

Further Out

The Scottish LGBT Rural Equality Report



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and Vic Valentine

Introduction

Equality Network

This **Further Out** report presents the experiences of LGBT people in Scotland's rural regions. The Further Out Project's intention was to collect evidence from individuals living all over Scotland in rural areas on what life is like on a day-to-day basis as someone who is LGBT.

LGBT people living in rural areas of Scotland have diverse and varied experiences. We visited communities all over the country and had hundreds of responses to our online survey. People told us their stories and shared their feelings towards being LGBT and living 'further out'. From this, we have highlighted many themes that, in one way or another, factor into the minority stress of LGBT folk in these areas as well as the state of their wellbeing.

Since March 2020, the initially planned date of publication of this report, our world has changed and is rapidly changing still. The effect of Covid 19 on all communities across Scotland is sharply felt, this includes our rural LGBT communities. We must learn from this. We spoke to stakeholders living rurally to hear how this pandemic has impacted them and have provided an additional chapter with a summary of these experiences and perspectives alongside pressing recommendations to aid in community recovery and wellbeing.

By building a picture through statistics and narrative responses, this report presents the key issues faced by LGBT people, and enables reflection on the reasons and effects behind perceptions and challenges.

This report illustrates how the lived experience of LGBT people in Scotland's rural areas influence their mental health and wellbeing. It is integral that these experiences are shared in order that positive intervention and community development may take place.

Dr Rebecca Crowther

Policy Coordinator, Equality Network

Introduction

Support in Mind Scotland

Going behind the statistics to explore key themes this report provides a real step forward in terms of understanding the poor mental health of many in Scotland's LGBT community. Painting a holistic picture of living rurally as an LGBT person in rural Scotland, the report does not shy away from reporting on the difficult subjects of real and enduring inequalities, prejudice, discrimination, abuse and isolation.

The report explores key themes: socially conservative communities; traditional gender roles and misogyny; religion; suppression of one's 'true self'; visibility; LGBT awareness; isolation and safe spaces; and finally access to services. With valuable input from so many LGBT people in Scotland's rural areas, it has been possible to identify some clear messages, which it is hoped will be of value to the intended audience of policy-makers and practitioners. This report should stimulate debate and raise awareness of the high rates of poor mental health, which relate directly to social factors in our rural communities.

With the inclusion of compelling and vivid commentary from individuals from across Scotland, the report makes clear the scale of the social challenge that still exists.

To improve the health of LGBT people across rural Scotland, the report identifies that we need a joined up approach that will address the underlying conditions that impact the day-to-day living, and ultimately in many cases, determine the mental health condition of many LGBT people.

Experiences of stigma, prejudice, and discrimination is a very real part of LGBT life in rural Scotland and it is clear from this report that this every-day stress is causing significant levels of mental ill-health. Although there is clearly a need for more research to explore the correlations between mental health, LGBT communities, and

living rurally, this report paves the way for a change in the way we address the 'traditional mind-set' in some of our rural communities. During the Covid 19 pandemic, we continue to witness the positive impact that supportive community-led action can have on people of all ages and backgrounds, however it is also evident that we are living in a fragile and significantly broken and unequal society. These inequalities are seen all around us and are reflected in the increasing levels of mental ill health being suffered in society at this time.

It is not simply the responsibility of our health services to tackle mental ill-health, it is for all of us as individuals and in our own professional roles to take on board greater social responsibility. We are all advocates for improving the mental health of LGBT people in rural communities. By engaging diverse voices and promoting collaboration we can all reduce isolation and help people to flourish.

Further Out has created a body of evidence around which new initiatives may emerge. There is a need for a fresh and honest approach from the grass roots to policy level. The results of this report have strengthened our commitment to developing future rural initiatives around community connection and creating supportive places. We must never become silent about things that matter!

Ros Halley

Highlands & Islands Connections Manager,
Support in Mind Scotland

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Methodology

This project had a self-selection-sampling methodology using an online survey, as well as facilitated community stakeholder events across rural and island Scotland.

Analysis: mixed methods, using quantitative and qualitative thematic analysis.

A qualitative focus

When it comes to understanding lived experience, qualitative data allows us to consider the complex factors influencing our daily lives and perceptions. Whilst quantitative data, statistics, allow us a snapshot of the scale of influence of these factors and perceptions on 'good' or 'poor' wellbeing, they do not help us to understand the 'whys' and the 'hows' of lived experience.

Qualitative data (or, real life experiences and narratives) allow us to consider the reasons and effects behind these perceptions and experiences.

Experiential accounts can give us a diverse understanding of the key issues faced by LGBT people in daily life living in rural Scotland. For this reason, this report will utilise thematically analysed qualitative data in order to paint a holistic picture of living rurally in Scotland, as an LGBT+ person. We will then use this qualitative data and these themes to consider how this intersection of identity and circumstance is perceived to affect one's mental health and wellbeing.

Methods

- Data was gathered via an online survey
- The survey was self-selecting
- The survey was disseminated online via social media channels and at local events for LGBT people held across Scotland
- The survey asked both quantitative 'multiple choice' questions and for qualitative written answers
- 14 community events were facilitated in rural and island Scotland, along with a number of street-stalls
- Events were utilised to explore both overarching themes such as social isolation and rurality as well as localised themes, including local transport and services
- All written responses or statements were thematically grouped (coded)
- All thematically grouped qualitative data was further analysed and written up throughout this report
- We will refer to several selected top line statistics throughout the report in order to highlight those statistics that were relevant to the emergent themes found in qualitative analysis
- These statistics were in relation to lived experience, perceptions of equalities and inequalities (with direct reference to minority stress), and mental health or wellbeing
- The use of statistical figures throughout the report are intended to complement the qualitative findings

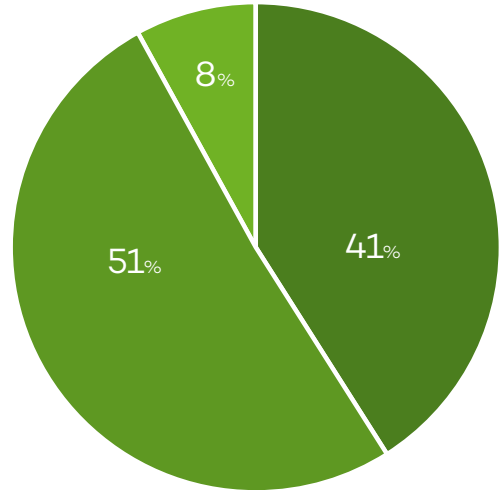
Respondents & Key demographics

Overall, the survey had 284 respondents.

- Respondents were aged between 15 and 74 years

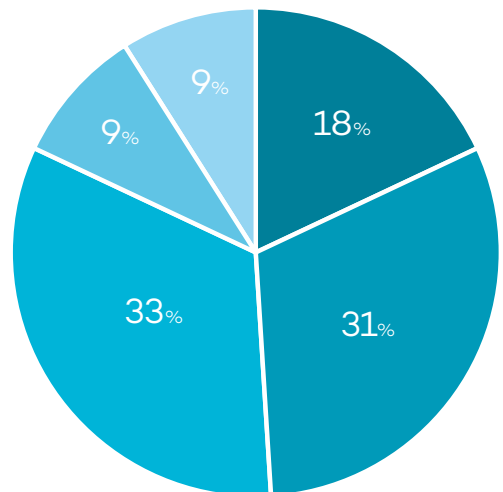
- Gender of respondents

- Male (includes trans men): **41%**
- Female (includes trans women): **51%**
- Non-binary/other: **8%**



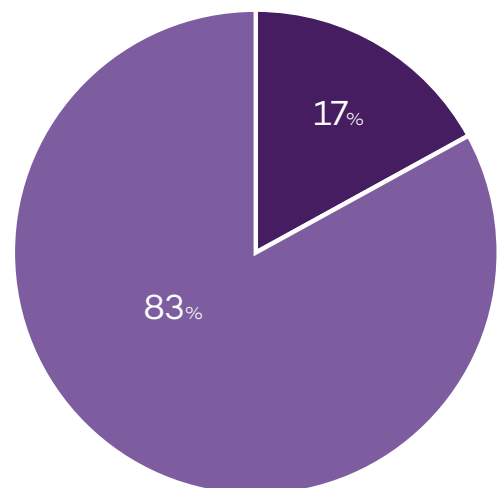
- Sexual orientation of respondents

- Bi: **18%**
- Gay man: **31%**
- Lesbian woman/gay woman: **33%**
- Heterosexual: **9%**
- Other: **9%**



- Trans status of respondents

17% respondents identified as trans (38 respondents) including as trans man, trans woman, non-binary, gender queer and a-gender



- Intersex Status of respondents:

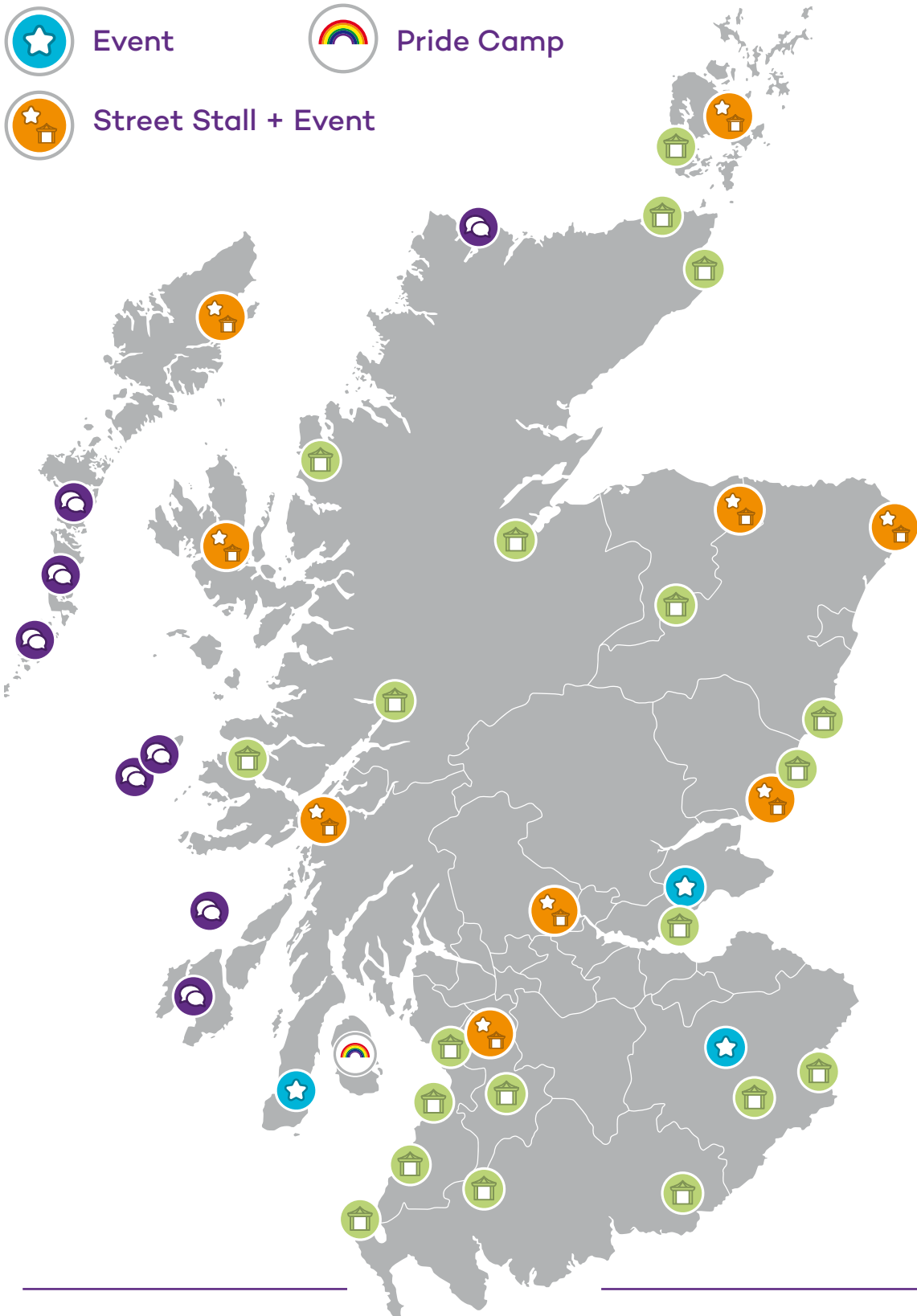
1% (2 individuals) were intersex. Due to only 2 responses from individuals who are intersex, throughout this report we use the LGBT acronym rather than LGBTI. This acknowledges the lack of significant representation throughout this report of intersex people or persons with a Variation in Sex Characteristics (I/VSC). We are currently gathering data through our Scottish I/VSC Survey with the intention of publishing a further report on the issues faced by, and the experiences of, those with an I/VSC in Scotland. We will be gathering geographical data here and will be able to paint a picture of experiences faced by those who live in rural areas.

