

What is the current prevalence of mental health issues amongst lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people?

Lisa Snowden-Carr February 2012

Abstract

This paper is an investigation into the prevalence of mental health problems identified by LGBTQ young people. Data collected provides an insight into the experiences of young people who identify as LGBT and highlights the level of support needed by some young people responding to issues relating to sexual orientation. Homophobic bullying can seriously influence the mental health of young people who are LGBTQ and this must be addressed in schools. This degree of negative influence can result in increased levels of risk taking behaviours such as alcohol abuse, practicing unsafe sex, self-harm and suicide attempts.

Acknowledgments

The researcher would like to thank the respondents for their honesty in completing the questionnaire and for sharing their thoughts and experiences for the purpose of this study.

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Chapter One: Introduction

The researcher is currently employed as a youth worker for a lesbian, gay, bisexual, transgender or questioning (LGBTQ) youth organisation. The needs of the young people who access this group have changed and evolved over the last nine years, it is this need that generates the interest for this research.

In 2003 the group began by organising social activities for young people who identified as LGBTQ. Providing a safe environment for young people who found socialising difficult, offering a varied programme to enable young people the opportunity to become comfortable with their sexuality and gain confidence from their peers. Advice and guidance was available around issues relevant to their situation (2BU 2012). At this time, young people identified as feeling socially excluded as a result of their emerging or identified sexuality. Having the opportunity to meet socially

and share experiences gave young people the occasion to engage in positive activities and develop their confidence and self-esteem.

In the last two years, the organisation has continued to adapt to the needs of the young people. Whilst LGBTQ young people still require social opportunities, it has become apparent that the young people who are accessing the group have further needs in addition to making new friends. The organisation has developed links with schools, colleges, youth clubs, school nurses, and children and adolescent mental health support teams (CAMHS) amongst others. Young people can also refer themselves.

In 2010 the organisation modified its emphasis towards identifying as a support group. This change did not preclude young people from arranging social activities or including elements of socialising on the programme. It did however develop a stronger ethos which empowered young people to support each other and to foster a supportive environment. This has since encouraged and enabled young people who were experiencing particular difficulties or distress to access the support available from the group leaders, the peer support and the web forum.

For this study, it was the intention of the researcher to investigate the prevalence of mental health problems identified by members of the group, and to gain an understanding from young people as to why this may be the case. In the current financial climate, funding cuts are a constant threat to voluntary organisations. The information gathered in this survey will enable appropriate review of the current service and update the data available. This will assist the group when writing funding

and training applications, which in turn will benefit the longevity of the provision and the quality of the service.

This researcher aims to “Obtain as representative a range of responses as possible” (Bell 1987:p.52) by considering the current perspective in the literature available, design and distribution of a questionnaire and conducting semi structured interviews. Bell states that whilst time consuming, semi structured interviews “Can yield rich material and can often put flesh on the bones of questionnaire responses” (1987:p.70). A questionnaire was considered to be quickest method of data collection and an online survey tool was utilised to ensure anonymity; recognising the potential for bias as the researcher is also a facilitator for the support group and so has more than one function during the study. Information will be considered from more than one data collection method, this is known as “Triangulation” or “Mixed method” research. The research methods overlap so as to compliment or contradict each other, this has the effect of “Balancing each method out and giving a richer and hopefully truer account” (Kennedy 2009:p.1).

Chapter Two: Literature Review

When considering the current prevalence of mental health issues with young people who identify as LGBTQ, a literature review reveals a number of pertinent issues.

A research project by the Glasgow anti stigma partnership, entitled “There’s more to me” reported on the beliefs, attitudes and experiences in mental health of lesbian, gay and bisexual people (LGB). They suggest that until recently, being LGB was perceived as a mental health problem. In the report it states:

“Homosexuality was only declassified as a mental illness by the American Psychiatric Association in 1973 and by the World Health Organisation in 1992. It’s therefore not surprising that mental health and mental health problems have often been difficult issues for lesbian, gay and bisexual people” (Scottish Association for Mental Health (SAMH) 2010:p.1).

