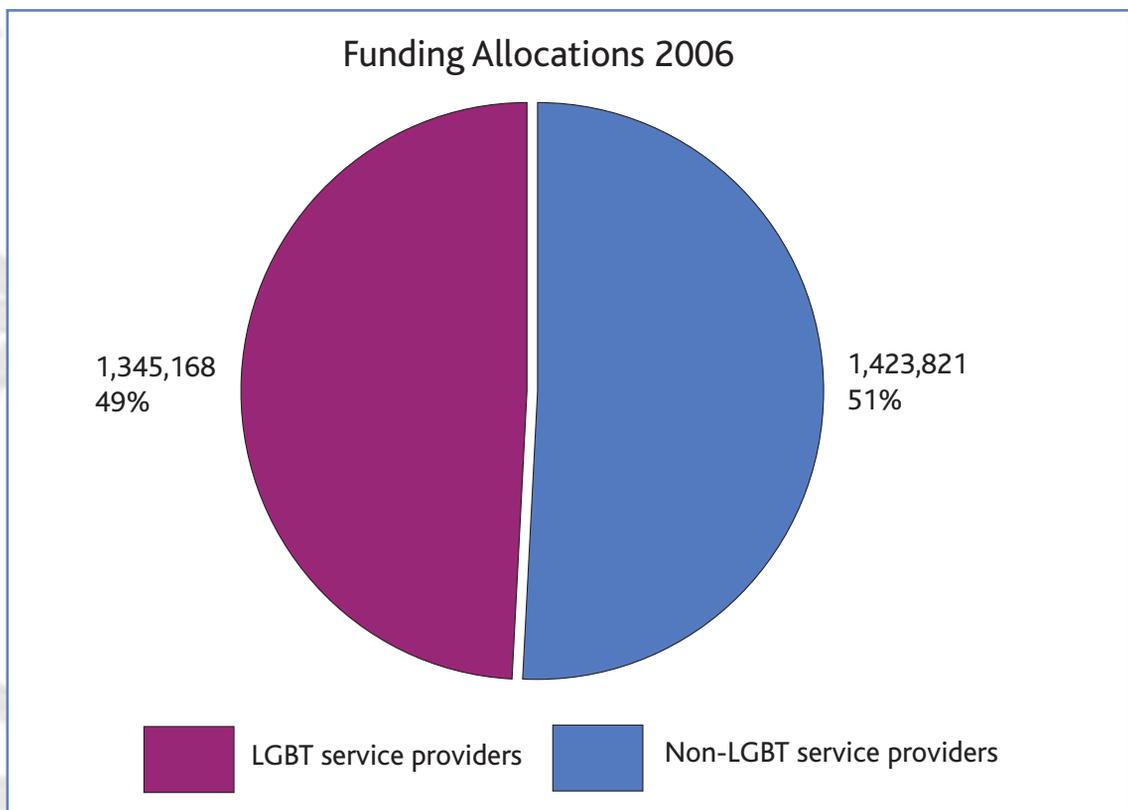


Figure 4: Breakdown of funding allocations to LGBT and Non-LGBT service providers in 2006



<sup>12</sup> Please note that this chart relates to the total funding allocations to AIDS/HIV and LGBT health-related work in each administrative area.

Figure 5: LGBT health-related funding and AIDS/HIV funding allocations per each administrative area in 2007<sup>13</sup>

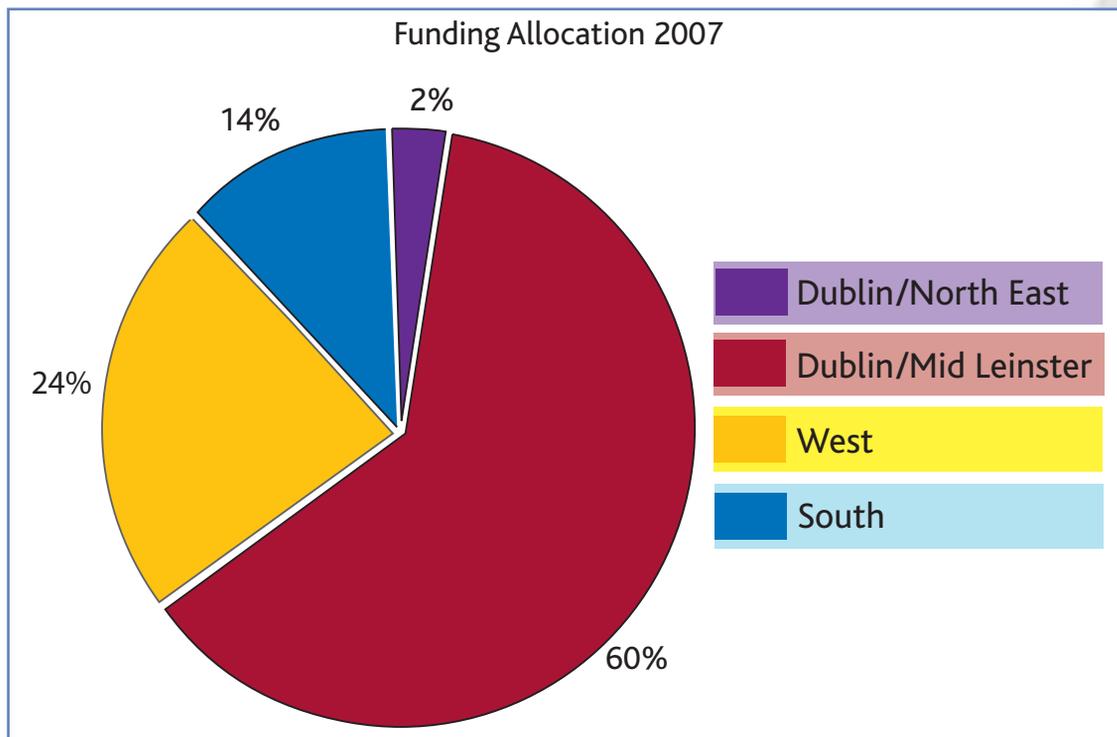
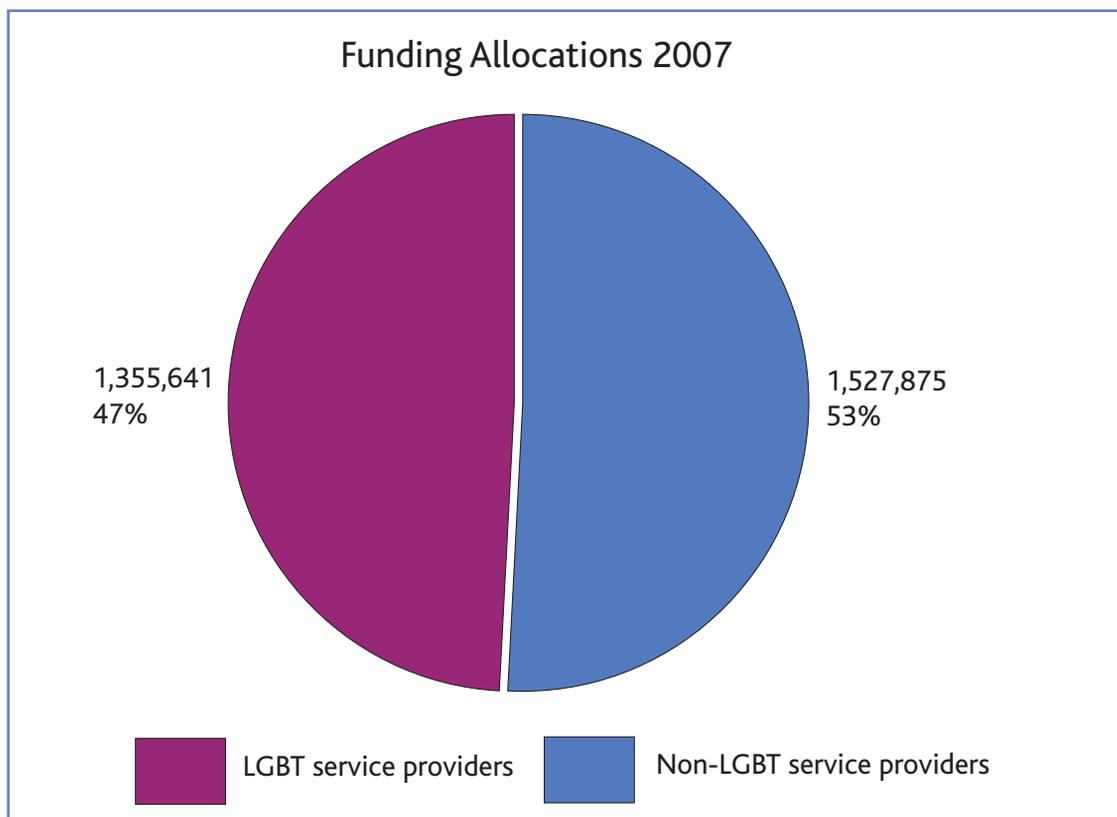


