Being LGBTQI+ in Ireland

The National Study on the Mental Health and Wellbeing of the LGBTQI+ Communities in Ireland

KEY FINDINGS

Being LGBTQI+ in Ireland

About the study

The *Being LGBTQI+*[1] *in Ireland* study is a sequel to the 2016 *LGBTIreland study*[2] which highlighted that although many of the participants within LGBTQI+ communities were experiencing positive wellbeing, a sizable minority were experiencing high levels of mental distress and mental health challenges. Given the many developments that have taken place since its publication, it was considered timely to track potential changes since 2016.

Similar to *LGBTIreland*, the *Being LGBTQI+ in Ireland* study consists of two Modules with a complementary focus. Module One focussed on the mental health of the LGBTQI+ community and collected data from over 2,800 LGBTQI+ people living in Ireland. In addition to tracking changes to mental health and wellbeing eight years on, positive experiences as well as issues of safety, discrimination, media, school and health care utilisation were explored. Module Two focussed on attitudes of the general public in the Republic of Ireland towards LGBTQI+ people. It consisted of two nationally representative surveys with approximately 1,000 people in each; one administered through a telephone interview, and one administered online. This document highlights some of the key findings, the full report can be located at www.belongto.org/research

On behalf of the research team, I would like to thank everybody involved, including participants, funders, research advisory group members, and the staff at Belong To.

Professor Agnes Higgins (she/her)
School of Nursing and Midwifery, Trinity College Dublin

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1   LGBTQI+ stands for lesbian, gay, bisexual, transgender, queer/questioning and intersex with the + signifying inclusivity to all sexual and gender identities.

2   Higgins, A., Doyle, L., Downes, C., Murphy, R., Sharek, D., Devries, J., Begley, T., Sheerin, F., Smyth, S., & McCann, E. (2016). *The LGBTIreland Report: National study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland*. Dublin: Trinity College Dublin.

Introduction

Being LGBTQI+ in Ireland offers an in-depth exploration of the mental health and wellbeing of lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI+) people in Ireland today. As the second iteration of the *LGBTIreland* study, this report explores what has changed for LGBTQI+ people since the 2014-2015 data collection of the initial study. This first study was conducted close to the time of the Marriage Equality referendum, when hopes were high as to what the future held for LGBTQI+ people in Ireland. While there have been significant policy and legal developments in recent times, the findings of this study reveal that the struggles of LGBTQI+ people have not disappeared. There are ongoing challenges in relation to the mental health and wellbeing of the LGBTQI+ population.

This study finds that LGBTQI+ people in Ireland continue to face high levels self-harm and suicidality with increased levels of depression, anxiety and stress. The findings are particularly upsetting concerning two cohorts: LGBTQ+ young people under the age of 25 and trans individuals. Young LGBTQI+ people have reported increases in having feelings of stress, anxiety, depression, self-harm and suicide ideation. While trans people face increased stigma, isolation and discrimination in society than other cohorts in the LGBTQI+ community and as a result, have worse mental health outcomes than their cisgender peers.

Despite these findings, there are also positive outcomes within the report. In particular findings emphasise the important role that LGBTQI+ organisations and community groups throughout the country play in providing safe spaces for LGBTQI+ people. These spaces allow LGBTQI+ people to foster connections, self-acceptance and experience the joy and pride that comes with belonging to the LGBTQI+ community.

The findings of this study show that while Ireland has made significant progress since the 2016 *LGBTIreland* report, more work is still needed to ensure that all LGBTQI+ people are equal, safe, included and valued across Irish society. In response to the findings, this report presents significant recommendations aimed at improving the mental health and wellbeing of the LGBTQI+ community, ending anti-LGBTQI+ stigma and discrimination, and creating a society where the LGBTQI+ community can feel safe and supported.