NOTE: We will consider the LGBT community holistically in this report.



Further Out on the road

-  Street Stall
-  Meeting
-  Event
-  Pride Camp
-  Street Stall + Event



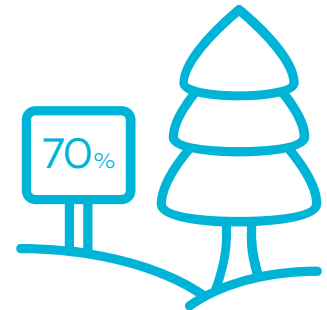
Key quantitative findings from survey

Of 284 LGBT Respondents:



62% believe that LGBT people outside of Scotland's big cities face more inequality than those who live within. **25%** were unsure and **13%** did not believe this.

70% feel that more needs to be done to tackle inequality experienced by LGBT people living outside of Scotland's biggest cities. **23%** were unsure and only **7%** felt that 'enough' is being done.



51% of LGBT people living in rural areas have personally experienced prejudice or discrimination for being LGBT and **40%** have witnessed this.

Of those who experienced prejudice and discrimination:



81% experienced LGBT+ phobic comments and attitudes



55% experienced verbal abuse

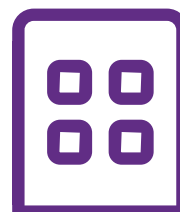
11% experienced physical assault





15% experienced an attack on their property

25% experienced harassment at work



26% experienced discrimination in health services

12% experienced discrimination in police services



12% experienced discrimination in local council services

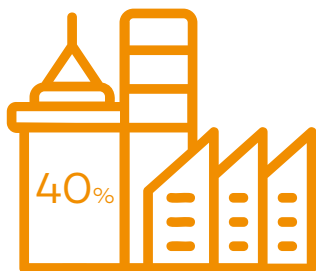
When asked if this prejudice or discrimination might be influenced by any other aspect of their identity, **62%** said no and **21%** said yes.

When asked to rate their local area specifically as a place for LGBT people to live, **49%** said that it was neither good nor bad and **15%** said it was bad. **22%** said it was good and **11%** said it was very good.



66% of people believed that social provision (services such as pubs and social spaces) was not meeting the needs of LGBT people in rural areas. **51%** of people travel to cities to access social spaces.

34% of people believed that public services were not meeting the needs of LGBT people in rural areas. 29% travel to cities to access public services.



40% of LGBT people living outside of cities in Scotland feel isolated. 39% have moved from rural places to urban areas.



84% feel safe living outside of the cities, however.



31% of people would never be out to their neighbours.

43% would not feel comfortable holding hands with their partner in public.



65% agree that there is a divide in LGBT equality between where they live and the biggest cities.

Chapter One

Qualitative Report

Aims

This report uncovers key themes for people living in rural regions of Scotland who are LGBT. The themes that have emerged throughout qualitative analysis of all data are discussed here.

These themes include:

1) Socially 'conservative communities'

Living within communities perceived to be socially 'conservative,' and perceived to reflect a 'small town mentality' affects the perception of prejudice within these communities.

2) Traditional gender roles and misogyny

Perception of upheld traditional gender roles, as well as misogyny, within some of these rural communities affects experience.

3) Religion

The role of religion within rural communities is experienced as influencing perceptions of LGBT people.

4) Anonymity and suppression of one's 'true self'

Feeling a lack of anonymity whilst living in smaller rural communities, as well as inclinations to suppress one's 'true self' from others within the community for fear of prejudice, is experienced as negatively influencing one's wellbeing.

5) Visibility

A lack of visibility, positive role models, and representation of LGBT identities is understood to affect experiences.

6) LGBT awareness

A lack of awareness of LGBT issues and a lack of LGBT inclusive education or awareness within public sector and communities (like a lack of LGBT visibility) influences day-to-day experiences within rural regions.

7) Isolation and safe spaces

Isolation, lack of safe spaces inclusive or exclusive to LGBT people, and negative perceptions of safety influences wellbeing in these areas.

And finally,

8) Access to services

A lack of access to explicitly LGBT or LGBT friendly services, and local and public policy development, directly influence the experiences of LGBT people in rural areas.

Through thematically analysing statements from respondents, key factors relating to daily life experience for LGBT people in rural Scotland emerged. These themes related to both internal and external perceptions and influences, behaviours and attitudes. This chapter outlines these key themes.

Due to the themes that have emerged, as detailed throughout this chapter, this report has led us to discuss some of the reasons behind poor mental health and wellbeing as experienced by LGBT people living in rural Scotland.

This chapter will also address specific mental health concerns from LGBT people who live in these rural regions. This explores how poor mental health, as something faced widely by LGBT people regardless of location, is compounded by rural life.

Later, the report looks at the key areas for development in this area of social policy and the steps that may be taken by national LGBT+ organisations, the wider community, and the public sector to improve the lives of LGBT people living in these regions.

Thematic analysis

Each identified theme points to a way in which people felt that their being LGBT and living rurally correlated to create either internal or external pressures with regards to their experiences in daily life.

Each thematic factor is perceived to have influence or effect on daily life and the lived experience of being LGBT and living in rural regions of Scotland.

We believe that these thematic factors have a direct impact on feelings of minority stress and may have an impact on mental health.

“ I am moving away from the islands to a city because I feel that LGBT people cannot live a full and comfortable life here. Lesbian Woman, 25-34, Stornoway ”

Socially ‘conservative communities’

It was expressed to us throughout that people felt that in small communities, including within rural and island settings in Scotland, views on LGBT identities are polarised.

Respondents felt that there were people within the community who may 'have entrenched views and a more limited experience of how the world and our society's understanding of human sexuality has moved on'. Respondents also felt that 'fundamental religious attitudes' can influence social norms and expectations. They felt that because of this, changes in equality-based legislation take longer to become assimilated into life in remote and rural communities.

Respondents expressed that they felt that within rural communities stereotyping plays a role in how some perceive others.

Respondents felt that events such as civil partnerships or same sex marriage ceremonies were less frequent. This may partly be to do with the fact that rural areas have lower populations but also may be due to fewer LGB people and less willingness to form legal non-heterosexual/heteronormative partnerships when living in rural communities. Another respondent felt that inequality between rural and urban LGBT experiences was misunderstood by those living in urban Scotland/the central belt. They did not believe that 'the changes and opportunities that have happened there are reflected across the whole of Scotland'.

One respondent felt that because of this 'people's expectations and participation in what is normalising [LGBT identities and relationships] within the cities [are] different' in rural regions. They also believed that inequality was felt due to a lack of access to 'LGBT social spaces, socialising and a club scene' in rural regions.

“ People can make up their minds based on one or two meetings of a gay person or two and operate out of stereotypes.

Gay Man, 25-34,
Orkney



Another respondent agreed that ‘there is a great distance between rural and metropolitan Scotland with regards to LGBT experiences’. However, they believed that it would be too simplistic to say that this was purely down to rural geographical location. They felt it was more complex and that ‘differing cultures, financial limitations, religion and access to public transport’ affected LGBT experiences.

One of the most frequently recurring comments made within responses referred to socially conservative beliefs held in rural regions of Scotland by what feels like the majority of people by those who responded. Individual respondents felt that smaller rural communities were, on the whole, likely to have had less exposure to social change with regards to wider LGBT equality and less awareness of diversity within the population. They felt that this often led to more polarised views with regards to what is and is not acceptable:

“ I moved two hundred miles north, but sometimes I feel like I moved two decades backwards in time.

Bisexual Woman, 35-44,
Invergordon

”

“ I generally think there is a perception of “that kind of thing doesn’t happen here” in rural areas that leads to undercurrents of homophobia and transphobia in everyday life that I don’t notice as much in cities.

Non-Binary Person,
16-24, Shetland

”

A number of respondents referred frequently to what they called a ‘small minded’ mentality in rural regions. One respondent expressed that they felt a sense of ‘parochial small mindedness’ still exists within rural communities and in small towns and villages.

They felt that the attitudes of the older community influenced the younger population and because of this the atmosphere for those that may be perceived as different or outside of heteronormative cisgender norms was not a relaxed one.

They also told us that:

“ The insular nature of the community and the intense pressure of normativity that brings, combined with the general lack of visibility, puts a lot of pressure on anyone who is out as LGBT, and I feel quite tense thinking about living at home as an out member of the LGBT community.

Pansexual Trans Person, 16-24, urban area



Another referred again to the older community within rural regions and the influence of older generations on the wider perceptions and attitudes within rural communities. She felt that this has directly led to her being discriminated against within her own community. She added that:

“ I am a lesbian woman. In my local bank branch the cashiers also look at my wife and I as though we are aliens from another planet, we use the TSB Bank. In local hospitals, we are always called “partners” instead of Wife and Wife even after we have asked to be called each other’s Wives which is bloody annoying plus we have heard hetero couples being asked if they are Married!

Lesbian Woman, 45-54, Sutherland



Another similar theme tells us that a lack of diversity is perceived to be found within rural populations in Scotland. When one respondent referred to this lack of diversity, they told us that this was not only in relation to the population but also there was a lack of diversity

represented in the work place, in hiring, in community events and in people who involve themselves visibly in rural local life. Because of this lack of visible diversity, they believed that prejudice, coming from 'old-fashioned views that go unchallenged' prevailed.

Traditional gender roles, traditional 'values' and misogyny

An emergent theme, that ties closely to the perception of conservative views within rural communities and that may affect feelings of minority stress and heighten prejudice, is a prevalence of experiences of misogyny, and of a desire to maintain traditional gender roles and 'traditional values':

“ I joke about Orkney that even the women are misogynists. That is what we are dealing with in rural Scotland.

Bisexual Woman, 25-34,
Orkney



“ [There are] appalling chauvinistic views in Shetland by some of the community and then there's complete acceptance by others [...] Gender specific roles in Shetland prevent total equity. I see women and LGBTI+ people being diminished every day by some in our communities.

Shetland (no other demographic data)



Respondents felt that in smaller rural communities often 'traditional' values are common. They felt that this led to bullying and lower levels of tolerance amongst the community for those who are not white, middle class, educated, able-bodied and heterosexual or cis gender. This pervasive perception amongst LGBT respondents of a traditional mind-set also insists that this is where inequality, and perhaps minority stress, within rural communities stems.

Another stated that:

“Folk at work (local government) are oftentimes harsh about colleagues who are LGBT – they are different and, are therefore, ridiculed.

Lesbian Woman, 55-64, Moray

”

This last comment highlights the fact that these attitudes are found across many levels of the community, including within the local government. Similarly, this respondent’s comments highlight this further, with reference to attitudes held by, and language used within, the local council, schools and amongst those working with young people:

“Homophobic language is used casually by council staff and sexist/transphobic language [is used] by school staff. In my own experience working with young people, I have been asked not to use the word “transgender” in case I give the young people “a new word to insult each other with”.

Lesbian Woman, 25-34, Stornoway

”

Another respondent referred to local NHS services:

“Working in the NHS, there is a lot of bias and judgement within the nursing cohort about LGBT patients.

Heterosexual Man, 35-44, Lewis

”

Another referred to perceived attitudes from within a local university:

“ I also feel that some of the management of the University of the Highlands and Islands are not fully on-board when it comes to issues faced by those students who are GLBTI. I feel this would not be the case in [a] mainland university.

No demographic data available

”

People believed that these attitudes were not the case in Scottish cities within the central belt, where LGBT people ‘are becoming more accepted’. This may lead to feelings of further marginalisation whilst living outwith urban regions.

One respondent told us that this meant that in her smaller town and in other smaller towns, villages and hamlets, traditional ‘narrow-minded views’ and normative gender roles made her life, and others’ lives, difficult:

“ It is difficult for lesbian women who are expected to take on the maternal role, or a gay man who doesn’t fit the masculine man personality, or indeed the transgendered folk who find it hard to find people who understand.

Gay Man, 25-34. Shetland

”

Religion

Following on from both conservative attitudes and the upholding of traditional gender roles/values and pervasive misogyny within rural Scottish communities, religion and the influence of ‘the church’ emerged as a key factor in people’s experiences of being LGBT in these regions:

“ Smaller, rural or island communities can be somewhat shielded from the rest of the UK. Historically devout religious communities tend to follow their interpretation of the bible. LGBT people will tend to “hide” more for fear of reprisals or causing “scandals”.

Trans Man, 35-44,
Tayside



“ Religion has a bigger impact out here and folk are more socially conservative, so there is increased and more open prejudice.