In this report, SAMH points out that there was a general belief that LGB people did experience mental health problems more frequently than others. It also suggests that this is not because there is vital link between mental health problems and being LGB, but as a result of the experiences that LGB people have, such as isolation, homophobia and the pressure to disguise their true selves. The report goes on to suggest that the experiences of LGB people can be very different from those of some other minority groups. This is stated to be because their minority status may not be shared with their family or friends and in some cases the stigma may stem from people they would normally turn to for support. (SAMH 2010)

The “Equal Minds” report by the Scottish Executive (2005), also suggests that there are higher levels of mental health problems amongst LGB people. These include depression, anxiety, self-harming, suicidal thoughts, eating disorders and substance misuse. This report goes on to state that 85% had experienced verbal abuse, 60% had experienced physical abuse and 37% had experienced sexual abuse (Scottish Executive 2005:p.62). Loudes (2003) cited by the Scottish Executive (2005:p.64) writes “The process of coming out in a society which devalues LGB lifestyles or the

need to hide one's sexuality are factors impacting negatively on the emotional and mental well-being of young LGB people". For this report "Coming out" means telling another person about ones sexuality.

The "Something to tell you" report by Coia et al, (2002) states that 41% of young women and 31% of young men had symptoms of depression. When compared with data from a 'mainstream' survey of young people, suggests that LGB young women are 7 times more likely to have symptoms of depression; This is 8 times more likely for men. This report also states that 19% of men and 32% of women had attempted suicide. Compared with a 'mainstream' survey of young people, this suggests that LGB young people are 6-11 times more likely to attempt suicide (Coia et al, 2002).

Stonewall is a charity for lesbian, gay and bisexuals, the organisation campaigns to promote and secure equality for lesbian, gay and bisexual young people, men and women. The "Education for All" (Stonewall 2005) campaign helped to tackle homophobia in schools. Stonewalls (2007) "The School Report" says that "almost two thirds (65%) of young LGB pupils has experienced direct bullying" (Stonewall 2007:p.2). In 2010, Stonewall argued for the Equality Act (2010) to include "The Public Equality Duty", this means that public services, including schools and healthcare providers must take positive steps to ensure LGB people feel included, are treated fairly and get the same opportunities as others. Stonewall also point out that young people or parents of young people feel they may be judged by health care professionals. This prevents them from being able to discuss their concerns relating to mental health (Stonewall 2012).

In the report by Stonewall "Prescription for change" (2008), key findings include, one in five lesbians have deliberately harmed themselves, sixteen percent of the women under the age of twenty have attempted suicide and one in five say they have an eating disorder.

Rivers et al (2000) raised concerns about the impact of homophobic bullying on the physical and emotional well-being of young LGB people and their attendance and achievements at school (Rivers et al 2000).

In the "Don't tell, don't ask" report, Dyson et al (2003) wrote that homophobic bullying has implications for the emotional well-being of young people and their ability to reach their potential at school. It states that, homophobic bullying in young people can amongst others; contribute to lack of sleep, loss of appetite, social isolation, depression and feelings of shame or anger. These feelings can lead to low self esteem and an increased risk of behaviours such as self harm, actual and attempted suicide, absenteeism, truancy (Dyson et al 2003). In this report, Dyson points out that:

"Sexuality is not a cause of suicide any more than any of the other risk factors identified, however, for many young people, doubts or questions about sexuality or gender can compound social and emotional risk factors for suicide" (Dyson et al 2003:p.8).

In an article entitled "Gendered harassment in secondary schools: Understanding teachers' (Non) interventions, Meyer (2008:p.559) suggests "The interaction