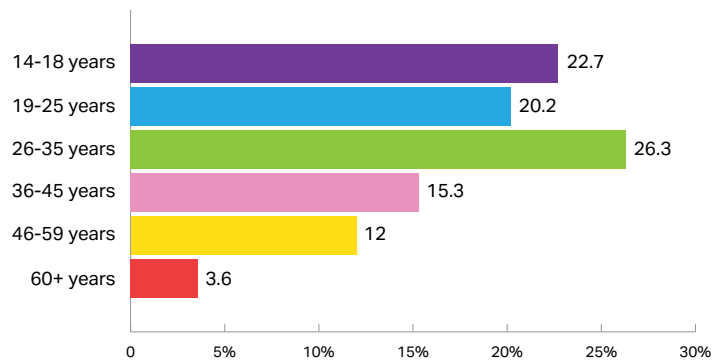**Moninne Griffith (she/her)**
CEO, Belong To

Overview of participants

This research is a sequel to the 2016 *LGBTIreland study*, published by Trinity College Dublin, Gay and Lesbian Equality Network (GLEN) and Belong To – LGBTQ+ Youth Ireland.
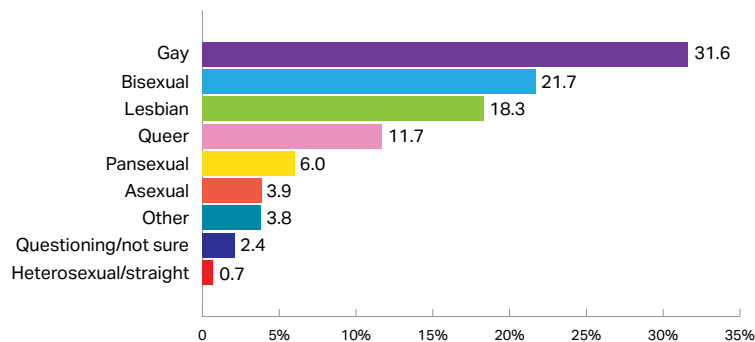
Who responded to the survey?

2,806 LGBTQI+ participants aged 14-84 years
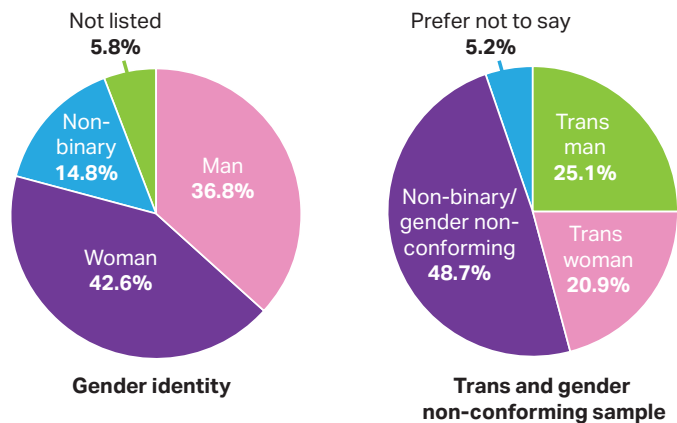
Age

Age group	Percentage
14-18 years	22.7
19-25 years	20.2
26-35 years	26.3
36-45 years	15.3
46-59 years	12
60+ years	3.6

— **43%** aged 14-25

— **57%** aged 26 and over

— **1,191** aged between 14 and 25

— **1,586** aged 26 and over

Sexual orientation

Orientation	Percentage
Gay	31.6
Bisexual	21.7
Lesbian	18.3
Queer	11.7
Pansexual	6.0
Asexual	3.9
Other	3.8
Questioning/not sure	2.4
Heterosexual/straight	0.7

Gender

Gender identity:
- Man **36.8%**
- Woman **42.6%**
- Non-binary **14.8%**
- Not listed **5.8%**

Trans and gender non-conforming sample:
- Trans man **25.1%**
- Trans woman **20.9%**
- Non-binary/gender non-conforming **48.7%**
- Prefer not to say **5.2%**

'Outness' of participants

— **3%** had not told anyone of their LGBTQI+ identity.

— **22%** of transgender participants did not live openly as their gender.

Key findings: At a glance

The *Being LGBTQI+ in Ireland* study details the findings of a national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) people in Ireland.

