

Depression and anxiety in gay, lesbian, bisexual, transgender and intersex people (GLBTI)



FACT SHEET 40

Despite increasing acceptance of difference over the last few decades, people who are same-sex attracted (gay, lesbian and bisexual), people who are transgender, and people who are intersex, still face stigma and discrimination resulting from ingrained cultural attitudes about sexuality, gender and sex diversity in Australia.

While many gay, lesbian, bisexual, transgender and intersex (GLBTI) people do not experience depression or any other mental health problem, GLBTI people do experience anxiety and depression at higher rates than many other people and are at greater risk of suicide and self-harm.

This fact sheet explores these differences and causes, outlines the symptoms and treatment of depression and anxiety, and suggests what can be done to help.

SAME-SEX ATTRACTION, TRANSGENDER IDENTITY AND INTERSEX

While they are often considered together, same-sex attraction, transgender identity and intersex are quite different.

Same-sex attracted people have romantic and sexual attractions for people of the same gender, but do not question their identity as a man or a woman.

Same-sex attraction is a normal aspect of human sexuality and has been documented in many different cultures and historical eras. Over the last 30 years, there has been growing awareness that same-sex attraction is a normal form of human experience. Same-sex attracted couples are now supported by law, and gays and lesbians can be ordained into the Uniting Church. However, the stigmatisation of homosexuality continues and gay, lesbian and bisexual men and women may still be exposed to unpredictable and episodic social stress as a result.

Transgender or **gender-questioning people** have a deeply felt sense that the gender (a sense of being male or female, not based on biological differences) they were born with doesn't fit them. Transgender people have the same range of sexual orientations as the rest of the population – and so could be lesbian, gay, bisexual or straight.



In our society, it is assumed that gender is fixed, so it can be challenging for other people to understand when someone explores different ways of expressing gender, or changes gender altogether. This can make it difficult for transgender people to achieve positive social or legal recognition for their preferred gender. Many people experience confusion and emotional distress as a result of their gender identity, which is not helped by the fact that gender identity issues traditionally have been misrepresented or sensationalised by the media.

Intersex people are individuals who are born with genetic, hormonal and/or physical features that may be thought to be typical of both male and female at once. They may be thought of as being male with female features, female with male features, or have no clearly-defined sexual features at all. Intersex does not indicate sexuality or gender – it is about sex diversity.

Intersex differences challenge conventional ideas of what it is to be male or female. Intersex is often considered an 'illness' of childhood that is 'cured' by medical treatment or surgery and then concealed, when in fact it is a normal variation of human anatomy. Intersex people report feeling invisible, as even the word 'intersex' is generally not acknowledged in society, by the media, the law or governments.

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BEING DIFFERENT

Despite increasing acceptance in society and greater visibility of GLBTI people in the media and public life, prejudice and misunderstanding can still be a common experience. There is often pressure in our society for everyone to fit in with conventional ideas of being male or female, and people who don't can be subjected to ridicule, intimidation and even physical abuse.

Many GLBTI people still experience discrimination, harassment and violence in a range of settings including work, school and social situations. Discrimination can take the form of:

- obvious acts of prejudice and discrimination (e.g. someone who is open about being transgender being refused employment or promotion)
- more subtle, but no less harmful, discrimination that reinforces negative stereotypes and feelings of difference (e.g. use of the word 'gay' as a derogatory term).

The impact of discrimination

Many GLBTI people report coping surprisingly well with systemic discrimination, and most do not experience depression or any other mental disorder. However, experiences with discrimination and stigmatisation can lead to greater vulnerability to emotional distress, depression and anxiety disorders.

MENTAL HEALTH PROBLEMS IN GLBTI PEOPLE – WHAT ARE THE FACTS?

According to information from the Australian Bureau of Statistics, people who report being homosexual/bisexual have higher levels of anxiety disorders than people who report being heterosexual¹ (around 31 per cent vs 14 per cent), depression and related disorders (around 19 per cent vs 6 per cent) and substance use disorders (around 9 per cent vs 5 per cent).

Gay and lesbian young people

Around 10 per cent of young Australians experience same-sex attraction, most realising this around puberty. In schools, students who are known to be same-sex attracted may be more likely to experience bullying and/or have greater difficulty in connecting with others. In an Australian study, 61 per cent of young non-heterosexual people reported experiencing verbal abuse and 18 per cent reported physical abuse.²

Young GLBTI people with a history of verbal, sexual and/or physical victimisation and abuse have higher levels of social and mental health problems than heterosexual young people – including sexual risk-taking, risky use of alcohol and drugs, dropping out of school, homelessness, self-harm and attempted suicide.³

Lesbian and other homosexually active women

In some studies, lesbian and other homosexually active women reported higher rates of depression than heterosexual women. A study in the US found that non-heterosexual women were more than three times as likely to have generalised anxiety disorder than heterosexual women.⁴ Younger and older lesbians appear to be at a higher risk of depression than mid-aged lesbians.²

Gay and other homosexually active men

Gay men are more likely than heterosexual men to be diagnosed with major depression or panic disorder, especially those experiencing social withdrawal, isolation and socio-economic hardship.⁴ Younger gay and homosexually active men seem to be at higher risk for depression than older gay men. Many gay men living with HIV have lost relationships, social support networks, career, earning capacity and a sense of future. These multiple losses make them more likely to develop depression and may also make symptoms more severe.