between external and internal influences shapes how a teacher perceives student behaviours and then decides to respond to them". External factors can include curriculum expectations, teacher training, written policies, values, social norms and culture within the school. Internal influences can be described as the teachers 'individual personality and identity and how this connects to that teachers personal experiences of discrimination, harassment or bullying. In Meyers conclusion "homophobic harassment have been normalised as aspects of everyday school culture" (2008:p.567). The reaction by teachers and students to internal and external influences can explain the range and inconsistency of the responses to homophobic bullying (Meyer 2008). In this report, gendered harassment is defined as any behaviour "verbal, physical or psychological that polices the boundaries of traditional heterosexual gender norms". This includes homophobic bullying (Meyer 2008:p.556). In the "Schools Out" report, Warwick et al (2004:p.4) suggest that "social exclusion and discrimination impact negatively on the health, well-being and achievement of children, young people and adults". The report goes on to identify links between the experiences of young people in school and their socio-economic position and health as adults. The "Every Child Matters" (ECM) Green Paper (2003) is also cited by Warwick et al; this offers a framework of five outcomes to engage with young people and their circumstances and needs. "Every Child Matters" emphasises "being healthy, staying safe, enjoying and achieving, making a positive contribution and not being prevented from achieving full potential". Warwick et al suggest that this framework and the "Healthy School Standards" are considered to ensure "schools promote inclusion, respect and diversity" (2004:p.22).

In contrast, according to Prever (2006), statistics recorded by YoungMinds in 2000, 2-4% of adolescents attempt suicide, 3% are affected by self harm, 2-8% of adolescents experience significant depression and 2% have eating disorders.

This literature reviewed identifies significant evidence to support the view that LGBTQ young people are more likely to experience mental health issues. This can be linked to the experiences that LGBTQ young people describe in relation to hiding their sexuality, coming out, homophobia in schools and feelings of isolation. To reduce the stigma, there is also evidence available that identifies the need to promote positive images and challenge the societal stigma about LGBTQ lives (Johnson et al 2007).

Chapter Three: Data Collection Methods

For this study, current literature was reviewed before designing and publishing an online questionnaire and conducting semi-structured interviews.

Literature has been selected to compare the results of previous research to this study and is grouped to highlight areas of particular interest. Appropriate time was allocated to reading to ensure sufficient understanding to support or contest the argument (Bell 1987).

A literature review was conducted to consider available evidence and to highlight themes useful to compare within this studies sample of participants. It then provided a means of comparing data from this study to data published elsewhere.

Data was collected using an online questionnaire tool "Survey Monkey" which the researcher considered would appeal to young people and would be easily accessible to the intended audience. The on-line questionnaire enabled collection of a large amount of data quickly. The questions for the interviews were structured. Triangulation of data was conducted through the use of the literature review, questionnaire data and qualitative data from the interviews.

Volunteer participants from a LGBT youth support group took part in the online questionnaire and semi structured interviews. Young people were introduced to the survey and invited to take part. The researcher considered the ethical issues according to the British Educational Research Association guidelines (BERA 2004) relating to anonymity, confidentiality and data protection. Initial permission was sought from the leaders of the organisation. Young people provided voluntary informed consent by agreeing to participate in the research, opting in to the questionnaire online and volunteering for the semi structured interview. Letter requesting permission to conduct this research was sent to the organisation (Appendix 1). In addition, within the introduction of the questionnaire (Appendix 2) and prior to the commencement of the semi-structured interviews, participants were reminded that they could withdraw from the research at any time. The researcher complied with all other legal requirements in relation to working with young people including considerations for working one to one (Bera 2004).

The potential for bias was identified by the researcher as the young people sampled for this study belong to an existing youth group of which the researcher is also a facilitator. The online survey tool was used to ensure anonymity, especially as the respondents were potentially disclosing sensitive and emotive information. The

possible bias from this dual position has been acknowledged by the researcher and may also help to explain the response rate, which is higher than typically expected with the use of research questionnaires.

Using the chosen online survey tool restricted the researcher to ten questions, however this ensured the questions were focused and considered appropriate and sufficient to generate the information required (Bell 1987). As the questionnaire may have been emotive, none of the questions were compulsory to progress through the questionnaire. It was important to the researcher that the respondents felt supported throughout the questionnaire and contact details of the support group were available in case of any emerging issues as a result of completing the survey. Patterns and trends identified from the data were identified and this informed the questions for the semi-structured interview.