Total LGBTQI+ population within the study

— **27%** experienced severe or extremely severe symptoms of depression

— **34%** experienced severe or extremely severe symptoms of anxiety

— **23%** experienced severe or extremely severe symptoms of stress

— **52%** had self-harmed

— **64%** reported suicidal thoughts

— **26%** had made a suicide attempt

Youth population

14-18 year olds	19-25 year olds
Depression, anxiety and stress	
— **50%** experienced severe/extremely severe symptoms of depression — **66%** experienced severe/extremely severe symptoms of anxiety — **41%** experienced severe/extremely severe symptoms of stress	— **35%** experienced severe/extremely severe symptoms of depression — **47%** experienced severe/extremely severe symptoms of anxiety — **29%** experienced severe/extremely severe symptoms of stress
Self-harm and suicide	
— **72%** had self-harmed — **77%** reported suicidal thoughts — **33%** had made a suicide attempt	— **65%** had self-harmed — **75%** reported suicidal thoughts — **33%** had made a suicide attempt

Trans and gender non-conforming communities

— **44%** experienced severe/extremely severe symptoms of depression

— **55%** experienced severe/extremely severe symptoms of anxiety

— **35%** experienced severe/extremely severe symptoms of stress

— **75%** had self-harmed

— **82%** reported suicidal thoughts

— **39%** had made a suicide attempt

> *I had known for years that I was gay but felt it was something to hide and be ashamed of. I had fallen for my best friend, and I made suggestive remarks to him about my sexuality, he was disgusted and stopped being my friend. This sent me into a very severe depressive spiral resulting in me cutting myself to replace the mental pain with a physical one. (25-year-old, man, gay)*

LGBTQI+ communities: Mental health and wellbeing

This study offers an insight into the mental health challenges faced by the LGBTQI+ community in Ireland.

LGBTQI+ people are not inherently prone to mental health risks because of their sexual orientation or gender identity. However, like many other minorities in society, they face many forms of prejudice, harassment and discrimination, which can have a negative impact on mental health. While most LGBTQI+ people develop strategies to manage the ensuing stress, the findings from this study show that a substantial segment of the LGBTQI+ population have experienced symptoms related to severe or extremely severe depression, anxiety and stress, have self-harmed, had suicidal thoughts and have attempted to take their own life. Potential factors influencing the declining mental health of the LGBTQI+ community compared to the 2016 study include an increase in anti-LGBTQI+ hate speech and harassment, and the COVID-19 pandemic.

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— **34%** experienced severe or extremely severe symptoms of anxiety

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— **52%** had self-harmed

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In response to the mental health challenges facing them, 60% of participants had sought professional help for a mental health problem in the past five years.

Participants explained how their self-harm, suicidal thoughts and suicide attempts were influenced by both internal and external factors in their lives.

Internal factors
— Self-hatred and inability to accept self
— Confusion regarding one's identity
— Ashamed to be LGBTQI+ due to negative reactions
— Fear of being outed
— Shame
— Gender dysphoria

External factors
— Family rejection
— Negative media
— Bullying and discrimination
— Societal rejection
— Negative attitudes from family/friends and wider society

## Resilience, self-esteem, happiness and comfort with identity

— Participants rated their resilience at 2.9 out of 5

— Participants rated their self-esteem at 26.7 on a scale of 10-40

— Participants rated their happiness at 6.1 out of 10

On average, participants rated their happiness at 6.13 out of 10 and their self-esteem at 26.77 on a scale of 10-40. Both scores were found to be lower compared to general population scores at national and international levels. Participants rated their resilience at 2.89 out of 5, which is within the 'low resilience' category. While these results signal below general population levels of wellbeing, there were positive findings in terms of participants rating their comfort with their gender identity and their sexual orientation highly.