Figure 6: Breakdown of funding allocations to LGBT and Non-LGBT service providers in 2007



<sup>13</sup> Please note that this chart relates to the total funding allocations to AIDS/HIV and LGBT health-related work in each administrative area.

**Table 10: LGBT health-related and AIDS/HIV funding Allocations 2006 and 2007**

Please note that the figures below are inclusive of allocations made to all organisations, including all non-LGBT organisations who provided HIV and Sexual Health Services to the general public in addition to the LGBT population e.g. Dublin Aids Alliance, Open Heart House, Red Ribbon Project. These organisations are denoted by an asterisk. All of the other organisations provide a service to the LGBT community only.

Area	Funding allocation 2006 <sup>14</sup>	Funding allocation 2007 <sup>15</sup>	Funding Source	WTE's
Dublin/North East - Dundalk Outcomers	€ 76,000	€ 70,000	Louth/Monaghan/Cavan LHO	2 WTE
<b>Total:</b>	<b>€ 76,000</b>	<b>€ 70,000</b>		
Dublin/Mid-Leinster - GLEN: Mental Health Gay HIV Strategies - Outhouse <sup>17</sup> - BeLong To Youth Project	€ 30,000 € 105,534 € 205,017 € 111,000	€ 30,000 € 105,534 € 205,017 € 111,000	Population Health AIDS Strategy <sup>16</sup> AIDS Strategy Population Health- National Office for Suicide Prevention Social Inclusion & AIDS Strategy AIDS Strategy	0.4 WTE 1 WTE 4 WTE 1.5 WTE
- Gay Health Network - Gay Men's Health Service	€ 17,500 € 630,000	€ 17,500 € 630,000		None 6 WTE, 16 seasonal workers 6 WTE Operational None
- Dublin Aids Alliance <sup>18*</sup> - Open Heart House* - TENI	€ 447,000* € 175,000* € N/A	€ 447,000* € 175,000* € N/A	AIDS Strategy AIDS Strategy Population Health	
<b>Total:</b>	<b>€1,721,051*</b>	<b>€1,721,051*</b>		

<b>West</b>					
Rainbow Support Services	€ 43,000	€ 54,850	Social Inclusion Childcare	1 WTE	
- Limerick Lesbian Line					
- Gay Switchboard					
Aids Help West*	€ 199,077*	€ 208,609*	AIDS Strategy	4.6 WTE	
Red Ribbon Project*	€ 278,505*	€ 299,235*	AIDS Strategy	5 WTE	
Relationships and * Sexual Health Programme - Limerick	€ 124,239*	€ 138,031*	Children Services	N/A	
<b>Total:</b>	<b>€ 644,821*</b>	<b>€ 700,725*</b>			
<b>South</b>					
LinC	€ 40,000	€ 41,400	Section 39	0.5	
	€ 18,277	€ 10,000	Once off		
Cork Gay Community Development Project Ltd	€ 77,840	€ 77,840	Section 39 AIDS Strategy	2.2	
Alliance Sexual Health Centre, Cork*	€ 200,000*	€ 2,500 € 260,000*	Lottery Section 39 AIDS Strategy	4 WTE	
<b>Total:</b>	<b>€ 336,117*</b>	<b>€ 391,740*</b>			
<b>Total allocations:</b>	<b>€ 2,777,989</b>	<b>€ 2,883,516</b>			

14 This funding covers both pay and programme costs including sessional health workers (Medical Practitioners, counsellors, agency nurses etc).

15 This funding covers both pay and programme costs including sessional health workers (Medical Practitioners, counsellors, agency nurses etc).

16 Heretofore, AIDS strategy funding came through the HIV/Drugs services within the former ERHA. This funding is currently channelled through the addition services of Dublin/ North East and Dublin/ Mid-Leinster.

17 AIDS Strategy funding for Outhouse, Gay HIV Strategies and GMHS is now located in Dublin Mid Leinster via Dublin South Local Health Office (LHO).