The use of a qualitative approach with semi structured interviews can be a valuable way of enriching the data from a questionnaire by asking participants to comment on the data trends. Participants for the interviews were recruited from the same population as those who completed the questionnaire. Participation was voluntary and whilst information was given to potential participants the researcher did not approach them directly. Participants instead contacted the researcher to express an interest. This was time consuming and whilst the interviews were boundaried in terms of time, it was clear to the researcher that the participants were very eager to participate. In the future the researcher would consider a random sample of interviews (Bell 1987).

Recognising that the interviews were potentially emotive, the researcher made available appropriate resources to ensure the participants would feel supported and comfortable. The chosen venue enabled the researcher to accommodate uninterrupted interviews. The reasons for the research were again explained to the participants, as were the expectations in relation to confidentiality and anonymity. All interviews were held in the same place and pre-prepared questions were available to assist the researcher maintain the focus of the discussion (Cottrell 2008). It was explained to the participants that for accuracy capturing data, the researcher would take notes during the session; these would be reflected back to the participant to during the interview to ensure check accuracy (Bell 1987).

Chapter Four: Action, Results and Analysis

Fifteen young LGBTQ people aged 13-20 participated in the study this represented a 50% response rate. Nine semi-structured interviews took place. The research title was considered to be a working title and the purpose of the research was to build on what is already known and to compare current research against a local population. Using advice from both Bell (1987) and Cottrell (2008) a plan was generated to focus the attention and time keeping of the study. The researcher was aware that the availability of participants for interview would coincide with a residential weekend. There were benefits to the researcher in planning the interviews at this time, with willing participants, access to appropriate venue for interviews and support available for young people following the discussion. In the planning process as the interviews were arranged in close proximity in time to the report deadline, the researcher needed to ensure there was sufficient time available to complete the report.

Questionnaires were designed and administered via the online survey tool. Prior to publishing, the questionnaires were piloted on colleagues and 2 lay people to ensure readability and to consider whether they would yield results which could be compared against data available from previous researchers. Data was collated from the questionnaires and themes noted. These themes formed the basis for the semi structured interview questions. When considering participant and researcher bias, the researcher recognised that a random selection process would have restricted the number of interviews.

Results and analysis

The findings are based on a sample of 15 young people who identified as LGBTQ under the age of 20. Participants included 7 males and 8 females; all attend a LGBT support group.

Illustrations of results from Questionnaires

73% of respondents came out to friends first. (100% of females and 42% of Males)

42% of the young people taking part in the questionnaire had attempted suicide (37% of Females and 42% of Males).

86% of young people experienced negative attitudes in school towards sexual orientation. (87% of Females and 71% of Males).

63% of young people reported their experiences of homophobic bullying to schools. (75% of Females and 57% of Males) of these, 42% said “nothing was done about it”.

78% of young people who identified as LGBT had self harmed (87% of Females and 57% of Males).

35% of young people taking part are taking medication for depression (25% of Females and 42% of Males).

93% of young people thought that sexuality could negatively affect their mental health

Semi structured interviews enabled young people to comment further and discuss their own experiences. During the interview young people were asked to consider whether LGBTQ young people struggle with issues relating to their mental health and how this compares to young people who are not LGBTQ.

When interviewed, young people stated “Depression is the biggest thing, my confidence and self-esteem is so low” and “If other people can’t accept me for who I am, how can I accept myself?” When asked; to what extent has your sexuality negatively affected your mental health? Young people’s responses ranged from “It hasn’t, all young people get depressed and struggle to work out who they are” to “I hate that I am gay, why would I choose for people to not like me, I just want to be normal”. The questionnaire responses reveal that 7% of young people did not feel that their sexuality had negatively affected their mental health, 46% said slightly, 33% moderately and 14% said significantly. More than one young person said:

“Being gay doesn’t mean I’m depressed, I’m depressed because everyone assumes I’m straight”.

Negative attitudes can reduce a young person’s access to support, young people said: “Well, there were rumours and I was bullied, so I came out three years later” and “I stopped trusting adults because when you see bullying in school, you just don’t come out”

This is similar to the findings written in the “MindOut” report which states that “the negative interpretations of LGBTQ lives will have an effect on young people’s capacity to form a positive self-identity within a heterosexist environment. This can lead LGBTQ people to internalise feelings of low self-worth and shame. Young people who are probably at the highest risk of suicide and self-harming behaviours have never revealed their sexual orientation to anyone (Johnson et al 2007).