— Participants rated their comfort with their gender identity at around 8 out of 10

— Participants rated their comfort with their sexual orientation at around 8 out of 10

[What I like most is] being able to shape my identity into what makes me happiest (18-year-old, non-binary asexual)

Eating disorders

2024
41%
potential eating disorder
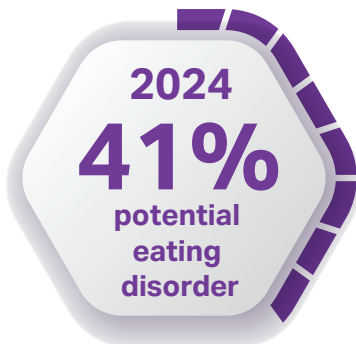
This research explored the potential presence of eating disorders among the LGBTQI+ community. The SCOFF questionnaire asked participants about making themselves sick, control in relation to eating, loss of weight, beliefs about being fat, and significance of food in person's life. Two-fifths of participants in this study had scores indicating a potential eating disorder. This was even higher at 50% among transgender and gender non-conforming (TGNC) participants.

Body image has slowly become more and more of an issue for me. I'm a skinny guy. I feel like I'm looked at as a kid. There are so many muscular gay guys that go to the gym regularly and I'm finding myself envious of them… I look at my body and I tell myself it's worthless. (23-year-old, man, gay)

Substance use

Participants were asked questions about both their alcohol and drug use. One fifth of the participants never drank alcohol. Of those who did, 42% indicated a risk of hazardous and harmful alcohol use or possible alcohol dependence on the Alcohol Use Disorders Identification Test (AUDIT). Those at highest risk were cisgender men, gay participants and 19–25-year-olds. Compared to the *LGBTIreland* report, there has been no significant change relating to alcohol use since 2016.

Alcohol use

2024
22%
reported never drinking alcohol

2024
78%
reported drinking alcohol

Drug use

2024
46%
reported never taking drugs for non-medical reasons

2024
54%
reported taking drugs for non-medical reasons

42% of those who drank alcohol were at risk of harmful alcohol use

39% of those who took drugs in the last year were at risk of moderate/substantial/severe level drug problem

Of those who had taken drugs within the last year, the three most common drug types were hash/marijuana/cannabis, codeine-based drugs and cocaine. Reasons for taking drugs included to get high, for fun, to reduce stress and to socialise. A number of participants took drugs to relieve mental health difficulties such as depression, anxiety, stress and sleep disturbance.

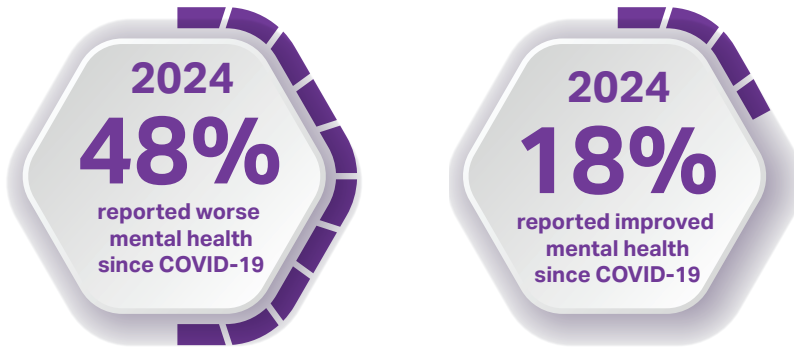### Comparison of the LGBTI group with 2016 LGBTIreland study

Since the 2016 *LGBTIreland* study there has been a:

— **17%** increase in symptoms of severe/extremely severe depression

— **30%** increase in symptoms of severe/extremely severe anxiety

— **33%** increase in symptoms of severe/extremely severe stress

— no significant change in self-harm, suicidal thoughts, suicide attempt and alcohol use since 2016

The impact of COVID-19 continues to reverberate throughout society with a long lasting impact on mental health, including in the LGBTQI+ population.

Despite the fact that this study was conducted in the post pandemic period, nearly half of the sample reported that their mental health had deteriorated since the start of COVID-19 (47.9%).