Bisexual Woman,
25-34, Harris



Many of our respondents told us that due to the fact that religion was so prevalent within their communities, being ‘out’ was a risk. This is because many employers and individuals in positions of power were also ‘high up in the church’.

This has considerable effect on the way that people present themselves and behave. A fear of ‘causing a scandal’ was common and refers to potentials for social difficulties, derision and exclusion from the community. One respondent told us that their ‘local church criticised their lifestyle, which contravened the Church of Scotland’s national line on the issue’.

The 'risk' associated with 'coming out' was a comment made frequently. This was almost exclusively alongside comments about the prevalence of religion in the area. Some respondents told us that because of 'the churches' influence and 'power' within communities 'children are taught from an early age that [being] LGBT is wrong and against God'.

One individual told us that, though they brought their children up to 'live and let live,' as parents, they were 'facing tremendous pressure from religious friends to agree that being 'gay is a sin'.

One individual commented:

“ Hardliners in the church actively condemn the GLBTI community. I have had some very heated debates with a minister here. All fire and damnation.

No demographic data available



Another, referring to her son feeling unable to visit the island and his family due to being LGBT, directly references her belief that 'the church' has had influence in making this the case:

“ My son is gay and lives in Australia, [he] would like to come home for a month with his partner, but does not want to come here as he feels there is too much prejudice on this island, especially with the heavy church influence which controls most of the islands life.

Heterosexual Woman, 55-64,
Stornoway



Respondents told us that living in rural regions, LGBT people are marginalised, ignored and ‘frozen out’ of rural/village life. The inability and lack of equality left people feeling that they did not have the freedom to be themselves, ‘without looking over [their] shoulder’. Some felt that prejudice was ‘magnified in a village’. One individual told us that ‘friendships are not built due to people’s fixed ideas [of] what an LGBT person is or even looks like’. For some LGBT people this prevents community integration. For others this ‘stifles’ village life and even allows for a fear of violence ‘to lurk under the surface’ of attitudes.

Lack of anonymity and therefore suppression

“ In cities, birds of a feather flock together so if you are an artist you hang out with artists. In the Islands, everyone is together, and sometimes, to negotiate that, you would disappear a part of you just to avoid conflict. The conflict stays in you like quiet fear.

Gay Woman, 45-54, Orkney

”

The perception of pervasive prejudiced attitudes towards LGBT people in rural communities leads people to feel that they have a lack of anonymity whilst living within rural communities.

One respondent told us that they felt that ‘an LGBT individual’s characteristics may become more exposed’ as ‘everyone is known more’ within small communities. It has also led people to feeling the need to suppress ‘who they really are’. Some stated that they ‘live in stealth’.

“ I was at a party and I met someone from school. She said “You didn’t become a lesbian did you?” I know I should be advocating my position but I just disappeared into sadness. She was just laughing and meant it in fun. [But] I’m 45 and I’m like a school child again. Gay Woman, 45-54, Orkney

”

Many believe that there is a necessity to hide their identity and sexual orientation because they felt that if one person were to take issue with ‘who they were,’ that person, within a small community, might have the potential to ‘make life miserable’ for them or for someone else.

We were repeatedly told how people would go to great lengths to hide their LGBT identity in order to avoid rejection, social isolation or ostracism, ‘scandal’, or other negative repercussions. Many believed that being visibly LGBT was something that was not received well, or indeed not wanted nor tolerated within their own communities.

Here are several examples of this:

“ In everyday life, I personally know to keep my external notions of pronouns outside of personal company and work to a minimum.

Gay Man, 35-44,
Moray

”

“think there is a closeted culture in the Highlands. It is not just about fear of rejection or ostracisation, but rather, people are afraid of losing the social status that being nominally heterosexual [comes with].

Gay Man, 25-34,
Inverness

”

Some have felt forced to hide their identity by others due to a similar fear of disapproving members of the community.

Many of our respondents would not wish to show affection to their partner in public places.

“ Although my community of Forres is quite open to everyday conversations, the actual view of two men or women simply holding hands is still a rare and undesired event in our town.

Gay Man, 35-44,
Moray

”

“ I have experienced incidences where I have been asked not to attend functions in “trans mode” as the host has been worried about the potential of upsetting “traditionalists”, who they say would not react well.

Pansexual Woman,
45-54, Argyll

”

“ Just an underlying fear of being open about sexuality. Not feeling comfortable holding hands in public, hearing homophobic rhetoric in passing. Having slurs aimed at you, reactions from people who find out you’re gay not being positive, not being sure if it’s safe to be openly be out.

Lesbian Woman, 25-34, Renfrewshire

”

“ Depending on circumstances, although I enjoy holding hands, I would sometimes feel uncomfortable holding hands when walking down the street, or forms of affection such as cuddling or kissing in public.

Lesbian Woman, 45-54,
Clackmannanshire

”

“ I never display PDA with my partner in my community, perhaps that is the reason I have never experienced discrimination.

Lesbian Woman,
45-54, Edinburgh

”

People are afraid to be open about their sexuality in public. The final comment here hints at the fact that the reason they may not have faced discrimination is not because the prejudice does not exist, but because they have not been seen in public as visibly LGBT.

An inability to show affection to one's partner in public or to feel the need to censor one's relationship in public is detrimental to wellbeing. It heightens self-consciousness, feelings of marginalisation and minority stress, and may have an impact on one's relationship(s).

“ The expectation of a backlash against me was what had prevented me from being true to myself at an earlier age [...] So the inability to be yourself is a basic inequality which we LGBT people who live in rural Scotland face.

Gay Man, 45-54, Orkney ”

“ It has been crushed for such a long time I had to lie to myself... By far the worst thing to do. Yet now I begin to live. It has felt like a rebirth

Lesbian Woman,
45-54, Shetland

”

With these comments, we see that people are left feeling that being themselves or being open about aspects of themselves or their relationships is a potentially uncomfortable or even dangerous thing to do. They are left feeling that being themselves is not welcome in the community – that being themselves is undesired. They are left feeling that if they did openly display affection towards a partner they would be discriminated against. The fear of this may not be warranted, yet the perception of potential repercussions is very real. Feelings such as this will directly heighten feelings of minority stress, particularly if people feel that they are hyper-visible for the wrong reasons.

For many reasons some people felt that they would prefer to remain anonymous within their communities, with reference to their LGBT status. One individual explained to us that they believed LGBT people in rural environments would like to advocate for their own fair treatment and equal rights, however felt that in order to do this they would need to give up aspects of privacy and anonymity that they valued. For others, anonymity was an impossibility, which left some people feeling vulnerable:

“ If you get derogatory comments in a city bar or public place you have the option of moving on to a different venue to socialise [and] no one knows where in the city you live [...] in a rural community, you won't have any alternative places to socialise and everyone knows where you live. This of course makes you feel much more vulnerable. Pansexual Woman, 45-54, Argyll



Positive LGBT visibility and representation

In the period between data collection for this report and 2020, we have seen a noticeable increase in the visibility of LGBT people and communities across rural and island Scotland. This has predominantly taken the form of new LGBT groups forming in areas previously unserved, and a rise in the number of Pride events being held across Scotland. There were only two Pride events held in rural Scotland five years ago and there were over 20 Pride events set to take place across rural Scotland in 2020. Due to Covid 19, Pride events were cancelled, but some took place online.

This marked rise in LGBT visibility is yet to be shown to have knock on effects on social attitudes towards LGBT people; however, there is a known link between increased visibility and improved social attitudes. The 2006 Scottish Social Attitudes survey¹ asked questions based on whether someone knew or did not know² an LGB person.

Those who did were much more likely to agree that the right of lesbians and gay men to marriage was a positive thing. This suggests that visibility of an LGBT person increases positive attitudes towards LGBT people. From our data, anecdotal evidence from some respondents suggests that, while isolation remains a considerable issue, things may be improving due to increasing visibility in some areas.

More research is necessary in order to explore the impacts of the visibility of LGBT people on social attitudes in rural Scotland.

In our own research we found that many felt that Scottish rural culture 'excludes LGBT voices' and that a lack of representation of LGBT voices has an impact on people's willingness to be open about their gender identity or sexual orientation with people in the wider community.

One respondent explained to us that although LGBT equality and legislation has taken strides towards bettering the daily life of LGBT people and ensuring their rights are upheld in Scotland, they have not seen this expressed in rural media outlets. They explained that whilst they lived in a rural community, this progress has not been made visible to the community. They informed us that they had heard no statements being made by politicians or government representatives in their communities and there were no political updates on LGBT issues. Therefore, developments are not seen by the wider non-LGBT public.

This respondent also told us that they have never seen any LGBT literature, leaflets or information in any local venues such as GP surgeries, schools, and fire stations or village halls. Whilst there is not visibility of a drive to increase equality, the implication is made by this respondent that these positive progresses are felt to be improving the lives of people living in urban environments but

not those in rural ones. People told us that a lack of LGBT visibility can lead to feeling very isolated, particularly for young people.

Another issue with under-representation of LGBT people and a lack of visible LGBT inclusive agencies is that when people do suffer discrimination or hate crime, they do not report these issues to the police or anyone else. One respondent told us that these things go unreported because there are 'fewer visible & active agencies around here promoting equality and also how to report or address issues around it'.

When people feel that, not only are they hyper-visible as LGBT people, but that positive representations of other LGBT people or equality issues are severely under represented or visible, their lives are made difficult.

We were told that when this person moved to a rural area they were made to feel unusual to have moved to the area as an LGBT person and for being open about their relationship:

“ My wife and I chose to move to this area because of its natural beauty, we found a house with a huge garden for our dogs and, for the most part, we are very, very happy. That said, we have been made aware of how unusual we are to have moved to [village] and be open about our relationship.

Lesbian Woman, 25-34, [village]



LGBT awareness and education

The experiences shared pertaining to a lack of visibility of LGBT role models, LGBT issues, and equality issues points us directly to our next key factor in the experience of LGBT people in rural areas of Scotland. People repeatedly told us of the need for more awareness and education around LGBT issues and what it means to be LGBT.

The majority of comments made, that would fall under this theme, were self-advocated suggestions for change and recommendations regarding a necessity for more awareness and education. Comments were also made about the severe lack of this around LGBT people and the issues that they may face. We have placed these within the recommendations section of this report. We must take into account lived experience in deciphering what interventions may be necessary to improve the lives of LGBT people in these areas.

Below are some examples as to why more education and increased awareness around what it is to be LGBT is necessary; it seems that this is particularly pertinent in health and social care. The prior themes and factors in experience discussed above should also be taken into account here:

“ The first GP we saw said for “someone like you” [it] might be best and easier to adopt or foster. This was after asking for advice and options to get pregnant myself. I advised her that currently [prior to September 2009] the law had not been changed and as a gay couple we couldn’t just adopt.

Lesbian Woman, 35-44, Angus



“ When my partner gave my name as her next of kin when she was admitted to hospital, she was asked for an alternative within her family.

Gay Woman, 65-74,
East Ayrshire

”

“ My personal; worst experience was with the NHS 2 years ago when I was unfairly stigmatised by the anaesthesiologist when I was having an operation

Gay Man, 45-54,
East Ayrshire

”

Isolation

“ [I feel] more isolated from community as [there are] fewer LGBT [people] or allies. [...] LGBT [people] and allies that are present are less likely to be open and outspoken due to the feeling of being very much in the minority. This contributes to barriers to being fully accepted and integrated in [to the] local community.

Bisexual Man, 35-44, Renfrewshire

”

Feelings of isolation amongst LGBT communities living in rural regions of Scotland are clearly a problematic issue as reported by our respondents. One respondent told us that they felt they had no family to relate to, they lived alone, and didn't have any LGBT friends.

Another told us that due to his HIV medication he has been left feeling isolated and depressed. He feels that with age this will only become worse due to his lack of partner and future loss of family, friends and pets. He feels that this will then lead to even greater feelings of low self-worth and loneliness.

Feelings of isolation are in many ways, to do with the factors reported above and throughout. It also has to do with a lack of spaces that are felt to be safe for the LGBT community within these rural regions.

Many people told us that there were no LGBT exclusive venues, clubs, activities or opportunities to socialise with other LGBT people or LGBT allies. Many also told us that in order to find this they would travel to urban areas, which is costly and sometimes difficult to manage. This was not only with reference to social opportunities but is also the case with health services and other public services which will be reported in the following section.

One person told us that:

“ It is hard (impossible?) to meet other gay people. We have a group in Ayr, but no women ever attend. I have absolutely no idea how to find any queer women or for my partner trans people, and I am very outgoing. There is a completely pointless council run meeting I attended once, but no practical offers of help, money, staff or anything to improve situation. Actually terrible. I am completely invisible as a queer person nowadays.