Bisexual people

Studies involving bisexual people consistently show that they have even higher rates of depression or depressive symptoms than homosexual people.⁵

Transgender people

A recent survey of Australian and New Zealand transgender people⁶ found that almost 90 per cent had experienced at least one form of stigma or discrimination, including verbal abuse, social exclusion, receiving lesser treatment due to their name or sex on documents, physical threats and violence. Almost two-thirds of participants reported modifying their activities due to fear of stigma or discrimination. People experiencing a greater number of different types of discrimination were more likely to report being currently depressed. In an Australian survey of GLBTI people,⁷ around 60 per cent of transgender males and 50 per cent of transgender females reported having depression.

Intersex people

There are few studies of mental health in intersex people. Sources of psychological stress include confusion about sexual identity and gender roles, and treatment issues such as surgery at a young age, surgery without informed consent, and lack of disclosure from parents and health carers. The survey of GLBTI people⁷ found that around 60 per cent of intersex people reported having depression, and about 70 per cent of intersex males and 85 per cent of intersex females had seen a counsellor or psychiatrist during the previous five years.

WHAT IS DEPRESSION?

Depression is more than just a low mood – it’s a serious illness. People with depression find it hard to function every day and may be reluctant to participate in activities they once enjoyed. Depression has serious effects on *physical* and *mental* health.

A person may be experiencing depression if, **for more than two weeks**, they have:

- felt sad, down or miserable most of the time

OR

- lost interest or pleasure in most of their usual activities.

AND experienced a number of these symptoms:

Behaviour

- Stopping going out
- Not getting things done at work
- Withdrawing from close family and friends
- Relying on alcohol and sedatives
- No longer doing things they enjoyed
- Unable to concentrate

Thoughts

- “I’m a failure.”
- “It’s my fault.”
- “Nothing good ever happens to me.”
- “I’m worthless.”
- “Life’s not worth living.”

Feelings

- Overwhelmed
- Guilty
- Irritable
- Frustrated
- No confidence
- Unhappy
- Indecisive
- Disappointed
- Miserable
- Sad

Physical

- Tired all the time
- Sick and run down
- Headaches and muscle pains
- Churning gut
- Sleep problems
- Loss or change of appetite
- Significant weight loss or gain

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WHAT IS ANXIETY?

Anxiety is a normal part of our lives. Anxiety disorders are different from occasionally feeling anxious or stressed – they are serious conditions that make it hard for the person to cope from day to day. There is a range of anxiety disorders. The six most common disorders are:

Generalised Anxiety Disorder (GAD) – GAD involves the person feeling anxious and worried on most days over six months or more.

Specific Phobia – When a person has a Specific Phobia, he/she feels very fearful about a particular object or situation. As a result, people may go to great lengths to avoid these objects/situations, making it difficult for them to go about their daily life. Examples include fear of having an injection or travelling on a plane.

Obsessive Compulsive Disorder (OCD) – People with OCD have ongoing unwanted/intrusive thoughts and fears (obsessions) that cause anxiety. These obsessions are relieved by carrying out certain behaviours or rituals (compulsions). For example, a fear of germs and contamination (obsession) can lead to constant washing of hands and clothes (compulsion).

Post-Traumatic Stress Disorder (PTSD) – PTSD may occur any time from one month after a person experiences a traumatic event (e.g. assault, accident, war, natural disaster). The symptoms can include difficulty relaxing, upsetting dreams or flashbacks of the incident, and the avoidance of anything related to the event. Although these symptoms can occur immediately after a traumatic event, PTSD is not diagnosed unless problems continue for more than a month afterwards. It can also have a delayed onset.

Panic Disorder – A person with Panic Disorder experiences recurrent panic attacks, which are intense feelings of anxiety associated with intense fear. These feelings are overwhelming and cannot be brought under control easily. Sometimes people experiencing a panic attack will think they are having a heart attack or are about to die.

Social Phobia – A person with Social Phobia has an intense fear of criticism, being embarrassed or humiliated, even in everyday situations (e.g. eating in public, public speaking, being assertive or making small talk).



The *beyondblue* website www.beyondblue.org.au has checklists that are quick, easy and confidential. They aim to help people reflect on their situation and see if they have symptoms of depression and/or an anxiety disorder. Anyone with concerns should consult a doctor or other mental health professional for a full assessment.