2024
48%
reported worse
mental health
since COVID-19

2024
18%
reported improved
mental health
since COVID-19

"
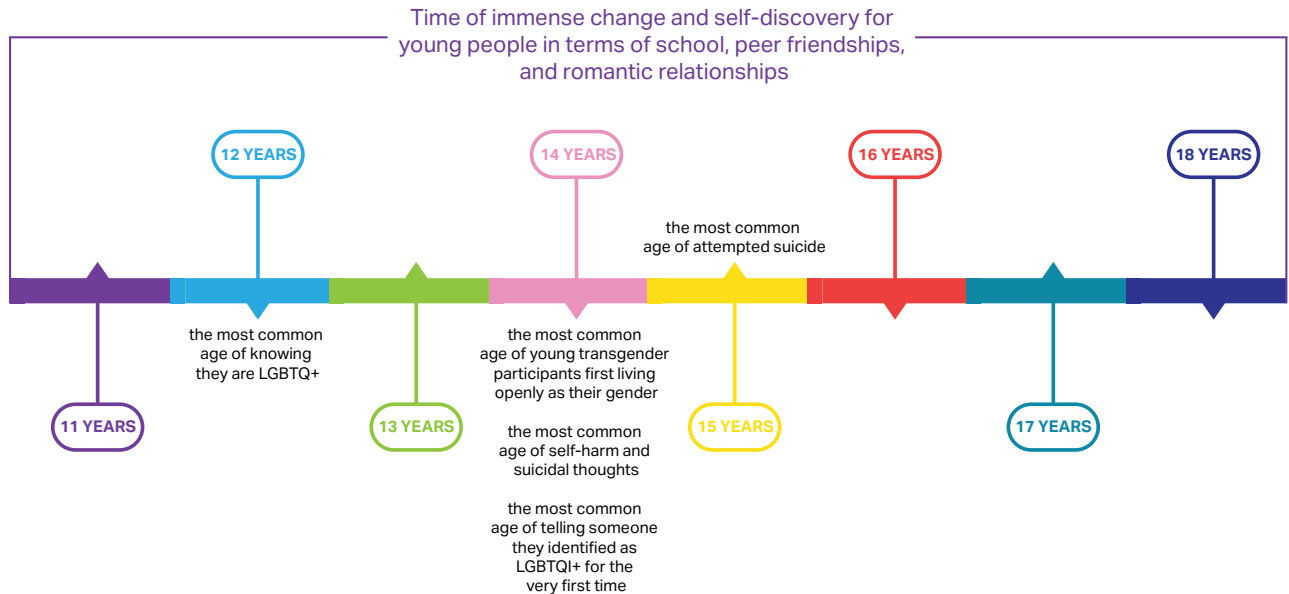*Isolation made me feel like I was freezing solid and slowing down until I became so paralyzed with loneliness, I couldn't do anything. (23-year-old, man, gay)*
"

"
COVID-19 gave me the time and space away from my family to process my trauma and come to terms with my gender identity. This was a very positive change and allowed me to transition. (24-year-old, non-binary, transgender man, queer)
"

LGBTQI+ young people: Mental health and wellbeing

LGBTQI+ young people emerge from this study as a group facing particular vulnerability relating to their mental health and wellbeing. LGBTQI+ young people between the ages of 14 and 25 experienced extensive mental health challenges during key years of discovery and disclosure of their LGBTQI+ identity.

Time of immense change and self-discovery for young people in terms of school, peer friendships, and romantic relationships

11 YEARS

12 YEARS
the most common age of knowing they are LGBTQ+

13 YEARS

the most common age of young transgender participants first living openly as their gender

the most common age of self-harm and suicidal thoughts

the most common age of telling someone they identified as LGBTQI+ for the very first time

14 YEARS

the most common age of attempted suicide

15 YEARS

16 YEARS

17 YEARS

18 YEARS

This study finds that the gap between the ages of knowing about their LGBTQI+ identity and telling is much smaller for 14–25-year-olds compared to all other age groups. Both awareness and disclosure are happening at a younger age for LGBTQI+ youth today. However, the study also finds that LGBTQI+ young people are at an increased risk of mental health challenges during this period of awareness and disclosure of one's identity.

Mental health distress and LGBTQI+ young people

LGBTQI+ young people also presented as a vulnerable group in this study in relation to depression, anxiety, stress, eating disorders, alcohol and drug use.