18 \*The asterisk denotes all non-LGBT specific organisations which includes: Dublin Aids Alliance, Open Heart House, Aids Help West, Aids Help North West, Red Ribbon Project, Relationships and Sexual Health Programme, Limerick and the Sexual Health Clinic, Cork. These organisations provide HIV and Sexual Health Services to the **general public in addition** to the LGBT population. All of the other organisations provide a service to the LGBT community **only**.

## **7. Next Steps**

**Key recommendations 2009** 86

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## Recommendations

While positive efforts have been made to advance the health status of LGBT people throughout the HSE, the findings of this exercise have highlighted that there continues to be significant gaps in a number of areas. In order to meet the HSE objective of providing health and personal social services for everyone living in the Republic of Ireland and equally fulfil government equality aspirations, it is essential these gaps are addressed so that LGBT peoples' health needs are appropriately met through both mainstream and, where necessary, targeted services.

The recommendations presented here are a response to the findings of the mapping exercise and to key health issues as identified in the literature review of LGBT health. These recommendations have been formulated to help initiate and develop a strategic and unitary approach to the delivery of LGBT health-related services across all facets of the HSE. It is essential that all services delivered through Population Health, the National Hospitals Office (NHO) and through Primary Community and Continuing Care (PCCC) are appropriately equipped so as to meet the health needs of LGBT people.

In order to consolidate and support this process, the following sets of recommendations are being proposed - those that need to happen as a matter of priority in 2009, and those which should happen in order to enable a strategic and longer-term approach to this issue in 2010 and beyond.

## Key recommendations 2009

### *1. Develop a National HSE Strategy and Action Plan for LGBT people.*

This strategy will focus on how to address existing gaps and inconsistencies in current service provision and funding. It will promote the mainstreaming of LGBT health and identify areas where dedicated services may be required. It will specifically focus on a number of key areas:

- ◆ **LGBT Health and the HSE Transformation Programme**
- ◆ **Primary Care Transformation Programme**
- ◆ **LGBT General Health**
- ◆ **LGBT Mental Health and Suicide Prevention**
- ◆ **Lesbian and Bisexual Women's Health**
- ◆ **Gay, Bisexual Men and MSM Health**
- ◆ **Transsexual Health**
- ◆ **LGBT Young People's Health**
- ◆ **Older LGBT Health**
- ◆ **Ethnic and Cultural Minority LGBT Health**
- ◆ **Disabled LGBT people's Health**
- ◆ **Parenting, Fostering and Adoption**
- ◆ **LGBT Homelessness**
- ◆ **LGBT Domestic Abuse**

The strategy should be developed by an appropriate consultative structure, which involves key stakeholders with the relevant expertise regarding the above issues. This structure should involve representation from all pillars across the HSE and representation from the NGO sector. The strategy should be informed by existing documents, frameworks, needs assessments and strategies. It should also document and highlight examples of good practice across the country which address issues of LGBT health-related provision. Priority areas are: mental health, lesbian and bisexual women's health and transsexual health.

The development of a strategy and action plan will be necessary to produce a

comprehensive list of recommendations as to how LGBT health needs can be best met within the Irish health care system. However, the research undertaken as part of this mapping exercise has enabled the identification of a preliminary set of recommendations. Further work will be necessary to examine best practice in this area as applied in other jurisdictions and to outline the exact mechanism for implementing the strategy and action plan.

*2. Identify and secure adequate resources to enable the implementation of National HSE Strategy and Action Plan for LGBT people.*

*3. Publish and publicise this mapping report.*

This should involve the following:

- ◆ publishing the mapping report
- ◆ disseminating findings widely
- ◆ organising a seminar for senior managers and planners regarding recommendations/implications of report.

## Policy level recommendations 2009

*4. Name LGBT people as a target group in HSE policy and its planning process.*

This will ensure that the needs of LGBT people are explicitly included in future HSE strategy, service planning cycles and the current transformation programme.

*5. Develop an explicit HSE policy governing the funding and allocation of resources to LGBT health-related work.*

The inadequacies identified in the mapping process highlight that LGBT health services are not available through the country in a consistent, sustained or equitable manner.

*6. Ensure that LGBT communities are appropriately consulted and involved*

*in the planning and development of health and social services.*

This consultation and involvement should be developed in keeping with current models of best practice adjusted to best fit the current HSE structures.

*7. Ensure that the development of Primary Care Teams and Networks reflect and address the health needs of LGBT people.*

The needs of LGBT people must be included in the Primary Care Needs Assessment, and where possible, representatives of LGBT communities should be actively involved in determining their needs and priority health issues as part of overall community participation in Primary Care Teams. The unique health needs of LGBT people should be reflected in the overall provision of services by the Primary Care Teams.

*8. Implement key findings from the Equality Authority report "Access to health services for transsexual people" (2004).*

**These findings include:**

- i. Assign a designated gender specialist to coordinate delivery of transsexual health services in Ireland and identify treatment paths for transsexual patients.
- ii. Expand specialist psychiatric and therapeutic services for transsexual people, and their families and loved ones who are negatively impacted by a diagnosis of GID.
- iii. Enlarge endocrinology services for transsexual patients, and ensure access to and affordability of electrolysis/laser hair removal for Male-to-Female transsexual people.
- iv. Ensure transsexual patients returning from surgery abroad have access to appropriate surgical aftercare in the Republic.
- v. Provide formal training on transsexual health issues for all medical and other health care professionals.

*9. HSE undertake regular research on LGBT health and include LGBT people in population health profiling.*

Qualitative and quantitative research should be undertaken where gaps in available

evidence highlight barriers to meeting the needs of particular groups e.g. Lesbians, Transgender People, mental health. Efforts should be made to include LGBT people in population health profiling as undertaken through Population Health, where possible.

*10. Develop an LGBT Workplace Diversity Policy promoting workplace welfare for HSE LGBT Staff.*

An LGBT Workplace Diversity Policy which promotes workplace welfare should be developed through the Human Resources Directorate in partnership with the National Health Services Partnership Forum. The establishment of an LGBT workplace support network, modelled on other networks developed through social partnerships structures, should be explored.

*11. Develop and implement training and awareness programmes, highlighting LGBT issues and the needs of LGBT people for all HSE staff.*

Training and awareness programmes highlighting LGBT issues and needs should be developed in partnership with the Corporate Performance and Development Unit and the NGO sector. The development and implementation of these programmes should draw on existing best practice and should be implemented within existing HSE training and awareness programmes.

