

Testimonies from the field

The case of lesbian, gay, bisexual and transgender people by ILGA-Europe

The key issues for this target group when exercising their right to health

There are barriers to accessing health care that are specific to lesbian, gay, bisexual and transgender (LGBT) people. Those barriers experienced by other populations, e.g. lack of resources, geographic and social isolation, lack of information about and/or fear of medical procedures etc. may also pertain to LGBT people. However those which are specific to many LGBT include the fear of discrimination and stigma, which act to prevent them from seeking care for themselves or their families. Once in care LGBT people may withhold personal information that health care providers need in order to be able to give appropriate care. In addition, if a member of the LGBT community experiences homophobia and/or discrimination or feels that their needs are not being recognised or addressed, this less-than-satisfactory experience can result in them not going back for needed further care. Research shows that there is a high degree of ignorance on the part of health care providers, not only of the specific health needs of LGBT people, but also of the need to be aware of the sensitivities involved when LGBT engage with a system which is viewed by them with fear and suspicion.

Real life examples of challenges faced

ILGA-Europe has recently conducted a survey on LGBT health in three countries: Hungary, Romania and the Republic of Moldova. Mental health is one of the most vulnerable issues for the LGBT people. Let us give you an example from Hungary. Reporting on stress, 88.4% of the respondents reported being frequently stressed, 79.3% anxious, and 46.2% think that they are depressed. Of those who answered these questions, 32.9% are of the view that their stress, anxiety or depression is related to their sexual orientation. Only 28.5% of these have turned to a mental health service provider for help, including the help-lines operated by NGOs. 71.5% have never sought help. This can be understood in part by a lack of trust in the doctor's confidentiality, since it is necessary to come out to the doctor/psychologist if someone is seeking treatment for related mental problems.

When asked about suicidal thoughts, 56.2% of the respondents report having such thoughts and 18.3% have attempted suicide. Among those who have attempted suicide, 65% viewed it as related to sexual orientation (and gender identity).

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Table 1 Suicidal thoughts and suicide

	Yes	No	No Response
	Percent		
Have you ever had suicidal thoughts?	56.2	43.8	0
If yes, have you ever attempted suicide?	18.3	81.7	0
If yes, do you feel this was in anyway due to your own or other people's feelings in relation to your sexual orientation or gender identity?	65	35	0

Abuse, harassment and violence are factors which can have an impact on health in general and on mental health in particular. Only 33.8% of respondents report not experiencing any of our listed forms of abuse. We also see that well over one half (59.2%) of responses were for name calling as a form of abuse. 21.1% percent of the responses related to the threat of physical violence.

What improvements or developments are needed?

In order to eliminate barriers to healthcare, two steps must be taken. First, at the level of the healthcare system, it is necessary to build awareness of LGBT needs and to develop the skills needed to meet these needs. Secondly, at the individual level, it is necessary to encourage self-confidence and self-esteem as well as developing advocacy strategies. Because individuals were unaware that they have the right to health care and did not know what institutions and services could help them secure their rights, very few people were aware of the lack of services.

The healthcare system must be structured and promoted as an inclusive and non-discriminatory environment for LGBT so as to increase the trust of LGBT clients. The most important aspect is to ensure confidentiality of client data, including information about sexual orientation and (trans)gender identity.