Queer Woman, 45-54, South Ayrshire

”

Many social spaces that are not explicitly LGBT friendly are considered potentially unsafe for some due to previous experiences visiting them.

Here are some of the respondents' experiences of this:

“ I was thrown out of Hoots for kissing a man and was treated badly by the door staff. She shoved me around and removed me by force. They also refused to let me get my jacket when it was minus one [degrees] outside.

Gay Man, 25-34,
Inverness-shire

”

“ I was refused entry into a club for wearing “too much make-up” and that “as a guy, you shouldn't be wearing that; it's only for girls”.

Androgynous Person,
16-24, South Ayrshire

”

“ [I] walked into village pub and [it] was obvious we were being pointed out as the two guys who live together. Very uncomfortable for us and for our friends.

Gay Man, 35-44,
Caithness

”

“ I got asked to leave a local bar as “people like me aren't welcome there”. I'm not that well known in the town so I was mortified.

Gay Man, 45-54, East
Dunbartonshire

”

On top of a lack of, perceived to be, safe spaces for LGBT people in rural regions, feelings of isolation also have to do with feeling unsafe within one's own community due to a protected characteristic. When feelings of marginalisation are high, a lack of safe spaces to go to can lead to isolation but it can also lead to a fear of being seen in and discriminated against in public. This is also the case with experiences of hate crime.

A lack of safe spaces, a fear of isolation/feelings of isolation can be perpetuated if someone experiences a hate crime.

The incidence of hate crime and discrimination reported to us throughout this research further highlights the need for change and intervention in these regions (as within urban areas). LGBT communities need LGBT inclusive/exclusive safe spaces, hate crime prevention intervention, and increased awareness of LGBT people in order to begin to combat isolation which may lead to negative wellbeing and mental health problems.

Below are a selection of the many reported instances of discrimination and hate crime throughout our data. There will be no analysis of these instances, but instead they are here to acknowledge the extent of the problem and the difficult and traumatic experiences of some LGBT people in our rural areas.

These instances should be taken at face value alongside the other factors in LGBT experiences that may result in feelings of minority stress, isolation, trauma, and ultimately poor mental health and wellbeing that are discussed above. These comments are here in order to paint a complete picture of the situation for many. This may also help people who have not experienced such things to consider how this may affect one's mental health or feelings of wellbeing. We believe that personal experiences of marginalisation help non-marginalised people empathise and take action.

We will not decipher between discrimination, hate incident, or hate crime. The diversity of targets, circumstance, reasoning, and perpetrators is important to note. It is clear from the responses that discrimination is still found in many facets of society.

For some readers these comments may be upsetting; however, there is value in sharing these experiences in this context.

Examples of discrimination and hate crime experienced:

“ We were just strolling along the beach holding hands when this group of people spotted us and started shouting abuse at us and following us saying we were sick and shouldn't be allowed to walk along the beach holding hands.

Bisexual Man, 35-44,
Inverness-shire

”

“ I have been surrounded and spat upon, then knocked to the ground.

Bisexual Man, 65-74,
Clackmannanshire

”

“ Homophobic bullying at school. Kicked, punched, spat on, [and] pushed. [It] drove me to attempt suicide.

Gay Man, 16-24,
West Dunbartonshire

”

“ [I have] been called “Mrs Brown” a reference to the BBC show, and got the “Its a layyyyyydeeeeeee” from the BBC little Britain show. [I have] been refused employment, been fired, had benefits staff sanction me, been misgendered at the local hospital, during recovery from an operation unrelated to gender. I was repeatedly asked probing questions by a nursing auxiliary as to what a “sex change” involved despite having a high fever and in pain. Had stones thrown at me in the street, been ridiculed by the cops when I reported this.

Non-Binary person, 35-44, Dumfries and Galloway

”

“ A local church congregation split with many people leaving to join another church further away because they [were] against equal marriage rights. A neighbour has also told me he is sick of soap operas “pushing the gay agenda”.

Bisexual Woman, 25-34, Harris

”

“ Rampant harassment, windows being smashed in – one attack in particular was so close to causing me serious harm since someone threw half a breezeblock through the living room window and I was sitting right under the window doing some reading. If I hadn’t had the gut feeling to move quickly it would have hit me. I’ve been dead-named and misgendered often and targeted by transphobics far too often.

Trans Woman, 35-44, Aberdeenshire

”

“ Landlords. You tell them you have a partner (my partner is non-binary) and they assume I’m female. I’m not, I’m trans/Non-binary, and that my partner is a “bloke” and then when they meet my partner, or assume from the info my partner is female, they refuse to rent to us because... well it’s just not the done thing in the village. Not an isolated event either, happened [with] 3 houses in a row!

Pansexual, Non-Binary Person, 25-34,
Dumfries and Galloway

”

“ [I] witnessed a parent referring to teenage trans child as ‘it’.

Lesbian Woman, 55-64,
Angus

”

“ Had eggs thrown at me from a passing car & been hit with a full beer can while at a train station. Threatened with a lock knife.

Trans Woman, 55-64,
West Dunbartonshire

”

“ Someone at my work got hold of my birth name and outed me to others. [This] caused me to get harassed at work. Police had to be involved.

Trans Man, 16-24,
Clackmannanshire

”

“ I was walking home from the supermarket and 4 youngish men were shouting “f****t” “p**f” “gay boy” at me. No one around did anything. I just kept walking but I was crying inside.

Gay Man, 16-24,
West Dunbartonshire

”

“ I have seen people and heard people shouting that I shouldn't do what I do and I can't even come out my house dressed as a woman because I'm scared off the abuse I get shouted at me

Trans Woman, 25-34,
East Dunbartonshire

”

“ One of my friends had 'AIDS' written over his car bonnet.

Gay Woman, 16-24,
West Lothian

”

“ [I] have witnessed a trans person have to run for their life.

Bisexual Man, 45-54,
Scottish Borders

”

Access, services, local and public policy

It is clear from the data presented that rural areas are in need of better access to services, safe spaces, support, LGBT groups, and improved local and public policy.

LGBT people in rural areas are clear when they say that there is a perceived inequality of provision of services between those in urban regions and those in rural regions. These services include health services such as GPs and mental health services.

Many respondents feel let down by local authorities as well as let down by national LGBT organisations that are situated in the central belt of Scotland. They feel that there is not enough work done to ensure that outreach is successful or that local councils have the correct policies in place to limit discrimination and maximise equality and inclusion in their areas.

“ There is a definite inequality of provision of services for LGBT people outside of the cities. We need support. Mostly from one another, but also from the health service, local authorities, police and other public bodies

Gay Man, 45-54,
Orkney

”

“ There are well-established well-funded services in the cities. It's extremely hard to get to and from them regularly without a car- often leaving people feeling even more isolated.

Non-binary Person, 35-44,
Dumfries and Galloway

”

It is recognised that these services are available, if one is willing to travel to them; however, this is deeply problematic and can further heighten feelings of isolation.

“ Because services provided for LGBT people rarely extend beyond the central belt. If you don't live in Edinburgh or Glasgow, there's very little support. This applies especially to LGBT organisations themselves and affects marginal groups such as elderly, trans and parents in particular.

Lesbian Woman, 55-64, Angus



Poor mental health and wellbeing

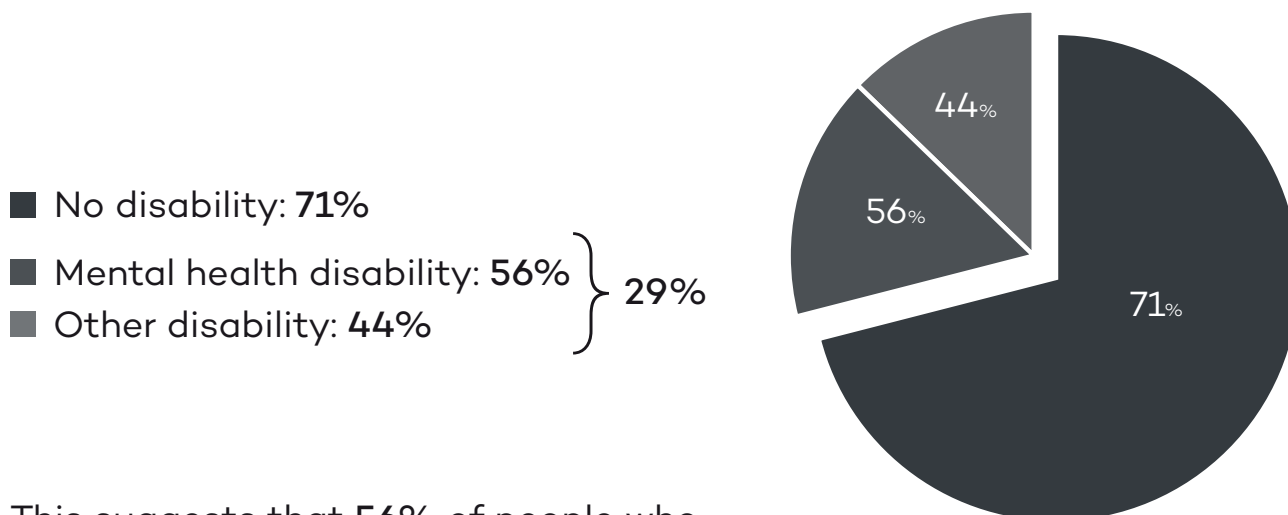
Whilst analysing our data it became clear to us that these factors all have the potential to lead to feelings of negative wellbeing, minority stress, isolation, marginalisation, ostracism, lack of ability to be oneself, and feeling under represented and unequal in ability to access safe spaces and services. All of these issues have the potential to lead to poor mental health and may have an impact on whether or not someone experiences mental health difficulties or diagnosis.

Of course, these may not be the only factors in someone's poor mental health but they may be considered as factors and may have a causative relationship. There is a need for more research in this area; however from our own data we can begin to recognise associations with being LGBT in rural areas and poor mental health, as detailed by our respondents.

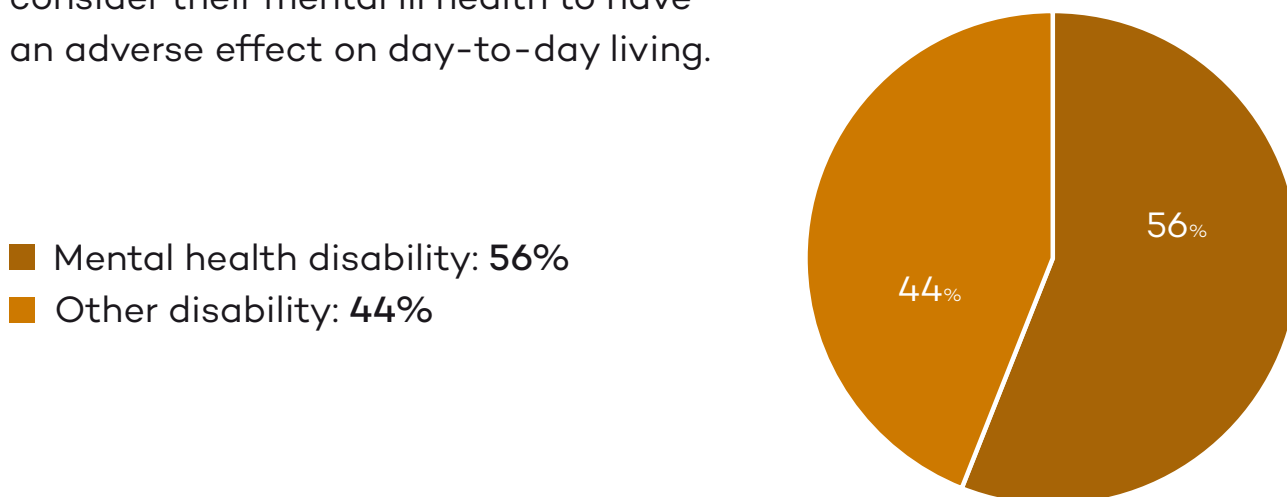
The following section will deal with qualitative data that specifically identifies poor mental health and potential correlations with being LGBT and living in rural Scotland.

The Equality Act 2010³ defines a person as having a disability if they have a physical or mental impairment, which is substantial and long term. It states that this will have an adverse effect on a person's ability to carry out normal, day-to-day activities. Mental ill health is covered by the Equality Act on this basis.

Within our survey, when asked if respondents considered themselves to have a disability, of the 225 people who answered this question; 29% said yes and of this, 56% (39 of 70 respondents with a disability) listed a mental health condition as this disability.



This suggests that 56% of people who answered 'yes' to having a disability, consider their mental ill health to have an adverse effect on day-to-day living.