## Local level recommendations 2009

*12. Distribute and promote the 'LGBT Good practice guidelines for Service Providers'.*

There are a number of immediate actions which HSE service providers can implement in their service which have the potential to significantly impact on the day-to-day health-related experiences of people who are lesbian, gay, bisexual and transgender. These "good practice guidelines" are listed in Box 3 and should be distributed to all service managers and providers throughout the HSE.

## Key Actions for all Service Providers 2009

There are a number of immediate good practice guidelines which HSE service providers can implement in their service which have the potential to significantly impact on the day-to-day health-related experiences of people who are LGBT.

### *Box 3: Working with Lesbian, Gay, Bisexual and Transgender People- Good Practice Guidelines for Health Service Providers*

- » Don't assume everyone is heterosexual (e.g. service users, carers, parents, colleagues).
- » Be informed about the health issues of Lesbian, Gay, Bisexual and Transgender (LGBT) people.
- » Respond positively when people disclose their sexual orientation and/or gender identity.
- » Ensure respect, confidentiality and privacy is shown to all LGBT people.
- » Address issues of same-sex partners and next-of kin in care settings in a sensitive manner.
- » Ensure all relevant paperwork uses language which is inclusive of LGBT people and their families ( e.g. information leaflets, questions used in history taking)
- » Where relevant, all health related publications should include references to and images of LGBT people.
- » Display contact details, posters and literature of local and national LGBT services in your waiting areas.
- » Be familiar with local LGBT groups and services and develop working relationships with them.
- » If you are unsure of appropriate language, ask LGBT person/group for guidance.
- » Address unacceptable, offensive or discriminatory comments and/or actions relating to LGBT people.
- » Promote inclusive practice for LGBT people through the development of local policies and provide appropriate training for service providers.

Table 11: List of recommendations

Recommendation	Responsibility	Target date
<i>Key recommendations:</i>		
1. Development of a National HSE Strategy and Action Plan for LGBT people.	PCCC/Population Health/NHO	2009
2. Identify and secure adequate resources to enable the implementation of National HSE Strategy and Action Plan for LGBT people.	PCCC/Population Health/ NHO	2009
3. Publish and publicise this mapping report.	PCCC/Population Health/ NHO	2009
<i>Policy level recommendations:</i>		
4. Name LGBT people as a target group in HSE policy and its planning process.	All Directorates	2009
5. Develop an explicit HSE policy governing the funding and allocation of resources to LGBT health-related work.	All Directorates	2009
6. Ensure that LGBT communities are appropriately consulted and involved in the planning and development of health and social services.	PCCC/ Primary Care Transformation Dev. Officers/NGO Sector	2009
7. Ensure that the development of Primary Care Teams and Networks reflect and address the health needs of LGBT people.	All Directorates	2009
8. Implement key findings from the Equality Authority report "Access to health services for transsexual people" (2004).	Population Health, PCCC, NHO	2009
9. Develop and implement training and awareness programmes, highlighting LGBT issues and the needs of LGBT people for all HSE staff.	Corporate Performance and Development/NGO sector	2009
10. HSE undertake regular research on LGBT health and include LGBT people in population health profiling.	PCCC/Population health/NHO/HR	2009
11. Develop an LGBT Workplace Diversity Policy promoting workplace welfare for HSE LGBT Staff.	HR/Partnership	2009
<i>Local level recommendations:</i>		
12. Distribute and promote the 'key actions for service providers'.	All service providers across all HSE Directorates	2009



## **Appendix I**

**Health and Social Services Related Directory  
for Lesbian, Gay, Bisexual and  
Transgender persons**

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## **Appendix II**

**Profile of LGBT work supported through  
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## Appendix I –

### Health and Social Services Related Directory for Lesbian, Gay, Bisexual and Transgender Persons

Name of Organisation	BeLonG To Youth Service
Address	105 Capel St, Dublin 1
Telephone	01-8734184
Fax	
Email	info@belongto.org
Web address	www.belongto.org

#### *Services Offered:*

The purpose of BeLonG To is to provide services for, and give a voice to, LGBT young people, facilitating them through personal development & growth, and as such enabling them to access all their rights as equal citizens and empowering them to participate as agents in positive social change. BeLonG To provides structured youth work groups on a weekly basis and supports young people to develop programmes which meet their specific needs. As the only designated LGBT youth service in the country BeLonG To also campaigns and advocates on issues that impact on LGBT young people's lives and is working to support the development of youth services to LGBT youth nationwide.

#### *Opening times:*

10-6pm Monday – Wed 10-8.30; Thursday; 2-6pm Sundays

Are you statutory Service: Yes ( ) No (x)

Voluntary (Non Governmental Organisation): Yes (x) No ( )

#### *How is the organisation funded:*

- Department of Education and Science, through the City of Dublin youth Services Board
- HSE's National Office for Suicide Prevention
- Department of Community & Gaelteacht Affairs, through the North Inner City Drugs Task Force

## Health and Social Services Related Directory for Lesbian, Gay, Bisexual and Transgender Persons

Name of Organisation	Cork Gay Community Dev. Co.Ltd.
Address	8, South Main Street, Cork
Telephone	021 4278470/1
Fax	021 4278475
Email	info@gayprojectcork.com
Web address	www.gayprojectcork.com

### *Services Offered:*

The Cork Gay Project exists to ensure that gay and bisexual men can fully participate in the social, political, economic and cultural life in the greater Cork and Kerry region. To this end we provide the following services.

City Centre resource centre.

This provides a number of services such as drop-in, meeting rooms, social space, café, library and space for other support and social groups such as dining group and Cork gay hill walkers.

Arts programme. (Cinema, theatre, writing group, photography)

Youth Group "UNITE"

Parents support group.

Rural Isolation Supports.

Advocacy work (homeless, legal, asylum, educational, medical)

Wireless internet café (free)

Training. (Mainstream service providers)

Southern Gay Men's Health Project.

### *Opening times:*

7 days a week Mon-Fri 11am-10pm Sat-Sun 11am-7pm

Are you statutory Service: Yes ( ) No ( x )

Voluntary (Non Governmental Organisation): Yes ( x ) No ( )

### *How is the organisation funded:*

We are part funded by the HSE and Pobal through a Community Services Programme.

