



LGBTQ+ mental health in detention settings

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Individuals who identify as lesbian, gay, bisexual, trans, or queer (LGBTQ+) experience higher rates of mental health symptoms and disorders than cisgender and heterosexual populations (Gorczynski & Fasoli, 2020). For instance, LGBTQ + individuals experience higher rates of depressive and anxiety symptoms, thoughts and attempts of suicide, and substance use. LGBTQ + individuals also experience high rates of non-accidental violence, including discrimination, harassment, and abuse, which can be psychological, physical, or sexual (US Institute of Medicine, 2011). Research from Scotland has shown that 64 % of LGB individuals and 80 % of trans individuals have experienced a hate crime at some time in their lives (Pearson, 2017). Meta-analytic research across the lifespan has pointed to LGBTQ + individuals experiencing greater levels of loneliness than cisgender and heterosexual populations, which further compounds mental health symptoms and disorders (Gorczynski & Fasoli,). Despite these identified mental health needs, LGBTQ + individuals have been often left out of mental health research programmes, where data pertaining to essential demographic information with respect to their gender identity and/or sexuality have not been asked about, nor collected (Westwood et al., 2020). Unfortunately, in the author's view, this deficit of information has led to a problem: the inability to design and deliver rigorous, culturally sensitive, and appropriate mental health interventions for LGBTQ + individuals.

Within detention settings, LGBTQ + individuals represent a disproportionate part of the total prison population, when compared to demographic data collected for general populations. In England and Wales, for example, approximately 7 % of the total prison population self-identify as LGBTQ+ (Prison Reform Trust, 2021). Within the United States, it has been estimated by the National Gay and Lesbian Taskforce and National Center for Transgender Equality that one in six transgender individuals has been incarcerated (Grant et al., 2011). Time spent in custody within detention settings for LGBTQ + individuals is often fraught with difficulties and challenges brought on by stigmatized attitudes, fractured social interactions, and discriminatory policies rooted in cultural practices shaped by homophobia, biphobia, and transphobia (Fernandes, Kaufmann, & Kaufmann, 2020). Unfortunately, as a stigmatized group within detention settings, the general day-to-day living

needs, let alone specific mental health needs, of LGBTQ + individuals are rarely acknowledged or addressed.

To provide mental health services to LGBTQ + individuals within detention settings would require a high degree of mental health literacy, as well as cultural competence with respect to understanding the lived experiences of LGBTQ + individuals, on the part of staff and administrators who work in detention settings. Mental health literacy is defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm Korten, Jacomb, Christensen, Rodgers, & Pollitt, 1997, p.182). Cultural competence, from a mental health perspective, would imply that individuals are aware of and understand the importance of social and cultural factors that may impact a patient's perceptions of mental health, attitudes, and overall care practices (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003). To demonstrate cultural competence with respect to LGBTQ + individuals, staff and administrators who work in detention settings would need to acknowledge and support diverse life experiences, views, beliefs, and mental health needs. Training in mental health literacy and cultural competence are important components of an ecological model of public health where a whole organizational focus is taken in a detention setting to promote overall health (Baybutt & Chemlal, 2016; Van Hout, Kewley, & Hillis, 2020).

Researchers who conducted survey research within the United States have demonstrated that staff who work in detention settings have low levels of mental health literacy, and that these low levels of mental health literacy predicted negative and stigmatized views of people living in detention settings with mental health needs (Hebert, 2020). Unfortunately, this study did not collect information on gender identity or sexuality. Low levels of mental health literacy, compounded with known discrimination of LGBTQ + individuals living in detention settings in the United States, as well as other forms of known discrimination based on ethnicity, race, indigeneity, (dis)ability, religion, and age, has created a situation where LGBTQ + individuals are unlikely to receive any mental health support (The Fenway Institute, 2019).

A study that examined the experiences of LGBTQ + individuals living in prisons and institutional policies and structures within English and

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Scottish prisons showed that LGBTQ + individuals lacked access to support structures and mental health services and often felt segregated and isolated because of their gender identity and/or sexuality (Fernandes et al., 2020). Some individuals who lived in prisons stated that they felt frustrated by the lack of support from staff and that unless they experienced physical health issues, their mental health needs would not be acknowledged. Some individuals stated that they felt that staff lacked knowledge and experience in dealing with the health needs of LGBTQ + individuals. When staff were asked to provide their comments on the treatment of LGBTQ + individuals living in prison, they said that human resource policies, budgetary shortfalls, a lack of resources, staff shortages, and job-related stressors impacted their ability to acknowledge and address the mental health requirements of LGBTQ + individuals. Additionally, some staff stated that they specifically lacked training in LGBTQ + diversity and inclusivity.

Although there have been previous calls for further rigorous primary, secondary, and tertiary research to better understand the lived experiences of LGBTQ + individuals in detention settings (see: Gorczynski, 2016), and how health interventions may be designed, this research has largely not occurred (Fernandes et al., 2020). Despite this lack of coordinated research, several areas of best practice to address the mental health needs of LGBTQ + individuals in detention settings have been provided by numerous advocacy groups, charities, and researchers in the United States (The Fenway Institute, 2019; Trimble, 2019) and the United Kingdom (Fernandes et al., 2020; Van Hout et al., 2020), as well as the World Health Organization (Enggist, Møller, Galea, & Udesen, 2014). These include:

- Providing training to staff and administrators who work in detention settings to ensure they are aware of and understand the unique lived experiences and mental health needs of LGBTQ + individuals, including provisions that may be necessary to protect the identities of LGBTQ + individuals in a confidential manner;
- Providing mental health literacy training to staff and administrators who work in detention settings so they may understand the different expressions of mental health symptoms and disorders, address stigmatized views of mental illness, and are able to listen and address the mental health needs expressed by LGBTQ + individuals;
- Providing access to information about mental health to LGBTQ + individuals;
- Providing access to and space for LGBTQ + support groups in detention settings;
- Providing LGBTQ + individuals with access to mental health services;
- Ensuring that mental health services in detention settings are staffed by individuals who have awareness, knowledge, and experience in providing mental health care to LGBTQ + individuals, including specific care services for individuals who may transition while experiencing incarceration.

In the author's opinion, for any of these best practices to be meaningfully enacted, appropriate increases in funding and resources would need to be directed toward detention settings. Given the current COVID-19 pandemic, this is unlikely to be a government priority, and it is highly improbable that any meaningful changes will occur anytime soon

(Johnson, Guttridge, Parkes, Roy, & Plugge, 2021). During this time, a call-to-action for researchers is further needed to address deficits in knowledge and ensure epidemiological data on gender and sexuality are collected and analyzed, and rigorous and culturally sensitive and appropriate mental health interventions for LGBTQ + individuals are designed and evaluated.

Author statement

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