86% of people who answered questions related to mental health (106 people) had experienced some kind of mental ill health. These statistics can be found in Chapter Two.

“ Other people’s unhappiness with [me being gay] had an enormous impact on my life as a young teenager. I suffered depression and anxiety for a very long time as a result of other people’s actions. [...] I worry deeply for the young people in my area, I worry they will have to suffer as I did in and out of high school.

There will be some who won’t have the resilience I did; there are almost certainly kids growing up here right now who won’t make it out alive.

The experience of growing up gay in a rural community still affects me now, even in my thirties. I don’t think I’d ever have suffered mental health problems if people had treated me the same as everyone else.

Lesbian Woman, 25-34, Lorne

”

Respondents told us explicitly that they were aware of how discrimination and prejudice coupled with feeling unable to express themselves freely had a direct impact on their mental health.

“ Obviously, the discrimination, lack of support and lack of community I experienced as a young person negatively affected my mental health. [...] The ongoing homophobia from my family and discrimination/invisibility with neighbours and colleagues make me feel really isolated.

Lesbian Woman, 25-34, Clackmannanshire



Some were less explicit, but certainly acknowledge a connection between suppression and its influence on their mental health and wellbeing:

“ It has made me feel more isolated, less able to relate to others, leading to anxiety.

Gay Man, 25-34,
Perthshire



“ In a lot of ways my anxiety stems from being a teenager that was scared to be himself, but I consider myself to be friendly and level headed. I'm sure my anxiety has made me view the world in a much more empathic light.

Gay Man, 25-34,
Shetland



“ LGBT equality has progressed over the course of my adulthood but rural Scotland still lags behind in awareness, acceptance and opportunities for LGBT people. This disparity negatively impacts upon my mental health.

Lesbian Woman, 35-44, Clackmannanshire



Others are even more explicit about how bullying, related to being LGBT, caused them to not only feel suicidal but actively attempt to end their own life as a result of this bullying. One respondent told us that they ‘almost killed [themselves] with tablets because of all the bullying [they] had on the Island’. Another said that they had suffered ‘half a century of misery and suicidal depression’ before they felt ‘joy at finally being able to live as ‘[themselves]’.

We have found throughout this report that there is still a great deal of discrimination and lack of equality faced by LGBT people in rural parts of Scotland, as has been presented in this data. There seems to us to be a clear intersection between being LGBT, living rurally, and suffering mental ill health due to factors of discriminatory experience within these rural regions.

Chapter Two

Context

The Scottish Government's Mental Health Strategy 2017-2027 states:

Scotland's commitment to meeting the needs of those who require access to mental health services reflects the importance we attach to realising the right of every individual to the highest attainable standard of physical and mental health [...]

The actions set out in [the Mental Health] Strategy contribute to the progressive realisation of that internationally-recognised right, and directly support the shared vision of a socially inclusive and successful Scotland where every member of society is able to live with human dignity.

Put simply, [the] Strategy's context is not just a question of how the NHS, Local Authorities and Integration Authorities deal with mental health, but how our wider society thinks about mental health in how decisions are made.⁴

The strategy which is due for review in 2022 highlights four key areas in need of focus⁵:

- 1) Prevention and early intervention;
- 2) Access to treatment and joined up accessible services;
- 3) The physical wellbeing of people with mental health problems;
- 4) Rights, information use, and planning

It is recognised that inequality related to gender, gender identity and sexual orientation ‘can affect mental wellbeing and incidence of mental illness’.⁶

Within these four focuses, there are specific calls that are more pertinent to the wider LGBT population:

Government ambitions regarding mental health

- Every child and young person [will] have appropriate access to emotional and mental well-being support in school
- Mental health training for non-mental health staff should be available across health and social care services
- Training in first aid approaches for mental health should become as common as physical first aid
- Access to the most effective and safe care and treatment for mental health problems should be available across Scotland, meeting the same level of ambition as for physical health problems
- That a human-rights based approach is intrinsic to actions to improve mental health

The national strategy for mental health points to the fact that successful improvements and support in mental wellbeing in Scotland will not solely be the role of the NHS and local authorities. This will also be the work of grassroots organisation amongst communities. This of course includes LGBT organisations and support. This is addressed fully in the recommendations at the end of this report.

To go alongside these ambitions from the Scottish Government, the strategy sets out a series of actions to be achieved. Though all are relevant across all populations, the following actions are directly applicable to the LGBT population more generally.

Government calls for actions

- **Action 1 – Education** – Review of Personal and Social Education (PSE), the role of pastoral guidance in local authority schools, and services for counselling for children and young people
- **Action 2** – Roll out improved mental health training for those who support young people in educational settings

There is scope here within LGBT organisations' involvement within the Scottish Government's Inclusive Education Implementation Group where they are working towards the implementation of 33 recommendations accepted by the government to ensure the roll out of inclusive education in all of Scotland's schools. This includes within the remit of personal and social education, the review of the Relationships, Sexual Health and Parenting Guidance and a view to introduce LGBT+ content into curricular materials and teaching. This is set to be achieved by 2022⁷.

- **Action 8** – Work with partners to develop systems and multi-agency pathways that work in a coordinated way to support children's mental health and wellbeing

There is potential here for working collaboratively and in partnership and consultancy with the Scottish Government, CAMHS, NHS boards and mental health and wellbeing initiatives. This would be as LGBT mental health support advocates and agencies working towards full awareness and inclusivity. There is scope here for outreach to marginalised young people. This falls

within the remit of LGBT Health and Wellbeing and LGBT Youth Scotland. 3rd party support is a potential avenue here, continuing in the vein of youth support and mental wellbeing support as these organisations are already doing and ensuring that this action is delivered upon for LGBT young people into adolescence and adulthood.

It is important to note that in a scoping activity in 2016⁸ LGBT Youth Scotland found that the majority of young people that they had received responses from (66 individuals across 16 local authorities and aged between 13-25) had accessed Child and Adolescent Mental Health Services (CAMHS) (89%), and 45% had accessed counselling. Overall, when asked about their service experience, 'not okay' received the highest number of responses (41%), followed by 'terrible' (35%), 'okay' (24%), and 'great' (8%). Clearly there can be improvements made here, potentially in conjunction with national LGBT organisations.

- **Action 11** – Complete evaluation of the Distress Brief Intervention by 2021 and implement the findings from that intervention

The *Distress Brief Intervention* is currently in pilot stage and there is scope beyond this for 3rd sector LGBT organisations to work alongside mental health organisations and 3rd party organisations to further implement this intervention through signposting and/or training. This may ensure LGBT inclusivity.

- **Action 12** – Support and further development of the National Rural Mental Health Forum to reflect the unique challenges presented by rural isolation

LGBT organisations can join the National Rural Mental Health Forum, as Scottish Trans Alliance, Equality Network and LGBT Health and Wellbeing have done, in order to represent and advocate

for the mental health and wellbeing needs of LGBT people in rural communities.

There are further actions in which LGBT organisations might play a part in consultancy or 3rd party partnership; this could be in advocacy, equalities, diversity and inclusion training, policy development, and support.

These include:

- **Action 17** – Fund improved provision of services to treat child and adolescent mental health problems
- **Action 31** – Support the physical activity programme developed by SAMH
- **Action 32** – Use a rights-based approach in the statutory guidance on the use of mental health legislation
- **Action 36** – Work with employers on how they can act to protect and improve mental health, and support employees experiencing poor mental health
- **Action 38** – Develop a quality indicator profile in mental health which will include measures across six quality dimensions – person-centred, safe, effective, efficient, equitable and timely

LGBT populations, mental health and wellbeing

International as well as national research tells us that there are higher rates of anxiety, depression, substance use, eating disorders, self-harm and suicide amongst the LGBT population⁹. In 2017, Stonewall UK carried out a survey of 3713 LGBT young people in the UK¹⁰. They found that within the lesbian, gay and bisexual

population surveyed, 61% had self-harmed and 22% had previously attempted suicide. Within the trans population surveyed this rose to 84% reportedly self-harming and 45% having attempted to take their own lives.

High rates of problematic and poor mental health relate to social factors including biphobia, lesbophobia, homophobia and transphobia and the lack of ability to speak openly about one's gender identity or sexual orientation¹¹. Stonewall UK¹² also state that this is a problem compounded by a lack of inclusive education and specifically inclusive Relationship, Sexual Health, and Parenting education in schools. This is something that is currently being addressed by the Scottish Government as they roll out inclusive education across all of Scotland's schools¹³.

According to Salkind et al¹⁴ there is no evidence for a causative relationship between an LGBT+ identity and mental health problems. However, a systematic review of the national Scottish LGBT organisations' research in the area, carried out by LGBT Youth Scotland in 2018¹⁵, found that 'the majority of the available evidence links [the] disproportionately high incidence of mental health problems to experiences of prejudice and minority stress'.¹⁶ The term 'minority stress' recognises that LGBT people's experiences of 'stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems'¹⁷ and poor mental health is not an intrinsic part of being LGBT.

Spence et al¹⁸ concur that LGB and trans populations experience a greater incidence of poor mental health. They also find that this is the case regardless of positive improvements in social attitudes and greater legal protections. According to Spence et al (2019) this disparity emerges in adolescence and persists into adulthood, with there being a higher instance of poor mental health within younger adults and older people (ages 55+).

Within this meta-analysis, Spence et al describe a variety of analysis that has found that:

- LGB people are twice as likely to report symptoms of poor mental health than heterosexual adults
- LGB people have around 1.5 times higher prevalence of depression and anxiety disorders than heterosexual adults
- LGB people aged 55+ showed twice the prevalence of poor mental health¹⁹
- In Scotland, LGB people have a significantly lower mental wellbeing score when compared to heterosexual respondents, second only to those with a long-term limiting health condition when considered alongside other equality characteristics²⁰
- In the UK, LGB adults were around twice as likely to have attempted suicide in their lifetime
- Gay and bisexual men are more likely than their heterosexual peers to attempt to complete suicide²¹
- **84%** of LGBT young people (ages 13-25) have experienced at least one mental health problem or associated behaviour, with the majority experiencing anxiety (**78%**), stress (**72%**), or depression (**63%**)
- Half of LGBT youth had experienced suicidal thoughts and actions, and **43%** had self-harmed
- Trans youth had experienced even higher rates of poor mental health

The Trans Mental Health Study 2012²², found that

- **88%** of respondents showed symptoms of depression
- **75%** of respondents showed symptoms of anxiety (this is compared to **20%** of people in the UK general population)

From this data set, another study found that **66%** of trans people had used mental health services. This is a much higher percentage than the general population²³.

A survey²⁴ carried out in order to understand the experiences of non-binary people in the UK in 2016 found that **40%** of non-binary people considered themselves to have a long-term mental health problem.

The 2012 Trans Mental Health Study, indicates that trans people experience much higher rates of self-harm and suicide both in comparison to the general population and to the rest of the lesbian, gay, and bisexual community:

- **53%** of trans people had self-harmed (including **11%** currently self-harming)²⁵
- **35%** of trans people had attempted suicide at least once and **25%** had done so more than once²⁶

LGBT Youth Scotland research had similar findings:

- **59%** of young trans people disclosing that they had self-harmed
- **63%** of transgender young people said that they had experienced suicidal thoughts²⁷

A Stonewall Scotland research report found even higher incidence of self-harm and suicidal ideation amongst the trans community:

- **96%** of trans young people had self-harmed
- **43%** had attempted to take their own life
'This compares to one in four (**24%**) lesbian, gay and bi young people who are not trans²⁸'

Importantly, the prevalence of mental health problems seems to decrease, often to normative levels, following affirmative healthcare treatment.²⁹

Rural populations in Scotland, mental health and wellbeing

More widely, there is a lack of research evidence showing correlations between mental health and living rurally, more specifically there is a severe lack of research in this area with a specific focus on LGBT communities. Additionally, there is a lack of experiential research or qualitative data in this area.

The statistical data that we have gathered alongside the qualitative data that is presented within this report tells us clearly that more work is necessary within this remit in order to understand LGBT experiences of mental health in rural regions of Scotland more fully. The recommendations made towards the end of this report will address this.

It is an invisible illness – made more invisible by being rural and remote.³⁰

The National Rural Mental Health Survey³¹ was carried out in 2017 at the time of the previous refresh of Scotland's Mental Health Strategy. At this time preparations were also in progress

for the Suicide and Self-harm Prevention Strategy as well as the Dementia Strategy and a national strategy addressing social isolation.

This survey report also acknowledges a lack of research in this area, stating that, 'rural people's experiences of mental health in rural Scotland is largely anecdotal'.