## Health and Social Services Related Directory for Lesbian, Gay, Bisexual and Transgender Persons

Name of Organisation	Dundalk Outcomers
Address	8 Roden Place, Dundalk Co. Louth Ireland
Telephone	042 93 29816
Fax	042 93 29816
Email	info@outcomers.org
Web address	www.outcomers.org

### *Services Offered:*

Dundalk Outcomers are a social and befriending group for gay men, lesbians and bisexuals. Our drop in centre has been open for over 8 years it is located in the centre of Dundalk we offer some light refreshments, a chat or a read in our library. Free gay and lesbian literature is available.

We are open six nights a week for specific target groups to include Lesbian Night, Gay Men's Night and Youth Night. We run many social Events such as Bar B Que's, Discos, and Bus trips to Other Groups. We also provide a range of training and support initiatives for the LGBT Community.

Over the past 8 years we have held a range of events targeted at both the LGB Community and the wider heterosexual community. We have also been active in promoting LGB rights through the provision of training to both the community and voluntary and statutory sectors.

*Opening times:* Various opening hours for different groups.

Call Help line 042 9352915 or check website for details [www.outcomers.org](http://www.outcomers.org)

Are you statutory Service: Yes ( ) No ( x )

Voluntary (Non Governmental Organisation): Yes ( x ) No ( )

### *How is the organisation funded:*

Since 2004 we have been funded through the HSE Health Inequalities fund.

## Health and Social Services Related Directory for Lesbian, Gay, Bisexual and Transgender Persons

Name of Organisation	Gay Health Network (GHN)
Address	c/o Outhouse, LGBT Community Centre, 105 Capel Street, Dublin 1
Telephone	01 873 4952
Fax	01 873 4954
Email	info@gayhealthnetwork.ie
Web address	www.gayhealthnetwork.ie

### *Services Offered:*

Founded in 1994 GHN is an all-Ireland network of individuals from a wide range of HIV and sexual health agencies, voluntary and statutory. The Network aims are to provide a forum to encourage the exchange of information, resources and ideas; to help identify the needs of gay and bisexual men regarding health interventions, particularly in relation to sexual health and HIV/AIDS and to help ensure that local and national (All-Ireland) health and HIV/AIDS agencies develop gay and bisexual friendly services. GHN has produced a wide range of publications on STIs, HIV Testing and Safer Sex. These are widely distributed in gay and bisexual communities in Ireland and available on the website in various languages.

*Opening times:* Telephone or email the above address.

## Health and Social Services Related Directory for Lesbian, Gay, Bisexual and Transgender Persons

Name of Organisation	Gay and Lesbian Equality Network (GLEN)
Address	Fumbally Court, Fumbally Lane, Dublin 8
Telephone	01 473 0563
Fax	01 454 6663
Email	admin@glen.ie /ciaran@glen.ie
Web address	www.glen.ie

### *Services Offered:*

GLEN is a non governmental organisation that campaigns for the welfare of lesbian, gay and bisexual (LGB) people and for their rights to equality. Established in 1987 it initially focused on law and policy reform. *GLEN is not a service provider but works in the area of policy and strategy to increase social inclusion of LGB people, to mainstream LGB health and social issues and to increase the capacity of LGB organisations.*

Gay HIV Strategies is a GLEN initiative that was established in 1997, and is one of a small number of national strategic health initiatives core-funded by the Department of Health and Children. The unit works at developing local LGB organisations so they have the capacity to participate fully in the social and economic life of wider communities. Effort has been put into developing partnerships with public sector organisations - in order to achieve a supportive context for community development, HIV prevention and health promotion work.

### *Opening times: Mon-Fri 9-5*

Are you statutory Service: Yes ( ) No (x)

Voluntary (Non Governmental Organisation): Yes (x) No ( )

### **How is the organisation funded:**

- *The Director of Gay HIV Strategies is core funded by the Dept of Health and Children,*
- *The Director of Mental Health post receives part-funding from Health Promotion, HSE Dublin North East.*
- *The Director of Policy Change is core-funded by Dept of Justice, Equality and Law Reform.*
- *The Building Sustainable Change Programme is funded by Atlantic Philanthropies.*

## Health and Social Services Related Directory for Lesbian, Gay, Bisexual and Transgender Persons

Name of Organisation	Gay Men's Health Project - Counselling & Outreach
Address	Outhouse, LGBT Community Centre, 105 Capel St, Dublin 1
Telephone	01-873 4952
Fax	01-873 4954
Email	gmhpoutreach@eircom.net gmhpcounsellor@eircom.net
Web address	www.gaymenshealthproject.ie

### *Services Offered:*

Sexual Health Services for gay & bisexual men and other men who have sex with men. STI Clinic, Counselling, Outreach, Information, Training and Research.

**Outreach workers** provide sexual health information, support, advice and referrals; Personal development and other workshops; Training workshops for agencies on sexual health, safer sex, homophobia and heterosexism;

**Counselling** by appointment (waiting list in operation). Various language interpreters available. Also ISL interpreters available for deaf clients to avail of this TEXT at least 48 hours in advance SMS to 087 941 0934

Condoms and Lubricant (safer sex packs) and leaflets available free in Outhouse café.

### *Opening times:*

Monday to Friday 10am to 5.00pm

Outhouse Centre/Café, Open Monday to Saturday 12.30pm to 6.30pm

## Health and Social Services Related Directory for Lesbian, Gay, Bisexual and Transgender Persons

Name of Organisation	Gay Men's Health Project - STI Clinic
Address	19 Haddington Rd, Dublin 4
Telephone	01-669 9553
Fax	01-668 0050
Email	gmhpadmin@maild.hse.ie
Web address	www.gaymenshealthproject.ie

### *Services Offered:*

Sexual Health Services for gay & bisexual men and other men who have sex with men. STI Clinic, Counselling, Outreach, Information, Training and Research.

The STI clinic is Free, Friendly and Confidential. Various language interpreters available if needed. Also ISL interpreters (and loop) for deaf gay or bisexual men, to avail of this TEXT at least 48 hours in advance before the Wednesday clinic. SMS to 087 941 0934

**Tuesdays:** Walk-in for blood tests for HIV, Syphilis and Hepatitis; Return appointments for results, genital warts treatment and Hepatitis vaccine (no STI swabs on Tuesdays).

**Wednesdays:** Walk-in for full STI Screening (including HIV, Syphilis and Hepatitis blood tests). Return appointments for results and treatment.

There is a limit on numbers for doctors, but all men who walk in are assessed by Nurse. Condoms and Lubricant (safer sex packs) and leaflets available free both evenings.