I had suicidal thoughts because my family couldn't accept me. I felt I had no future being bisexual as I was going to face challenges for the rest of my life because of my sexuality. (23-year old, bisexual)

14-18 year olds	19-25 year olds
Depression, anxiety and stress	
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Self-harm and suicide	
— **72%** had self-harmed — **77%** reported suicidal thoughts — **33%** had made a suicide attempt	— **65%** had self-harmed — **75%** reported suicidal thoughts — **33%** had made a suicide attempt
Eating disorders	
— **59%** had a potential eating disorder	— **47%** had a potential eating disorder
Drug and alcohol use	
— **30%** of those who drank alcohol were at risk of harmful alcohol use — **20%** had taken drugs (not for medical reasons)	— **48%** of those who drank alcohol were at risk of harmful alcohol use — **61%** had taken drugs (not for medical reasons)

LGBTQ+ youth mental health: A comparison

In comparison to the *My World Survey 2*[3] (a national study of youth mental health), LGBTQI+ young people in *Being LGBTQI+ in Ireland* face increased mental health vulnerabilities and risk and had approximately:

Compared to adolescents (12-19 years) in My World Survey 2 LGBTQI+ young people aged 14-18 in this study had:	**Compared to adolescents (18-25 years) in My World Survey 2 LGBTQI+ young people aged 19-25 in this study had:**
— 3 times the level of severe or extremely severe depression and anxiety — 3 times the level of self-harm — 2 times the level of suicidal thoughts — 5 times the level of suicide attempts	— 1.5 times the level of severe or extremely severe depression and anxiety — 1.5 times the level of self-harm — 1.2 times the level of suicidal thoughts — 3 times the level of suicide attempts

Many factors play a role in influencing the mental health and wellbeing of LGBTQI+ young people including struggles with self-acceptance, bullying and discrimination, familial rejection, fear, confusion, lack of access to services that can meet their needs, harassment and increased hate towards LGBTQI+ people in the media. All of these factors can have a substantial impact on LGBTQI+ youth health and well-being.

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3   Dooley, B, O'Connor, C, Fitzgerald, A., & O'Reilly, A. (2019). *My World Survey 2. The National Study of Mental Health in Ireland.* Jigsaw, the National Centre for Youth Mental Health & School of Psychology, University College Dublin: Dublin, Ireland.
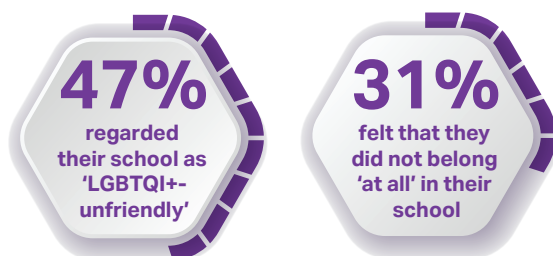
LGBTQI+ young people: School experiences

I've experienced a large amount of transphobic bullying from people in my class. They told me that I was a freak and that I was just saying that I was gender fluid for attention. They told me to die, starve myself because I was fat, that I was ugly and spread rumours around my whole school year that I had lice. (14-year-old, genderfluid, pansexual)

In recent years, at both a policy and practice level, there has been movement towards protecting and supporting LGBTQI+ young people at post-primary level. This includes reviews of the Social, Personal and Health Education (SPHE) curriculum, and identification of the LGBTQI+ population as a specific group in *Cineáltas: the 2023 Action Plan on Bullying and schools (Department of Education, 2022)[4]*, both aimed at creating a safe and supportive school environment for LGBTQI+ students. However, findings related to LGBTQI+ students' experience of school reveal that substantial effort is still needed to ensure the full inclusion, safety and belonging of these students.

Friendliness and belonging

47% regarded their school as 'LGBTQI+-unfriendly'

31% felt that they did not belong 'at all' in their school

Homophobic, biphobic or transphobic bullying

— **49%** reported experiencing homophobic, biphobic or transphobic bullying in school

— **79%** reported witnessing homophobic, biphobic or transphobic bullying in school

— **62%** reported that LGBTQI+ bullying was not actively addressed within their school

— **48%** reported avoiding certain spaces due to feeling unsafe

Missing/skipping school

— **26%** reported that they had missed or skipped school to avoid bullying.