Within the Scottish Government's (2017) Mental Health Strategy³² rural issues of isolation and service provision were acknowledged as potential factors in poor mental health. This report also recognised the National Rural Mental Health Forum³³ as a positive incentive in improving mental wellbeing through support, connection, and initiatives addressing social isolation³⁴.

This research was developed at a time when there was a recognition that health and social care should be directed towards an 'increased focus on early intervention, prevention and self-management, with people being based in their communities for as long as possible.'³⁵

The Scottish Government's ambition is for a sustainable health and social care system, which helps to build resilient communities. There needs to be a strategic shift towards recovery models focused on assets, strength and self-management.

The National Rural Mental Health Survey found that:

- In comparison to the National Health Survey (2014) responses, responses from the National Rural Mental Health Survey (2017) showed a lower level of wellbeing by a significant margin³⁷
- **67%** of the sample reported depression

- 29% reported generalised anxiety disorder
- 22% reported suicidal thoughts and feelings
- 18% reported social anxiety disorder
- 12% reported self-harming behaviour

Note: These statistics were collected over autumn and winter, which the report notes is potentially of significance.

Additionally, there was a significantly higher number of women in comparison to men who responded to this survey, with 270 women and 73 men having responded.

However, similar proportions of men and women reported a mental health condition. Reporting of depression, generalised anxiety disorder, and suicidal thoughts/feelings were identical across the binary genders. This data throws into question the stereotypical anecdotal ideas around mental health and gender as is stated in the report.

It is not stated whether any of the respondents identified as trans, including non-binary.

There was no pattern regarding age within these statistics.

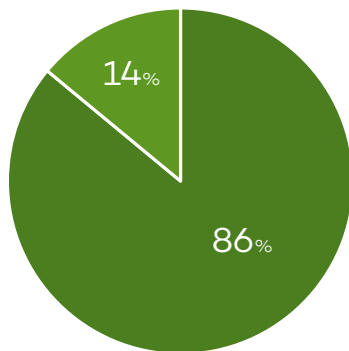
It is also not stated what proportion of these respondents are lesbian, gay, or bisexual. If we compare these statistics to the higher levels of reported mental health problems found within our own responses we see a disparity. This may align with the number of people who are LGBT within rural regions of Scotland.

There is scope for improved understanding here.

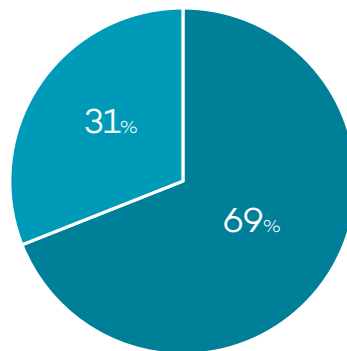
86% of people who answered our questions related to mental health had experienced some kind of mental ill health.

Of these, respondents who answered questions specifically related to mental health, we found that:

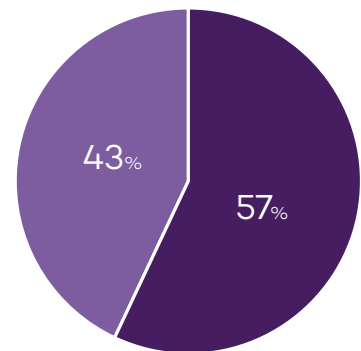
- 69% had experienced anxiety and 57% had experienced depression within the last year



Mental Ill Health



Anxiety



Depression

This does not address severe and enduring poor mental health, an under-researched issue in rural living more widely.

- 33% of (195) people asked had self-harmed
- 62% of (195) people had considered taking their own life and
- 27% of this had attempted to complete suicide

However,

- Only 19% stated that being LGBT affected their mental health negatively and 50% stated that it had been affected 'neither positively nor negatively'

This significant disparity between the number of people who have experienced these mental health problems in comparison to wider general non-LGBT respondents within the National Mental Health Survey would suggest a correlation between being LGBT, living rurally and poor mental health. This is particularly evident in the disparity between those who experience anxiety³⁸ and suicidal ideation as well as somewhat of a disparity around self-harm. This could be due to minority stress and further marginalisation as per the wider LGBT population perhaps compounded by living rurally. This report intends to begin to explore this possibility.

The National Rural Mental Health survey also found that:

- The majority of respondents stated that a journey of more than 10 minutes' drive time was required to reach a mental health facility, 'with over 100 respondents stating that public transport often acted as a barrier to them receiving proper care needed to manage their mental health³⁹'
- 'Perception of geographical remoteness, coupled with barriers to accessing mental health care via public transport, can lead to a "layering" of remoteness and isolation for people experiencing mental ill health in rural areas⁴⁰'

This correlates with our own qualitative findings in reference to local support, services, social activities and specifically LGBT groups, social spaces and support services. This is discussed when we address themes emerging from our own research.

Additionally, a few further key implications of the findings from the National Rural Mental Health survey, as perceived by SRUC, Support in Mind Scotland and respondents to this survey, are that:

- '[This] research has uncovered significant complexities around the extent to which respondents feel that their communities are supportive of them⁴¹'
- Additionally, this has flagged up complexities around close/small communities/village mentality/parochial attitudes and a lack of anonymity and privacy as well as community support vs 'gossip' and feelings of stigma
- There is also a disparity between feelings of close community and isolation

This is important as it has a direct relationship with social isolation, stigma and prejudice⁴². This also has implications in the drive for community-based health and social care and low-level, non-clinical approaches coming from within the community⁴³. This could be a key point for LGBT organisations and their work as 3rd party organisations and in rural communities.

When asked if respondents could change one thing about mental health services in rural Scotland and 'what key messages [they] would want to tell policy makers', these were some of the many themes found in the responses⁴⁴ which we believe are pertinent to this report, and the rural LGBT population, having analysed the responses from within our own research:

- 'The community can help people stay well'
- Attitudes around mental health in the community 'harm and hurt people who live with mental health issues'
- Work to reduce stigma/raise awareness/provide education and training is important

- Better/easier access to support is necessary/improve access/
provide consistent access/local service provision/grass roots
services and support
- More qualified experts needed in the area
- Continued support in the community is needed
- More outreach services are necessary
- Waiting lists need to be reduced
- More local support groups are necessary
- Specific support is needed
- More support is needed before crisis point
- More resources and funding/investment in mental health is
needed
- More support for young people is needed
- Isolation is a factor in poor mental health
- A person centred approach is necessary
- People with experiences of poor mental health living in rural areas
should be listened to

We might add self-advocacy in outreach and policy engagement for LGBT community stakeholders may be useful and that further qualitative research around LGBT experiences of mental health is needed.

- Proactive services encouraging use is necessary

From an LGBT perspective, this requires services being openly and visibly inclusive.

- Online service provision and advice and awareness is not enough

We are aware that for some, online outreach and service provision may be useful.

- Recognition of alternative (non-medical) approaches within the community for wellbeing/‘don’t over medicate mental health’
- More crisis houses

We also note in our own findings a need for more explicitly LGBT safe spaces in rural regions.

Although these themes are representative of the wider general population, all of these themes correlate with our own findings regarding LGBT inclusive mental health services and support in rural regions (see Chapter One).

In 2019, The Well Connected Communities Report⁴⁵, as part of Support in Mind Scotland’s work towards embedding a ‘community development approach into improving mental health support in Scotland,’ found that:

- People do not want mental health to be siloed, they want friendly places that are accepting of everyone
- People want companionship through groups, support and advice and activities offered at an appropriate level for ability and age and that link to a variety of interests

- People value a safe place to go, a meeting place where positive interactions occur
- People felt that communications about mental health could be much better
- People want to know they can get services they need quickly and efficiently
- People hoped for more awareness of mental health in society and that this is required to develop acceptance and change societal attitudes
- People want to see mental health being given the same status as physical health⁴⁶
- People want 'low level, non-clinical support'⁴⁷ including clubs, activities, spaces to chat, use of local assets, walking and social groups and events

The Well Connected Communities Report places the role of community at the centre of creating healthier communities. Communities will do this through engaging diverse voices and collaborating effectively with others; reducing isolation and ensuring that there is access to services and support which help people to flourish⁴⁸. All of these desires can be considered generally and in relation to LGBT populations.

Chapter Three

Covid 19

The Effect of Covid 19 on Rural LGBTI* Life

In February 2020, Equality Network took part in a meeting of the Scottish Parliament's LGBTI+ Cross Party Group which discussed rural LGBTI issues, and with the intention of soft launching this report ahead of publication. Barely a month later Scotland, and the rest of the world, was facing a global pandemic. None of us could have anticipated what would follow; so as events began to unfold, we made the decision to delay the publication of this report.

As a policy organisation, we spent the following months adapting to the increasing day-to-day challenges, listening to the community, and the struggles faced by those within the sector who provide on the ground support, and responding to government consultations about how this virus, and decisions made around it for the sake of public protection, was affecting our communities. It became immediately obvious that some of the central themes that had emerged in our original research were set to become rapidly and drastically more pressing than they had been only a few months prior. This was particularly clear in relation to mental health.

The Covid 19 pandemic has disproportionately affected marginalised communities. Those living rurally and those who are LGBTI in Scotland are disproportionately affected. Where there is an intersection of these two aspects, being both a member of the LGBTI community and living rurally, it was clear that the gulf of

* As the research process for this chapter was somewhat different to the rest of the report, we have included Intersex people and people with Variations in Sex Characteristics within this chapter.

inequality might be worsening. Mental health concerns, declining wellbeing, social isolation and a lack of access to services had become the 'new normal' for everyone living in Scotland. For those who live rurally, these were already very familiar issues.

We believed that the recommendations in this report needed to reflect the lessons learnt throughout this past year.

We began working closely with the National Rural Mental Health Forum and Support in Mind Scotland to consider how we could ensure that, at this time, rural LGBTI voices were heard. We spoke with The Equality Unit at the Scottish Government, the Rural Communities Unit (Rural Economy and Communities Division), and the Mental Health Directorate to begin to strategise how we could ensure that rural LGBTI communities' experiences are considered in any efforts in recovery from this virus.

We have taken our report, alongside anecdotal evidence as it emerged and ensured that it informed our responses to any Covid related inquiries and consultations including those by the Equalities and Human Rights Committee at the Scottish Parliament, and the Women and Equalities Committee at Westminster.

The main issues that we have already taken to policy makers include:

- The detrimental effects of de-prioritising health services
- Extended waiting times for access to mental health and gender identity services
- The closure of Gender Identity Clinics
- Increased online toxicity around and media coverage of LGBTI identities,

- A lack of inclusive and equalities competent support services (with LGBTI specific support services struggling with capacity due to Covid delivery restrictions)
- Increased isolation
- A lack of recognition of diverse kinship, familial and support networks within restriction guidelines
- Estrangement
- Increasing gender based violence
- Child abuse and domestic violence in the home
- Our LGBTI elders lacking suitable support and our young people stuck at home without familial support or acceptance

These are issues that the LGBTI community faces across Scotland.

We want this final report to have impact where it is needed. We want to help to ensure that there is scope for the recovery of a community that is not geographically explicit but instead a community that spans all of rural Scotland.

Methodology

The Equality Network hosted two focus group meetings on the online platform Zoom in order to hear from those who live rurally, about their experiences throughout this time. Each focus group had the intention of hearing from LGBTI people living and working rurally to discover what the issues appear to be, as experienced, on the ground and how we might consider better supporting the LGBTI community in rural areas in Scotland throughout and post the

Covid 19 pandemic. The online events were open to all who live and work within rural spaces, who would like to see improvements made. We addressed issues and considered solutions through a mixture of presentation and breakout discussion groups.

Over seventy people from all over rural Scotland joined these meetings to share their experiences.

Participants were asked to consider a series of questions and discuss these within break-out rooms, before feeding back to the entire group. The questions were broken into categories. These were intended to foster open conversation and were not prescriptive. The categories and questions were as follows;

Perspectives

- How do you think Covid-19 has perhaps exacerbated the issues seen in the data prior to the pandemic?
- Are there any issues that you feel have worsened disproportionately for LGBTI people living rurally throughout Covid 19?
- Are there any problems, which may not have been recognised prior to Covid-19, which the pandemic has thrown into sharp relief?

What has changed?

- Is there anything that has changed for the better?
 - What has changed for the worst?
 - Have changes that have occurred during lockdown, not necessarily related to Covid, affected LGBTI people's day to day lives?
-

- How have the changes brought in to tackle Covid 19 overlooked issues that affect rural LGBTI people?

Access, Support and Work

- What support has been useful and accessible and should be continued?
- What support has missed the mark, been exclusive or ineffectual?

What should and could be done?