Within this survey as: 20% of young people “Came out” within 1 month of identifying or labelling their sexuality. 13% between 1 to 6 months, 20% between 6 months to 1 year but the majority, 47% did not speak to another person about it for more than one year.

Friends provide the majority of essential support for LGBTQ young people “coming out”, this is illustrated by 73% of young people surveyed, said they came out to friends first. It is essential that the messages from peers are ones of support, if this is not the case, “Coming out” can have a negative impact on the young persons’ self-esteem and sense of self (Youthnet 2003). Of the participants, 84% said they had

experienced homophobic bullying in schools, this compares to 65% according to Stonewall (2007). Warwick et al (2004) states this will have an effect on the occurrence of negative and high risk behaviours.

In this survey, 42% of young people surveyed had attempted suicide, (37% of males and 42% of females) compared to research by Coia (2002) who reports suicide attempts by 32% of females and 19% of males. This compares to 2-4% of a non-LGBTQ youth population (Prever 2006). The findings from this study are consistent with Coia et al (2002) who reports 41% of males and 31% of females are on medication for depression. In contrast, only 2-8% of young people who are not LGBTQ experience significant depression (Prever 2006).

This survey's results show 78% LGBTQ young people self-harm, 87% of females and 57% of males. Stonewall (2008) Prescription for Change report states that 20% of lesbians self-harm. Prever (2006:p.13) reports that "that self-harm affects 3% of adolescents".

50% of young people surveyed claim to have an eating disorder, Stonewall (2008) state that 20% of lesbians have diagnosed eating disorders compared to up to 1% of young people who are not LGBTQ (Prever 2006). In addition, 42% of young LGBTQ people surveyed experienced alcohol misuse compared to 6 % of young people who are not LGBTQ (Prever 2006). Prever (2006) also states that 6% of "mainstream young people report misuse of drugs compared to 28% in this study. Other risk taking behaviours reported by young people for this study include 21% have had unsafe sex, 7 % (n=1) reports being paid for sex and 35% of participants report having sex in public places. Young people when interviewed said "All young people

take risks but this is more about how you hate yourself or no-one accepts you”, “using drugs and alcohol is a release but the self-hate eats away at you and so you take bigger risks”. More than one interviewee said “Self harming is not taken seriously enough in schools”.

Chapter Five: Reflection

Themes of internalised homophobia emerged from the semi structured interview: self-hate poor self-esteem and low confidence all which have potential for negative consequences for the immediate and long term emotional well-being (Warwick et al 2006).

The process of coming out is one of self-acceptance and the wish to share this information with someone else. This can be a challenging time for adolescents if their sexuality is different to their peers (Youthnet 2003). Young people do not consistently feel able to seek support due to a fear of rejection or homophobia from teachers or family members. When bullying was reported in schools, 42% felt it was ignored or homophobic remarks made by students and teachers. Young people said “what is the point of reporting this, nothing will change”.

More work is needed to highlight to schools the importance of a whole school approach to supporting LGBTQ young people, this can be means of inclusive curriculum, targeted support, taking bullying seriously and challenging homophobic language, every time. Stonewall (2007) states that if bullying is challenged consistently, the incidents of bullying reduce by 60%. According to Warwick et al

(2004p.4), “Legislation now places a legal duty on head teachers to have a policy to prevent all forms of bullying amongst pupils”, in terms of homophobic bullying this is not always specific (Stonewall 2007). In addition, young people are not always aware of these policies or the reporting mechanisms within the school.

Fear of rejection prevents some young people disclosing their sexuality at school, not just because of concerns surrounding homophobic attitudes in school but also because students are not aware of the schools confidentiality policy. For some LGBTQ young people the idea that school would discuss this at home with parents or carers prevents them from saying anything to anybody. This “forced” silence of issues relating to sexuality can be too much for some young people.