COMBATting HOMOPHOBIA* AND TRANSPHOBIA**

Depression resulting from widespread discrimination is preventable. Strategies to try to limit the impact include:

- government changes in legislation to ensure greater equality and policies which promote social inclusion for GLBTI people
- policies and programs in schools to address bullying and homophobic/transphobic language
- community education about sex, sexuality and gender diversity
- families, friends and communities supporting individuals during the time they are coming to terms with their sexuality, gender questioning or sex diversity.

* Homophobia: An individual's or society's misunderstanding, fear, ignorance of, or prejudice against gay, lesbian and/or bisexual people.

** Transphobia: An individual's or society's misunderstanding, fear, ignorance of, or prejudice against transgender people.

TREATMENTS FOR DEPRESSION AND ANXIETY

Depression and other mental health problems are treatable. However, GLBTI people with mental health problems may find it difficult to seek and get the help they need if they cannot access mental health services that are able to respond in socially and culturally competent ways. A key issue for GLBTI people is uncertainty about whether the experience will be one of acceptance or rejection.

Different types of depression and anxiety disorders require different types of treatment. This may range from physical exercise for preventing and treating mild depression, through to psychological treatments for anxiety disorders and a combination of psychological and drug treatments for more severe levels of depression.

Visiting a General Practitioner (GP) is a good first step in getting help for a mental health problem. Some GPs manage mental health problems themselves, while others may refer the person to a specialist such as a psychologist or a psychiatrist. For a list of GPs and mental health professionals with expertise in treating depression, anxiety and related disorders, visit the *beyondblue* website and click on [Get Help](#), then [Find a Doctor or other Mental Health Practitioner](#) or phone the *beyondblue* info line on **1300 22 4636**.

Psychological treatments

Psychological treatments provided by a range of mental health professionals may not only help a person to recover, but can also help to prevent a recurrence of depression or anxiety disorders.

Cognitive Behaviour Therapy (CBT) is one of the most researched psychological therapies and has a lot of evidence to support its effectiveness for depression and anxiety disorders. It teaches people to think realistically about common difficulties, helping them to change their thought patterns and the way they react to certain situations. Behavioural therapy approaches have been shown to be very helpful for many anxiety disorders.

Interpersonal Therapy (IPT) has also been found to be effective for depression. It helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships.

Medication

Antidepressant medication is often prescribed, alongside psychological treatments, when a person experiences a moderate to severe episode of depression and/or anxiety. Sometimes antidepressants are also prescribed when other treatments have not been helpful.

Making a decision about which antidepressant is best for a person can be complex. This decision should be made in consultation with a doctor after careful assessment and consideration. The prescribing health professional should discuss differences in effects and possible side-effects of medications.

There are many different types of antidepressant medication. The doctor may need to find the medication and dose which is most effective for the person. Keep in mind antidepressants take time before they start to help (at least two weeks).

Like any medication, the length of time for which a person takes antidepressants depends on the severity of the illness and how the person responds to treatment. For some people, antidepressants are needed only for a short time (generally six to 12 months) with psychological treatments and self-help techniques being sufficient. For others, antidepressants are needed on an ongoing basis – in the same way that someone with asthma would use respiratory medication.

Stopping medication should only be done gradually, on a doctor's recommendation and under supervision.

The Therapeutic Goods Administration (Australia's regulatory agency for medical drugs) and the manufacturers of antidepressants do not recommend antidepressant use for treating depression in young people under the age of 18. For more information see *beyondblue* **Fact sheet 11 – Antidepressant medication**.



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WHAT CAN BE DONE TO HELP?

Helping yourself

Whatever the cause, there are some simple steps that can help to reduce stress and anxiety:

Find your community – Being with people who support your choices about sexuality and gender can help.

Manage stress – Practise slow-breathing exercises, and learn and practise relaxation techniques.

Sleep – Try to get enough sleep (for tips, see online *beyondblue* Fact sheet 7 – *Sleeping Well*).

Exercise – Try to do some exercise every day, even if it's just walking around the block, and plan activities to keep active.

Reduce alcohol and drug use – Don't turn to alcohol and drugs to numb your pain – while they may seem to give temporary relief, they make things worse.

Coping with bad days – If you're going through a tough time, try to stick to your normal routine, catch up with friends and keep active.

Exercise your rights – We all have the right to be treated fairly and equally. If you feel that you are not being treated fairly or equally because of sexual or gender prejudice, or a mental health problem, speak up or ask someone you trust to advocate for you.

Seek help – Talk to someone you know and trust, and if you think you may have symptoms of a mental health problem, see a doctor or health professional.