- What do you think communities, employers, the public sector etc., are currently doing right OR wrong with regards to LGBTI people living and working rurally?
- What changes could be made which could have a positive impact?
- What are some larger more long-term changes that could be made?
- How can we all elevate rural LGBTI voices in discussions surrounding changes, mental health and wellbeing moving forward in to recovery?

A summary of the themes that emerged in conversation are below.

Themes

Several of those who spoke to us stated that a stark comparison could be made between issues faced by rural communities and issues now being faced by the wider Scottish population.

Many believe that perhaps this will allow for more empathy and understanding from those who live within the central belt, who,

prior to Covid, may not have experienced feelings of isolation, loneliness or an inability to access services and / or social groups.

Compassion fatigue, felt by many within the community, was mentioned on several occasions. Historically, the LGBTI community has been forced to look out for and provide support for one another, and amid this pandemic, this has not changed.

‘Because we do not have those heteronormative families to rely on, as the government has pushed, we have needed to be more visible to each other. Where I stay in Fife there is a lot of LGBT people here but there’s no space for us to gather ... we’re kind of hiding. We’re not out and proud, making trouble, not coming together, not got that feeling of coming together and feeling buoyant and helping, we’ve had to rely on each other and the pre-existing community that might be a bit thin on the ground, we’ve had to rely on that because there’s no other option.’

Another member of this discussion group commented on the impact of supporting people from your own home. He said, ‘it’s really hard work to support people when you rely so much on the visual.’ ‘We are missing the face to face, those little cues you can only pick up on in real life,’ because ‘the reality is people say that they’re fine.’ For an othered community, used to supporting one another, compassion fatigue is familiar.

‘We do not have the same familial bonds, we’re not always safe to invite neighbours in, we’re not always out to neighbours so that’s a big ask. And that’s coming from a cis white guy, if I was a woman, if I was a trans woman, if I was a disabled trans woman there’s no way I’d be putting myself in that danger.’

Many of the people that we spoke to echoed this sentiment. Many felt that the rules, and guidelines, and the messaging around these, felt as though they were built around a stereotypical heteronormative family. They felt as though the government and media messaging suggesting that a person might rely on a neighbour if they were to be housebound due to Covid, or advising people to stay at home with family members, did not understand the non-heteronormative relationships, familial structures, carer responsibilities or different kinship groups that LGBTI people might have.

One individual, living outside of Glasgow, told us that she felt as though she was ‘banging her head off a wall’ trying to comprehend how she would cope without the support networks that the government had assumed. She would like to see more thought given to LGBTI people, and to heterosexual cisgender people, who live on their own, about how they might manage this. She believed that asking people to isolate for ‘weeks on end’ on their own puts them more at risk of death by suicide than by Covid.

Another person, living in Fife, pointed out that prior to the Covid pandemic there were no LGBTI family support groups outside of Glasgow and Edinburgh. He too stated that he did not have the local community bonds to rely on neighbours, as the government assumes is possible. He believes this lack of consideration within messaging puts people at risk. He also acknowledged that many people who live rurally are huge distances apart, ‘how can they help each other if they’re only meant to travel 5 miles?’ It was said by another individual that in Caithness, in the first two or three months of lockdown, there were more suicides than Covid cases, and that she believes that this may still be the case a few months later. She said that she wanted to ‘scream at the Scottish Government’ about the lack of mental health support in rural areas.

Another participant worried for the older LGBTI community:

'I worry for them, friends of mine who are living in rural communities and are not out in their community and they really have been isolated. Connections online in urban areas keep them going. Trusted distant friendships have kept people going. I worry about the long-term impact of that in terms of isolation and it has been made worse, there's something to unpick here to help folk who are really not able to come out in their community and have really suffered and who will take a while to get over all of this.'

The older LGBTI community already, pre-Covid, faced significant social and health inequalities in rural Scotland, with limited inclusive or exclusive spaces to meet others and combat loneliness, as well as limited specialist equalities competent health and social care.

'There was a real community build up to the first Orkney Pride and so that kind of world stopped and actually that was a really amazing world for me because I thought wow! We've never had that in Orkney, We've never had a team that's making something happen [...] I think that physical proximity of people meeting up and making something happen had to stop which obviously, I don't know if that's ever going to start again [...] Orkney is one place where when groups like yours have tried to buoy people up in Orkney its felt like quite a necessary thing but quite a shocking thing like are we that [bad]? Because it's a very, quiet repressed community and so it's all new, like the idea of pride coming here is a new forum and so it's quite a shame to stop that now.'

Pride is about a visibility to others. The loss of pride events was a blow to the community but, more than that, it flagged up a serious concern with a real lack of visibility of the LGBTI community within rural spaces.

Without Pride events people were consigned to finding community and celebration of their identities online, at a time when negative representation of LGBTI communities is rife online and in the media, and when positive representation of the community is needed more than ever.

‘That’s the whole thing, visibility to yourselves is nothing like actually telling your own [local] community, we live with you and we are fine, you know? Actually, we’re totally normal.’

Without community celebration and physical contact with others within the LGBT community, many felt more isolated than they had prior to Covid 19, despite isolation already being an issue. One person told us that they needed ‘physical contact, the lack of it had messed [them] up quite badly.’ Others felt that online platforms provided more access to the LGBTI community and more possibilities for social interaction than they had ever experienced previously.

‘There’s been a lot of online events and it’s been fantastic and we’ve had people from all over the world. It’s been really good. What has happened is that these organisations, especially the events that are organised by people in the central belt, it’s meant they’ve become accessible to those outwith the central belt and I’m going to really miss those events if they stop holding them online and I’m going to go back to being more isolated. I feel less isolated from the community because I’m able to attend these events.’

Another individual, who lives in South Ayrshire in a small village and doesn't drive, agreed, saying that he hoped that 'when we get back to normality with meetings in person, online outreach is still possible.' In order to ensure that this is as beneficial as possible for those living rurally, digital inclusion needs to be considered for those in digital poverty and those without access to technology or knowledge as to how the technology works. It is imperative that those who are the hardest to reach, and potentially the most isolated, are considered.

One participant, living in Dumfries and Galloway, shared that she feels completely disconnected from any online networks and that she feels very isolated. She is a single parent who works full-time, and states that she 'doesn't have time to think about herself which is isolating in itself.'

Another informed the group that having her local LGBTI group meetings cancelled 'was like a rug was pulled from under [her] life.' This group is a lifeline for her.

'Here is very churchy and I have had homophobic comment here which was quite distressing and then just after that came lockdown and our buses, which are not terribly reliable anyway, they were taken off completely so that was it. I was on my jack jones and I was shielding and I found it, it was awful. Thank god for Zoom, I'm useless with technology but thank goodness for Zoom because I don't think I would have got through it. There was no consideration by anybody to the fact that there might be people like myself that needed other kinds of support [...] It was incredibly isolating but on the other hand it's made me stronger because I've got this view of sod you I'm going to be outer than out now.'

Though there are positive aspects of online engagement such as accessibility and inclusion, there are also problems with online engagement that should be considered when working with LGBTI individuals.

- Some people may suffer dysphoria and a heightened sense of exposure and discomfort online when visible to others
- It is difficult to read gesture, body language and emotions via online platforms when looking to provide support to people who may be vulnerable
- There is an increasing sense of toxicity, bullying and hate speech online which may mean that, for some, being in online spaces may be increasingly difficult and, for some, dangerous and a threat to positive mental wellbeing
- Many may not be able to be themselves online or access necessary services or seek support, while they are living with unsupportive family members. This can be the case for young people and for adults.

'I'm concerned by the hidden minority. The trans people out there who are being forced to stay with their families and not being, having any outlet at all to be themselves. In the past I've run trans groups and we get people along who could be themselves for at least an evening but right now they can't and they can't even get on to Zoom because they have to keep it bottled and that really concerns me. I have been trying to think of some way of helping them.'

Health inequalities for the LGBTI population in rural Scotland have long existed. The Covid 19 pandemic has exacerbated these inequalities. This is most evident when looking at gender identity services and mental health related services that are necessary to aid in crisis.

One participant in the group discussion had self-referred themselves to the Sandyford clinic early in 2019. They told us that the clinic 'were then at November 2017 on the [waiting] list [of referrals.]' Yet, during the Covid pandemic, the Sandyford clinic was deemed to be a non-essential service. It must be recognised that for many trans people, access to gender identity support services are a matter of life or death due to the entanglement of identity confirmation and mental health.

'When Covid hit everyone was talking about Sandyford being deemed non-essential. When I checked they have finally moved on their list to December 2017 so in over 18 months they had moved one month forward. Obviously Covid hasn't helped but I do think that the GICs are totally underfunded and don't have enough support in Scotland and that's worrying because people who have really poor mental health due to being trans they're not getting help and it is a worry.'

Mental ill health, as has been made clear throughout this report, is an issue that disproportionately affects those within the LGBT community and more so those who live rurally. Covid 19 has seen a rise in poor mental health across Scotland for all, and has continued to be a dangerous problem within the community. One individual commented that when people discuss LGBTI policy and mental health policy he sees that they are often regarded as separate points of interest. We know that there is a correlation

between the two. These links must be made in order to recognise the severe needs within the LGBTI community.

This includes access to services throughout the pandemic as well as how the government creates and messages its guidelines.

Another group member told us that she ‘likes to adhere to rules and has tried to follow them.’ However, in week 8 of lockdown, after many weeks spent alone struggling with her mental health, she went in to crisis. Her comments shine a light on the reality of the situation. She said:

‘I like adhering to the rules so if the Scottish government tell me there are rules I’m supposed to follow I will generally follow them and round about week 8 or week 9 of lockdown being on my own I went in to crisis. I ended up tweeting government ministers saying, “look either put me in a psychiatric hospital now or let me go and stay with somebody. Your rules aren’t saying I can go and stay with somebody” and then when I phoned NHS 24, now this is strange, I’ve had underlying mental health problems for a long, long time and when I phoned them they were the best they’ve ever been. They said “look you’ve done really great, this is the time to go and do whatever you need to do, whether that means you’re breaking the rules that have been laid down or not. You have to go and look after your health, you need to go and stay with somebody.” [...] I’ve got to the point where I’ve had to make rules that work for me [...] If I’ve arranged to see someone I’m going. I’m weighing up my own risk and the risk of the person involved that I’m going to stay with.’

For many within the community it is felt that poor mental health and the potential for acute mental health crisis is a higher risk to their life than Covid is.

Recommendations explicit to post-Covid community recovery

These recommendations should be considered alongside the wider recommendations within the following chapter.

- LGBTI organisations and groups should be supported to retain knowledge gained through Covid including introducing, where possible, a hybrid model of online/physical meetings when it is safe to do so, allowing those who have been able to participate for the first time to continue to do so
- LGBTI people should be encouraged to access digital poverty/inclusion funds where possible to reduce the number of people isolated
- The model of large LGBTI organisations distributing funding directly to smaller groups has proved effective during Covid, allowing community groups to access funding with limited capacity and greater LGBTI specific funding support

The LGBTI sector has been historically underfunded, and during Covid, some groups have had their first opportunity of funding from new sources

- Support to increase fundraising knowledge and capacity will prove important in the months following Covid especially as some funding channels close to pay for Covid related spending

No LGBTI community member should have to travel large distances to access support or LGBTI inclusive services.

- Services should be encouraged to localise services where possible or provide them online, and ensure all staff have an understanding of LGBTI issues
- LGBTI organisations and those organisations working in rural communities should work to share knowledge and training

Working in partnership is a far more effective way to work on joint issues and doesn't rely on the LGBTI organisation being everywhere at one time, and vice versa.

While there are channels to support networking between groups these have proved vital during Covid and should be enhanced, but so too should links between LGBTI groups and other organisations providing services.

Equality Network is currently funded to provide one-2-one support to 10 LGBTI groups in rural Scotland. During the pandemic this has increased seven-fold. This has demonstrated the need for further capacity building investment by the organisation which should be explored with funders.

- Funding for LGBTI rural work should be coordinated between the new Scottish Government Equality and Human Rights Directorate and the Rural Economy and Communities Division

LGBTI groups from across Scotland have benefited from national skills sharing residential events and the National LGBT Forum in the past.

- Serious efforts should be made to revive these networking, learning and shared response opportunities

The Equality Network, working with community development organisations across Scotland, helped develop the first National Standards for Community Engagement.

- It should be considered what learning from Covid should be utilised to enhance these National Standards for Community Engagement

Community development is not for community development's sake. It is a tool to empower communities, enhance local and national decision making, and ultimately make the lives of LGBTI people better. More work is needed to ensure rural and island LGBTI communities have more opportunities to shape the Scotland that they live in so that they may live healthier and happier lives.

Chapter Four

Summary and Recommendations

This chapter provides a summary of key ideas relating to being LGBT, having poor mental health and living 'further out' in Scotland's rural regions.