This research appeared to show that negative attitudes towards sexual orientation can reduce the likelihood that young people will access support. These results are consistent with research advising on homophobic bullying in schools (for example: Warwick, et al 2007; Rivers, 2000; Meyer, 2008 and Stonewall 2012). Whilst this reflects severely on the school environment, this research illustrates the homophobic bullying and culture within the respondent’s schools has had a direct negative impact on their mental health.

Despite the previously identified bias of the study sample and researcher bias data collected from this survey is comparable to other research available. This local survey illustrates the needs of the current population of young people and highlights the importance of a youth support group. Good social support can reduce some negative social influences and reduce the chance of high risk taking and mental

health issues. These mental health problems were defined by young people during interview in relation to their experience of “Coming out” and the experience of being LGBTQ in school.

Chapter Six: Conclusion

The data collected provides an insight into the experiences of young people who identify as LGBT and highlights the level of support needs by the youth group in responding to issues relating to sexual orientation. More widely, homophobic bullying can seriously influence the mental health of young people who are LGBTQ and this must be addressed in schools. This degree of negative influence can result in increased levels of risk taking behaviours such as alcohol abuse, practicing unsafe sex, self-harm and suicide attempts.

Interviews provided a valuable space for participants to reflect on their experiences and it has informed subsequent work within the LGBTQ group. Recommendations for practice include ensuring availability of effective support and access to this support for LGBTQ young people. Additional resources could be made available to schools and colleges to increase awareness of issues relating to LGBTQ young people. Training for teachers and other professionals in schools should be encouraged to focus on the personal and social needs of young people who identify as LGBTQ. The services currently available to LGBTQ young people should be widely published and further funding sought for appropriate training for professionals in these organisations.

It is intended that this research will promote open discussion and debate with formal and informal education providers, helping to influence the development of policies in local schools in relation to young people who identify as LGBTQ. Homophobia is not only represented by bullying and when promoting inclusion in the school, sexual orientation should be more reliably reflected in the wider curriculum.

Recognising that this is a small scale research project, the study concludes that the current prevalence of mental health issues amongst LGBTQ young people is significantly higher than the experiences of young people who are not LGBTQ. The researcher is left to reflect on the contribution from the respondents and to consider further study regarding an effective whole school approach in relation to sexual orientation. The question remains, why, despite policies in place to protect young people school remains an extremely difficult environment for LGBTQ adolescents and why comments such as the ones from this study “I have never felt so sexually discriminated by the teachers in school”, and “Nothing will change and no-one will listen” continue to reflect the school environment.

Appendices

Quantitative summary of results: Total started Survey:15 Total finished

Survey:15

Your “Coming Out Experiences”

1.Which of these categories best describes your gender?

46% Male

54% Female

2. Which category below includes your age?

8% 13-15

46%16-17

46%18-20

3. Which category best describes your sexual orientation?

33% Lesbian

20% Gay

40% Bisexual

7% Questioning

4. How long after you first identified or labelled your sexuality did you speak to another person about it?

20% Less than 1 month

13% Between 1-6 months

20% 6 months to 1 year

47% More than 1 year

5. Have you witnessed or experienced homophobic bullying?

14% I have not witnessed or experienced homophobic bullying

33% I have been bullied

20% I have witnessed bullying

33% Both

6. Have you personally experienced... (More than one may apply)

7% Physical Abuse

93% Verbal Abuse

35% Sexual Abuse

0% Homelessness

43% Attempted Suicide

0% Being in Care

78% Self harm

35% Medication for Depression

50% Eating Disorder

42% Alcohol Misuse

28% Drug Misuse
21% Practice Unsafe Sex
7% Being Paid for Sex
35% Sex in Public Places

7. Do you think sexuality can negatively affect a young person's mental health?

94% Yes
0% No
6% Don't know

8. To what extent has your sexuality negatively affected your mental health at any time?

6% Not at all
46% Slightly
33% Moderately
14% Significantly

9. When trying to find out about LGBT issues what sources of information and support have you used (More than one may apply)

80% Internet
33% Books/Magazines
87% LGBT Youth Group
0% Helpline
13% Clubs / Societies
40% School
20% Family
87% Friends

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