Helping others

People with depression and/or an anxiety disorder can often find it difficult to take the first step in seeking help. They may begin by confiding in someone they know and trust before seeking professional help. Responding in a positive and supportive way is important, as support from peers, friends and family protects against depressive symptoms. A lack of social support – which is commonly reported by GLBTI people – often leads to worse mental health outcomes.

You can help someone by:

- spending time talking about his/her experiences in a supportive way
- indicating that you've noticed a change in his/her behaviour
- letting the person know that you're there to listen without being judgemental
- suggesting the person sees a doctor or health professional, perhaps helping him/her to find someone experienced in working with GLBTI people
- assisting the person to make an appointment with a doctor or health professional, going with him/her to the appointment or asking how it went
- assisting him/her to find information about same-sex attraction, transgender or intersex and sources of support for those who experience homophobic or transphobic abuse
- assisting him/her to find information about depression/anxiety disorders
- talking openly about depression/anxiety disorders
- encouraging him/her to become involved in social activities
- encouraging him/her to exercise and eat well
- maintaining contact
- encouraging other close friends and family to adopt a similar, inclusive approach
- encouraging the person to practise stress management and relaxation techniques (see online *beyondblue* Fact sheet 6 – *Reducing stress*)
- discouraging the person from treating themselves with alcohol or other drugs.



WHERE TO GET HELP

Telephone information and helplines

beyondblue: the national depression initiative

beyondblue info line 1300 22 4636

24-hour line providing information on depression, anxiety and related disorders, available treatments and referrals to relevant services

Lifeline

13 11 14

24-hour telephone counselling service (cost of a local call)

Suicide Call Back Service

1300 659 467

Telephone support for those at risk of suicide, their carers and those bereaved by suicide

Carers Australia

1800 242 636

Information, referral and support for carers

MensLine Australia

1300 78 99 78

Support for men and their families

Relationships Australia

1300 364 277

Support and counselling for relationships

Websites

beyondblue: the national depression initiative

www.beyondblue.org.au

Information on depression, anxiety and related disorders, available treatments and where to get help

www.youthbeyondblue.com

beyondblue's website for young people – information on depression and how to help a friend

Moodgym

www.moodgym.anu.edu.au

Online psychological therapy

CRUFAD

www.crufad.org

Information and internet-based education and treatment programs for people with depression or anxiety

headspace

www.headspace.org.au

Information, support and help for young people

ReachOut.com

www.reachout.com

Information and support for young people going through tough times

Suicide Prevention Australia

www.suicidepreventionaust.org

National advocate for suicide and self-harm prevention, intervention and postvention

Freedom Centre

www.freedom.org.au

Support for young people (under 26) and their communities to be informed, happy and healthy about their sexuality and gender

National LGBT Health Alliance

www.lgbthealth.org.au

Information and support for lesbian, gay, bisexual, transgender and other sexuality, sex and gender diverse people (LGBT)

Twenty10 a place to be you

www.twenty10.org.au

Support for young GLBTI people, their families and communities

Coming Out Australia

www.comingout.com.au

Information, resources and interactive activities for gay, lesbian, bisexual and transgender people about 'Coming Out'

It Gets Better Project

www.itgetsbetter.org

Website where young GLBTI people can share their stories, view the stories of others and see how love and happiness can be a reality in their future

Transgender Victoria

www.transgendervictoria.com

Advocate for all transgender people

Organisation Intersex International

www.oiaustralia.com

Advocacy and information for intersex people around the world

The Gender Centre

www.gendercentre.org.au

Information, support and services for people with gender issues

Gay and Lesbian Health Victoria (GLHV)

www.glhv.org.au

Health information for gay, lesbian, bisexual, transgender and intersex people

Australian Federation of AIDS Organisations (AFAO)

www.afao.org.au

Information and advocacy for people living with HIV AIDS and links to state and territory organisations

Androgen Insensitivity Syndrome (AIS)

Support Group Australia

http://home.vicnet.net.au/~aissg/

Peer support, information and advocacy group for people affected by AIS and/or related intersex conditions, and their families

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THINGS TO REMEMBER

- Many people know from an early age that they are attracted to people of the same sex or don't identify with their assigned gender. Sexual attraction and gender questioning are not choices that can be changed voluntarily, but people do choose how they express their sexuality and gender identity and how much information they share with others.
- Same-sex attracted, gender questioning and intersex people who experience discrimination, bullying and abuse are at higher risk of mental health problems than the wider population. This risk is greater if they do not have family and community support.
- Depression and anxiety disorders are common, serious conditions, and getting help early assists treatment and promotes recovery. With the right treatment, most people recover from depression and/or anxiety disorders.
- Continuing support before and during treatment from depression and anxiety disorders assists recovery and helps to prevent relapse. It is important to give as much support as possible to a friend or loved one with a mental health problem, for as long as it is needed.



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Info line 1300 22 4636 or infoline@beyondblue.org.au
www.beyondblue.org.au

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