### *Opening times:*

Clinic: Tuesdays 6.00pm to 7.30pm. Walk-In no appointment needed

Clinic: Wednesdays 5.30pm to 7.00pm. Walk-In no appointment needed

Office Hours: Monday to Thursday 10.00am to 5.00pm

## Health and Social Services Related Directory for Lesbian, Gay, Bisexual and Transgender Persons

Name of Organisation	Johnny - Gay Peer Action
Address	c/o Outhouse, LGBT Community Centre, 105 Capel St, Dublin 1
Telephone	01 873 4952
Fax	
Email	Johnny.group@gmail.com
Web address	www.johnny.ie

### *Services Offered:*

Voluntary group promoting health and well-being amongst gay and bisexual men.

### *Opening times:*

Monday to Friday 9.00am to 5.00pm

## Health and Social Services Related Directory for Lesbian, Gay, Bisexual and Transgender Persons

Name of Organisation	L.inc (Lesbians in Cork) Limited
Address	11A, White Street Cork
Telephone	021-4808600
Fax	
Email	info@linc.ie
Web address	www.linc.ie

### *Services Offered:*

L.inc is a voluntary community based resource and drop-in centre in Cork. It provides the following services:

- Individual one-one information and support
- Facilitated Drop-in Tuesdays and Thursdays
- Peer support groups:
- Lesbian Parents group
- Mature lesbian group
- Youth Group
- Coming Out Support
- Married Women's Group
- Bisexual Women's Group
- Parents Support for Parents, family and friends of young gays and lesbians
- Choir ● Yoga
- Education and Training Programme
- Arts Projects
- Quarterly Community Meetings
- Social Events and Annual traditions
- L.inc Mailing List – traditional and electronic

### *Opening times:*

Monday – Friday 11am – 3pm

Office hours 9am-5pm

Are you statutory Service: Yes ( ) No ( x )

Voluntary (Non Governmental Organisation): Yes ( x ) No ( )

### *How is the organisation funded:*

- L.inc is funded through the HSE under section 39/10 which covers running costs and part of the Co-ordinators salary.
- Our Outreach project is funded by The Dept. of Justice, Equality and Law Reform under the Equality for Women Measure RAPID Strand.

## Health and Social Services Related Directory for Lesbian, Gay, Bisexual and Transgender Persons

Name of Organisation	Outhouse
Address	105 Capel St, Dublin 1
Telephone	01-873 4999
Fax	01-865 0090
Email	info@outhouse.ie
Web address	www.outhouse.ie

### *Services Offered:*

We provide support, information, social & cultural services to the LGBT community. We have a drop in centre and café, and also organise a variety of courses and events for the LGBT community as well as awareness raising and information in outside of the LGBT community.

### *Opening times:*

Mon-Fri 12.30-21.00, Sat 13.00-17.00, Sun Closed

Times of Contact and telephone number if Different:

Mon-Fri 10.00-18.00

Are you statutory Service: Yes ( ) No ( x )

Voluntary (Non Governmental Organisation): Yes ( x ) No ( )

### *How is the organisation funded:*

We are primarily funded through the HSE, but have also received grants from Dublin City Council and the Department of Environment, Heritage & Local Government, as well as the Department of Community, Rural and Gaeltacht Affairs.

## Health and Social Services Related Directory for Lesbian, Gay, Bisexual and Transgender Persons

Name of Organisation	Rainbow Support Services
Address	Leamy House, Hartstonge Street, Limerick City, Co.Limerick
Telephone	061 468611 or 061 310101
Fax	
Email	rainbowlmk@eircom.net
Web address	<a href="http://www.rainbowsupportservices.org">http://www.rainbowsupportservices.org</a>

### *Services Offered:*

- LGBT Youth Group
- Women's Group
- Coffee Dock
- Provides a confidential supportive environment in order to meet the needs for the LGBTQ community and their family and friends.
- Promotes and operates two confidential helplines in the gay switchboard and the lesbian line
- Responds to the needs of the service user by developing and establishing support groups.
- Provide support for individuals coming out.
- Operates a one to one befriending service for isolated LGBTQ individuals.

### *Opening times:*

Office hours: 9-5pm Various times for different groups.

Call 061 468611 for further information.

Are you statutory Service: Yes ( ) No ( x )

Voluntary (Non Governmental Organisation): Yes ( x ) No ( )

### *How is the organisation funded:*

Fundraising, HSE, other agencies.

## Health and Social Services Related Directory for Lesbian, Gay, Bisexual and Transgender Persons

Name of Organisation	Red Ribbon Project
Address	Redwood House, 9 Cecil Street, Limerick
Telephone	061 314354
Fax	061 315024
Email	info@redribbonproject.com
Web address	www.redribbonproject.com

### *Services Offered:*

We provide sexual health education, prevention and training throughout the mid-west. We offer specific services and support for people living with HIV and/or Hepatitis B&C. Other services include sexual orientation support, counselling and the provision of free condoms, female condoms, glyde dams, and lube.

*Confidential Helpline:* 061 316661

### *Opening times:*

9.30 – 5.30 mon – fri (closed 1-2)

Are you statutory Service: Yes ( ) No (x)

Voluntary (Non Governmental Organisation): Yes (x) No ( )

### ***How is the organisation funded:***

*HSE and fundraising.*

## Health and Social Services Related Directory for Lesbian, Gay, Bisexual and Transgender Persons

Name of Organisation	sOUTH Committee
Address	c/o Waterford Area Partnership, Westgate Business Park, Waterford
Telephone	086 214 7633
Fax	
Email	southlgbt@gmail.com
Web address	<a href="http://www.bebo.com/southlgbtw">http://www.bebo.com/southlgbtw</a>

### *Services Offered:*

sOUTH is a committee of volunteers, based in Waterford, set up to help and support the LGBT (Lesbian, Gay, Bi-Sexual and Transgender) community in Waterford and the south-east

sOUTH offers support and organises developmental and social events for the LGBT (Lesbian, Gay, Bi-Sexual and Transgender) Community who may want to discuss issue's affecting them. It also offers the following:

- Education and Training Programme.
- Arts Projects.
- Drop-in first and third Wednesday.
- Social Events.
- Sports Events.
- Peer Support.
- Transgender Evenings.
- Annual Information Festival.
- Counselling.

sOUTH also supports the Youth Group ChillOUT.

