Barriers to optimal mental health care for lesbian, gay, bisexual, and transgender (LGBT) clients in Europe

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Optimal mental health care for people – not only for members of minorities in the society – requires that people in need for help receive adequate help.
However, LGBT people face specific barriers when they try to access preventive mental health services or treatment.

The concept that anyone who requires medical services actually gets care is called universal "access to health care".
Access to health care services can be blocked or at least be complicated by a number of different obstacles or barriers.

The problem with access barriers in the health care system is that they affect the quality of services and have a negative impact on health outcomes.
In addition they are usually not identical for everybody in a society. So access barriers work differentially for communities and thus increase the existing disparities in health.
Access barriers are a matter of cost-effectiveness of the delivery of health services, but also a matter of justice and equity in the society.

To give you a brief overview, there are 4 major categories of access barriers in the health care system.

1) First, financial issues can pose a significant hurdle:
   The vast majority of people with average or lower income is dependent on the financial coverage by their health insurance or other forms of low-cost access.

2) geographical availability
The second category of barriers relates to geographical access. The question here is whether you can find a provider in your city, your region in case you need one.

3) the provider side: Services offered need to be adequate and culturally appropriate to be acceptable for potential clients and to prevent them from potential harm.

4) barriers on the user side may influence the utilization behaviour of individuals and communites.

When we look at access barriers from an LGBT-specific point of view, LGBT people share the access barriers of the general population and they face specific barriers.

Regarding financial issues, we often find that counselling or psychotherapy for LGBT needs, for example during coming out or gender transition, is not financially covered by health insurances.
Same-sex partners do not have equal benefits as heterosexual partners have in health insurances.
And there are other social dimension that interact with access: For example, LGBT refugees often do have financial access to psychotherapy at all. And the financial potential of lesbian women in a society is strongy influenced by gender-based discrimination, such as exclusion from paid work or lower wages for women.

Even if you have financial coverage for mental health services, you need to find a provider. This might be complicated for LGBT people because not all existing mental health services are LGBT-friendly or are able to provide competent care for sexual minorities.

The ILGA conducted a survey in several Eastern European countries on the availability of mental health services for LGBT people.
This slide shows the results for Bosnia-Hercegovina, Romania and Hungary for the question, whether the participants knew of the existence of an LGBT friendly mental health provider. In these countries, 40 or 60 % of participants did not know of even one such provider. A large number of respondents, who said that they did not know of such an LGBT friendly provider, however, expressed a need for LGBT friendly services.

Barriers on the provider side:

Even though most LGBT people seek mental health services for other reasons than their sexual orientation, it is important for their health and well-being that providers have at least basic competencies to serve diverse populations.
There are quite a large number of studies from different European countries which showed that mental health provider often lacked respect for sexual minority clients including outright discrimination. A more subtle, but also severe way of discrimination is the assumption that all clients have a heterosexual life-style and identity.
LGBT people who are open about their sexual orientation or gender identity to mental health professionals are at risk that the quality of the services decline. And frequently, we find attempts or at least the recommendation to change their sexual orientation.

Often there is also a lack of knowledge about LGBT-specific health needs or the life-style or community networks.

To give you one example: One gay male participant in the UK Count me in too survey said:
“No one has a clue how to speak to a Gay man with an eating disorder”

To give you an example of harmful practices, I would like to tell you briefly about Ana Dragicevic.

Last year, the experiences of Ana Dragicevic from Croatia received some public attention.

Ana Dragicevic was placed in a psychiatric hospital by her parents at age 16 in 2004, after her parents had found out that she was engaged in a romantic relationship with another girl. When she turned 18, the institution continued to detain her, despite her refusal to voluntarily submit to such detention.
Ana Dragicevic was forcibly held solely for her sexual orientation.

She was finally released from the institution in 2008 after an intervention by the State Attorney's Office, following a five-year campaign by the local media and an

organization that defends the rights of Lesbian, Gay, Bisexual and Transgender people.
The head of the psychiatric hospital Dr. Marija Vulin was replaced.

Per her account of her story, the conditions were extremely degrading. Ana was forced into isolation several times and reported of being tied to her bed for weeks, being heavily medicated, and being beaten by other patients.

After her release, she now works on her education and professional training and has found a therapist who helps her to deal with her experiences.

This is certainly an extreme case. But such experiences send out a message to LGBT people in Europe and the message is that they are not safe and their dignity is not respected in mental health services.

A colleague of mine, Gisela Wolf, and I undertook research about the situation in Germany of lesbians in health care services and our results show that barriers on the provider side led to experiences of discrimination. And these experiences then may translate into access barriers on the user side.

health policies & society:
- equal benefits for same-sex partnerships
- diversity policy & antidiscrimination
- policy regarding confidentiality of health-related information
- coverage of LGBT relevant services
- discussion: deletion of diagnoses related to gender identity and sexual orientation from the ICD

institutional level:
- education, training
- LGBT-specific services
- diversity and gender policy to support LGBT staff

personal level:
- LGBT competency
- knowledge about LGBT-specific health issues
- psychosocial competency

Thank you very much.