It also offers conclusions and recommendations for LGBT organisations demonstrating that we need to do more work specific to rural outreach and engagement. This section also offers key recommendations for both local and national policy, including for service provision and legislation. These recommendations address the new and developing Scottish Mental Health Strategy 2020 and align with recommendations within Support in Mind's Well Connected Communities report (2019) addressing wider public mental health in rural regions of Scotland.

We must acknowledge here that rural and island communities are diverse. They have differing cultures, access, infrastructure, services and of course people. Anecdotally, from conversations held across the country, we know that one size will not fit all in terms of intervention and implementation of improvement. Regions and local areas have their own unique concerns related to infrastructure, access, and social perceptions. For example, in the Scottish Borders it was highlighted that a lack of 'central hub' or town presented a real barrier to LGBT community development.

In Orkney, the geographical spread of the islands means that for some, if you wish to attend an event and you live on an outlying island, it may cost you financially to attend in a way that it would not people in other regions. You may require a ferry or plane, overnight accommodation, and the cost of subsistence to be able to attend a short community event.

Perceptions of gender roles vary in different regions. For example, if you live in Lochaber or in Angus you may find that some pervasive traditions that rely on hyper-masculinity will influence the likelihood of a sustainable intervention for LGBT visibility.

These are just some examples of diversity in our rural areas. For that reason, our recommendations should be considered, contextually, within specific regions and local areas by local authorities, local public bodies, service providers, local organisations and community groups. They should also be considered, more holistically, by the Scottish Government.

Intersections between being LGBT, living 'further out' and mental health

An overview

- Incidences of poor mental health are higher within the LGBT population of rural communities than the general population if we compare our findings with that of the National Rural Mental Health Survey
- There is evidence to suggest that the disproportionately high incidence of mental health problems within the LGBT population is due to prejudice and minority stress
- LGBT people living in rural regions of Scotland are up to **81%** likely to have experienced prejudice and discrimination
- **70%** of people felt that more needed to be done to tackle LGBT Inequality within rural areas and **62%** believed that there was an equality imbalance between rural and urban regions in Scotland

- 66% of people told us that service provision was not meeting the needs of LGBT people and many told us that this lack of provision led to feelings of isolation and lack of visibility
- ‘Conservative and parochial views within rural communities’ have been cited as having an effect on LGBT people living in rural communities in Scotland
- It has been cited that the maintaining of traditional values, traditional gender roles, and the incidence of misogyny in some rural areas affects some LGBT people
- The influences of religious beliefs and religious establishments have been cited as having an effect on some LGBT people within rural communities
- Feeling that one has to suppress who they really are and a lack of anonymity within rural communities has impacted on people’s experiences as an LGBT person in rural communities
- A lack of visible LGBT role models, visible LGBT services and agencies and a lack of public awareness around LGBT issues and people has affected people’s experiences of being LGBT and living in rural communities
- Feelings of isolation are a factor in experience of our respondents
- LGBT people have told us that they suffer due to a lack of LGBT inclusive and exclusive spaces and a lack of access to services including mental health services
- All of these above factors have an impact on feelings of minority stress, isolation, and wellbeing

- Minority stress, isolation, and poor wellbeing can lead to feelings of negative wellbeing and incidences of poor mental health

It is clear from this overview that facing the stigma of being LGBT in a rural area, can lead to negative wellbeing and poor mental health. For many respondents this has already been the case.

Recommendations from our respondents

People living in rural communities have their own thoughts around solutions and ideas as to how life can be made easier for themselves as LGBT people living within rural regions with first-hand experience. We should pay heed to their self-advocacy and learn from these lived experiences. Here are some of their own recommendations as found within our data:

LGBT visibility and awareness

- Young people need positive, open role models
 - The Gaelic-speaking LGBT community need visible LGBT advocates
 - Awareness and training should be carried out by all organisations and employers
 - Rainbow symbols or LGBT recognition on leaflets and websites etc is necessary
 - Statistical information from local and national government around LGBT people in rural communities, particularly for the benefit of health and social care should be gathered
 - Services should ensure that they can meet LGBT specific needs
-

- Sensitivity training should be undertaken by government agencies such as the NHS
- Fully inclusive education should be available at all levels in schools and youth groups and activities
- Prominent LGBT spokespeople should be invited to visit rural schools to normalise acceptance of LGBT diversity
- LGBT friendly social nights should be held within communities

Report recommendations

Our specific recommendations come from the data gathered and analysed in this report; they will be cross-referenced with recommendations from Support in Mind Scotland and the National Rural Mental Health Survey as well as LGBT Youth Scotland's work around youth mental health and our own community engagement around rural Scotland. This engagement includes work with smaller LGBT groups, organisations, and at community engagement events.

At a national level, there is a need to:

- Review mental health services available across Scotland (for equality, availability, accessibility and fairness)
 - Implement Inclusive Education and continue with the Scottish government's review of Relationships Sexual Health and Parenting (RSHP), and Personal and Social Education (PSE)
 - Provide schools training on mental health and LGBT intersections with poor mental health
 - Aim to reduce the waiting times for psychological services
-

- Mainstream mental health care within NHS; parity with physical health care
- Address barriers across NHS Boards and services to address healthcare barriers for LGBT people living in rural areas in order improve access, timely engagement, and focus on early intervention⁴⁹
- Develop a mainstream mental health and LGBT intersectional awareness campaign to help create more support
- Develop a measurement for ‘improvement to health’ into all government supported initiatives
- Ensure national level signposting to services and supports
- Roll out a programme of Mental Health First-Aiders
- Show leadership from the Scottish Government and NHS Boards in recognising and addressing the needs of LGBT people experiencing poor mental health
- Ensure explicit LGBT inclusion in policies, strategies and action plans that consider LGBT needs and seek to improve mental health and wellbeing in rural areas⁵⁰
- Include targeted work regarding LGBT populations within Scottish Government funded mental health improvement programmes such as See Me, Choose Life and Scottish Recovery Network, and pilot initiatives such as Distress Brief Intervention (DBI)⁵¹
- Develop and cascade national guidance in relation to the care and treatment of LGBT patients living in rural areas⁵²
- Commission/fund guidance that asks organisations to demonstrate impact and reach to LGBT populations in rural areas as a recognised

at-risk group. This should be monitored and assessed regularly as a core part of reporting on reach and impact⁵³

- Ensure routine equality monitoring of sexual orientation and gender identity within mental health services in Scotland. This should be supported by guidance and linked to the requirements of the Equality Act 2010⁵⁴
- Ensure LGBT and mental health inclusion in national strategies, policies and action plans related to wider mental health risk factors such as bullying, hate crime, lack of employment, equalities and social isolation⁵⁵

At a regional policy, local government and local council level there is a need to:

- Further hate crime intervention alongside awareness raising on how to and when to report a hate crime
 - Provide greater funding to go towards health care provision particularly sexual health and mental health
 - Fund LGBT awareness and diversity training across all service provisions including workplace, NHS services, police and local council. Introduce mandatory training for mental health professionals and broader NHS workforce on supporting LGBT people
 - Recognise examples of good practice regarding LGBT inclusive mental health services and share good practice
 - Assign LGBT equality and diversity champions across all local councils and actively engage
 - Recognise the significant stress of travel to appointments and to access safe LGBT spaces and services
-

- Fund and support LGBT inclusive spaces for meetings support and socialising
- Use a community development approach to empower groups to develop and deliver LGBT support as well as mental health and wellbeing support
- Support locally-led initiatives, especially those reaching out beyond the 9-5 working week
- Review local transport options, including services to rural areas during evenings and at weekends
- Tackle the root causes of poor mental health for LGBT people living in rural regions and ensure individuals are effectively supported
- Implement interventions tackling loneliness and isolation

3rd Sector equality and national LGBT organisations should consider (where funding permits):

- Joining and contributing to/learning from the Highland Rural Mental Health Forum
- Increasing outreach into rural areas and working more closely with smaller LGBT groups in understanding needs of the LGBT community within rural regions
- Making efforts to be visible advocates within rural communities
- Assisting in increasing visibility more generally within communities
- Reaching out to and engaging with NHS Boards and services to encourage engagement with LGBT communities to increase confidence in service response and improve uptake of services⁵⁶

- Creating a folio of positive LGBT inclusive activities in rural regions and sharing good practice
- Developing a bi-lingual (Gaelic) campaign that reaches out to LGBT people
- Engaging with the community mobile phone application for rural community activity listings in Uist and Benbecula, Dè tha Dol⁵⁷
- Continue to work with partners within NHS mental health and other services that reach rural communities

Community and grassroots groups might consider positive intervention by:

- Creating ways to connect before personal crises occur
 - Creating low-level, non-clinical, and informal ways of connecting through trusted people and networks
 - Building local knowledge teams and exchanging good practice
 - Developing a local LGBT mental health forum, so that everyone with an interest in mental health and LGBT issues can come together and exchange knowledge
 - Celebrating LGBT History Month with events across rural regions
 - Developing an online service/chat group for support so that local LGBT people feel like they have someone to talk to
 - Developing local clubs and meetups that are explicitly and visibly LGBT inclusive
 - Creating opportunities for arts and education by local people
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- Pushing for or creating positive affirmation in local press and local politics
- Seeking leadership development and support for activity based community development relevant to the cultures of the Highlands and Islands and other specific rural areas
- Considering community based interventions to reduce stigma and increase awareness of diversity

For social researchers and universities, additionally it is important to:

- Increase awareness of findings in relation to LGBT communities living in rural regions
- Ensure that existing findings are disseminated through Scottish Government networks and are used to inform policy development⁵⁸
- Improve evidence bases and carry out further research into the experience of being LGBT in rural regions of Scotland and increase research specifically looking at minority stress within rural regions and its impact on mental health and wellbeing
- Increase awareness and understanding through further research of the effects of loneliness and isolation within LGBT people's lives
- Commission new research on effective interventions that address the causes of LGBT poor mental health⁵⁹
- Increase qualitative understanding from rural LGBT people and include rural LGBT people as stakeholders in government policy and initiative

Footnotes & References

- ¹ Bromley C, Curtice J, Given L. (2006) *Attitudes to Discrimination in Scotland: 2006*. Equality and Human Rights Commission. Scottish Centre for Social Research. Scottish Government
- ² No further social attitudes survey in Scotland has framed questions in this manner (with the caveat of whether the respondent knows an LGBT individual) regarding attitudes towards LGBT people.
- ³ The Equality Act 2010 protects people with a disability from discrimination as to have a disability is to have a ‘protected characteristic’. It also protects LGBT people based on the protected characteristics of sexual orientation and gender reassignment.
- ⁴ Scottish Government’s Mental Health Strategy 2017-2027
<https://bit.ly/2TIOfay>
- ⁵ The Scottish Government’s Mental Health Strategy 2017-2027 should be ‘seen in the context of the Scottish Government’s 2020 Vision for health and social care delivery’. This ‘emphasises integrated care and prevention, anticipation and supported self-management’. It should also be seen in the context of ‘the Scottish Government’s Health and Social Care Delivery Plan, which reinforces the equal importance of mental and physical health and the need to address the underlying conditions that affect health’. (ibid.)
- ⁶ Halley R. (2019) *Well Connected Communities: A study on community approach to mental health and well-being in five rural regions of Scotland*. Support in Mind Scotland – action for people affected by mental illness.

- ⁷ For more on the Scottish Government's Inclusive Education Implementation Group and planning underway see: <https://bit.ly/2PqISE6>
- ⁸ *Scoping on LGBT Young People's Experiences of Mental Health Services* (2016) LGBT Youth Scotland, unpublished.
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¹² *ibid*

¹³ See <https://bit.ly/2T33WD2>

¹⁴ Salkind J, Bevan R, Drage G, Samuels D, Hann G. (2019) *Safeguarding LGBT+ Adolescents* (Jan 2019) The British Medical Journal. BMJ

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- ³⁴ Skerratt et al (2017)
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- ³⁶ The National Mental Health Strategy. Scottish Government 2017-2027. p 35
- ³⁷ This was measured using the Warwick-Edinburgh Mental Wellbeing Scale: with a score of 40 rather than 50

³⁸ The National Rural Mental health survey found that **47%** had experienced general anxiety disorder (**29%**) and social anxiety (**18%**) whereas we found that **69%** of our respondents had experienced 'anxiety' more generally. The National Rural Mental Health survey found that **22%** of their respondents had experienced suicidal thoughts and **62%** of our respondents had considered suicide. Finally, the National Rural Mental Health Survey found that **12%** of respondents had self-harmed and we found that **33%** of our respondents had.

³⁹ Skerratt et al (2017)

⁴⁷ Ibid: 14.

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Published: October 2020