### *Opening times:*

Mon-Fri 10.00-18.00

Are you statutory Service: Yes ( ) No ( x )

Voluntary (Non Governmental Organisation): Yes ( x ) No ( )

### *How is the organisation funded:*

Grants: National Lottery, Community Foundation for Ireland, WAP, WLP, DSFA

Waterford Area Partnership, Community Foundation for Ireland.

## Health and Social Services Related Directory for Lesbian, Gay, Bisexual and Transgender Persons

Name of Organisation	Transgender Equality Network Ireland (TENI)
Address	c/o Outhouse, 105 Capel Street, Dublin 1
Telephone	085 147 7166
Fax	
Email	info@teni.ie
Web address	<a href="http://www.teni.ie">http://www.teni.ie</a>

### *Services Offered:*

Transgender Equality Network Ireland (TENI) is a voluntary organisation set up to support Transgender and Transsexual people throughout Ireland. Our aim is to represent the needs and best interests of all those with gender identity issues in Ireland.

TENI is dedicated to promoting positive awareness about transsexuality (medically known as 'Gender Identity Disorder') and to improving conditions and advancing equality for all Transsexual and Transgender people in Ireland. On our own and liaising with a variety of community organisations, we work toward this goal by overseeing support meetings, offering education and sensitivity training, organising social events, workshops and courses, and publishing information materials.

### *Opening times:*

The Dublin Peer Support Group runs fortnightly with meetings taking place in Outhouse. For more info please call: 01 873 4999

The Cork Peer Support Group meets at 'The Other Place', South Main Street, Cork on the first Wednesday of every month.

For more information call Christine on 085 108 3935 or contact 'The Cork Gay Project' on 021 4278470.

Are you statutory Service: Yes ( ) No ( x )

Voluntary (Non Governmental Organisation): Yes ( x ) No ( )

### *How is the organisation funded:*

As a completely voluntary organisation, TENI has no paid staff or office premises.

We receive grant funding solely to undertake specific projects.

## Appendix II -

### Profile of LGBT work supported through other agencies

This section gives a brief overview of LGBT work which is currently supported through other agencies.

#### *1. Department of Education and Science*

The Department of Education & Science has, since 2003, funded BeLonG To Youth Project to deliver designated youth work to LGBT young people. This funding comes from the *Special Projects for Disadvantaged Youth* fund within the Youth Affairs Section of the Department and is channelled through the City of Dublin Youth Services Board. Two full time posts are funded along with a programme and maintenance budget.

#### *2. Department of Community, Rural & Gaeltacht Affairs*

The Department of Community, Rural & Gaeltacht Affairs funds a Drugs Outreach post at BeLonG To. This funding is channelled through the North Inner City Drugs Task Force, which supports the work. The post was taken up in late 2006 and aims to provide drugs awareness, prevention and education information to LGBT young people in Dublin. The position was funded in tandem with national research into drug use amongst LGBT young people, which was also supported by the Department. They have also provided funding for equipment in Outhouse.

#### *3. The Department of Environment, Heritage and Local Government*

The Department of Environment, Heritage and Local Government has provided once-off funding for refurbishment and conservation in Outhouse.

#### *4. Department of Social and Family Affairs*

The Department of Social and Family Affairs have funded once-off training initiatives and courses in Outhouse.

#### *5. Dublin City Council*

Dublin City Council has provided once-off funding for refurbishment and conservation in Outhouse.

## *6. LGBT work supported through the Local Development Social Inclusion Programme (LDSIP)*

LGBT people are a relatively new target group to the LDSIP and are included in a number of actions carried out by LDSIP-funded Area-based and Community Partnerships. There are six Partnerships providing specific supports to this target group. The following analysis is based on the 2006 Programme of Activities (PoAs). It includes all projects with a clear focus on LGBT people.

It is important to note that Partnerships' PoAs are indicative only.

- ◆ **Kildare Community Partnership (KCP)** in 2006 aimed to provide on-going support to the Kildare Lesbian, Gay, Bisexual Group. Actions focused on providing on-going support to the group to facilitate their development and growth throughout 2006. In addition to financial support, KCP continue to provide technical support to this new initiative.
- ◆ **Cork City Partnership** in 2006 aimed to provide LGBT communities with support to participate in local decision-making; raise awareness amongst service providers and local decision makers of the needs in the community; and the importance of inclusion in the decision making process.
- ◆ **Partnership Trá Li** in 2006 aimed to create awareness amongst gay men of the services that are available to them and to create a greater awareness regarding equality issues amongst the general public. Promotion of support services and information for gay men and community/voluntary groups in the area of personal development, equality and health in conjunction with Southern Gay Men's Health Project.
- ◆ **Roscommon Partnership Company** in 2006 aimed to support the further development of the Outwest programme, which is currently at predevelopment stage. One of their main target groups is Lesbians, Gays and Bi-sexuals. Support to the group will range from training, technical and financial to kick start the group. Support to this group will take the form of facilitated supports to aid in the development of a plan and future training.

- ◆ **Southside Partnership** in 2006 aimed to provide supports to vulnerable groups in the Southside area, in particular to people from the LGBT communities. The Partnership provides: outreach support to engage with members of the LGBT communities; support the development of an LGBT network for Dún Laoghaire Rathdown; identify opportunities for promoting integration and inclusion, and explore the potential of securing a permanent site for the Gay Community News historical archive of documents relating to the LGBT communities in Ireland.
- ◆ **Waterford Area Partnership (WAP)** in 2006 aimed to support the Gay/Lesbian community through the provision of a part-time worker. sOUTH is working to become the representative network for the LGBT community in the Southeast. The funding from WAP will support the network to: employ a part time development worker; develop their aims and objectives; develop their Drop In Centre; research areas of funding; develop and extend training to Volunteers, and strengthen links with agencies and organisations.

## *7. City and County Development Boards.*

### **Cork**

A service needs analysis of the Cork City Lesbian and Bisexual community 'Towards Objective 86' (Power, 2002) was supported by the Cork City Development in partnership with L.inc and Southern Gay Men's Project. Objective 86 remains one of the 15 priorities of the integrated strategy. In "Cork 2002-2012 Imagine our future: Integrated Strategy for Economic, Social and Cultural Development", Objective 86 states that the lesbian, gay and bisexual community will be enabled to fully participate in the social, cultural and economic life of Cork city.

### *8. Interagency work:*

#### **Galway, Roscommon and Mayo: Needs Assessment on the Lesbian, Gay, Bisexual and Transgender (LGBT) population in Galway, Roscommon and Mayo.**

LGBT West is a network of agencies, statutory and voluntary, based in counties Galway, Roscommon and Mayo and commissioned a piece of research with the following objectives:

- ◆ To identify the unmet community, social, educational, and health needs of the LGBT Community in Galway Mayo and Roscommon
- ◆ To coordinate service delivery to this population
- ◆ To engage the LGBT Community in Galway, Mayo and Roscommon in consultation and dialogue
- ◆ To promote social inclusion and challenge the perceived and the actual discrimination experienced by the LGBT Community

Gay HIV Strategies managed the project with an advisory committee drawn from a range of agencies including City of Galway, Galway and Roscommon VECs. Galway City and Galway, Roscommon and Mayo County Development Boards, Galway City, Roscommon, Connemara and South Mayo Partnership Companies, Health Services Executive, Aids West, NUI Galway, West Training, Galway pride, Outwest and GLEN. The report was completed in January 2008.

### *9. The Community Foundation of Ireland:*

The Community Foundation of Ireland provided once-off small scale grant funding to a limited number of organisations involved in LGBT activities in 2006/2007 for health related projects.

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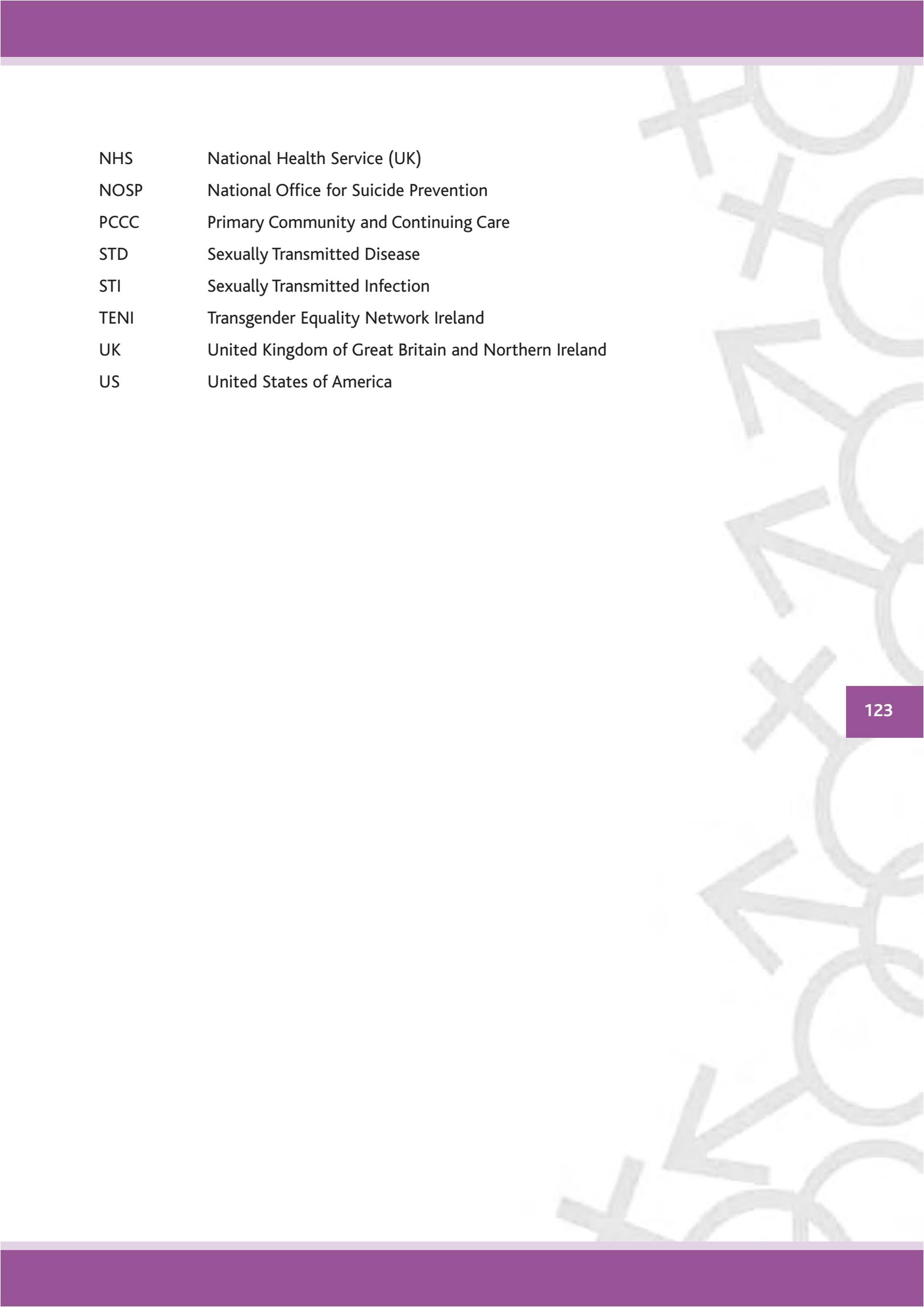
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## Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AHR	Assisted Human Reproduction
CAHR	Commission on Assisted Human Reproduction
CD	Community Development
CSO	Central Statistics Office
CWO	Community Welfare Officer
DNR	Do Not Resuscitate
DOHC	Department of Health and Children
DSFA	Department of Social and Family Affairs
EA	Equality Authority
GHN	Gay Health Network
GID	Gender Identity Disorder
GIDI	Gender Identity Disorder Ireland
GLEN	Gay and Lesbian Equality Network
GP	General Practitioner
GMHS	Gay Men's Health Service
GUM	Genito-Urinary Medicine
HIV	Human Immunodeficiency Virus
HSE	Health Service Executive
HPSC	Health Protection Surveillance Centre
IMC	Irish Medical Council
LDSIP	Local Development Social Inclusion Partnership
LGB	Lesbian, Gay and Bisexual
LGBT	Lesbian, Gay, Bisexual and Transgender
LHO	Local Health Office
MSM	Men who have sex with Men
NAPS	National Anti-Poverty Strategy
NDA	National Disability Authority
NESF	National Economic and Social Forum
NGO	Non-Governmental Organisation
NHO	National Hospitals Office



NHS	National Health Service (UK)
NOSP	National Office for Suicide Prevention
PCCC	Primary Community and Continuing Care
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TENI	Transgender Equality Network Ireland
UK	United Kingdom of Great Britain and Northern Ireland
US	United States of America













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