— **32%** thought about leaving school due to negative treatment related to being LGBTQI+.

— **7%** left school early due to negative treatment related to being LGBTQI+.

LGBTQI+ young people continue to experience anti-LGBTQI+ bullying and exclusion which negatively impacts their participation in school as well as their mental health. Those who reported having witnessed homophobic, biphobic or transphobic bullying of other LGBTQI+ people, has increased from 2016. In addition, LGBTQI+ young people who thought about leaving school or actually did leave school early due to negative treatment also increased since 2016.

4   Department of Education. (2022) *Cineáltas: Action Plan on Bullying. Implementation Plan 2023 – 2027*. Department of Education: Dublin.

Findings show that those who experienced anti-LGBTQI+ bullying in school experienced worse mental health outcomes (lower happiness, self-esteem and resilience; higher symptoms of depression, anxiety, stress and eating disorder; and greater self-harm and suicidality) than those who hadn't experienced LGBTQI+ bullying.

Trans and gender non-conforming participants: School experience

Trans and gender non-conforming participants had poorer experiences compared to cisgender participants on several school metrics. These included bullying, skipping school due to bullying, leaving or thinking about leaving school early, belonging and friendless of school.

Compared to their cisgender peers, trans and gender non-conforming participants in this study were:

x2
more likely to feel as though they do not belong in school

x1.5
more likely to experience anti-LGBTQI+ bullying

Trans and gender non-conforming students often need additional support when they come out in school. This includes access to safe spaces and facilities, being referred to by the correct name and pronouns and the opportunity to wear clothing that aligns with their gender identity. However, many trans and gender non-conforming students reported that they were not provided with these supports in school:

— **75%** reported not having access to gender neutral bathrooms and facilities.

— **57%** experienced the incorrect use of name and pronoun(s) towards them.

— **46%** reported not being free to wear clothing which aligned with their gender identity.

Improving school experiences

Participants shared ways they felt that school could be improved to meet the needs of LGBTQI+ young people. Their many suggestions included:

— Increased safety and support for LGBTQI+ students

— LGBTQI+ related education of staff and students

— Raising LGBTQI+ visibility

— Removing religious influence from schools.

Public attitudes, reflected in Module Two, shows increased support for improving LGBTQI+ school experiences and inclusivity in school. The majority of participants in Module Two agree that teachers should give positive messages about LGBTQI+ identities and that LGBTQI+ topics should be included in post primary education.

"For trans students to retain a sense of confidentiality in school. If you told a teacher about your gender identity changing, they would tell your parents. I personally have a very transphobic father, and if this happened to me I would fear for my safety. (14-year-old, non-binary)"

Transgender and Gender Non-Conforming communities: Mental health and wellbeing
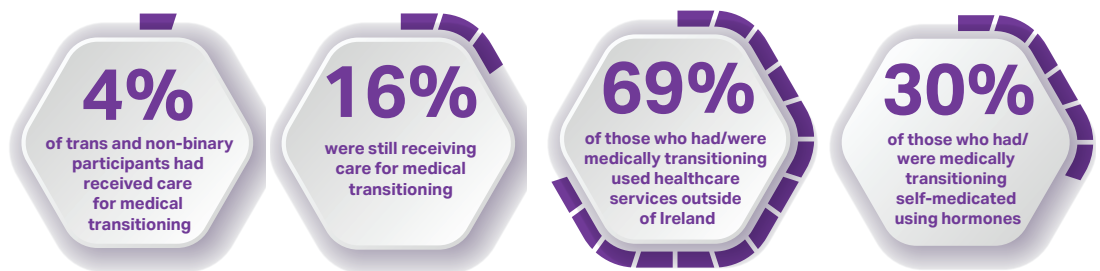
> *Trans people are at high risk of self-harm and suicide and a multiyear wait list is completely unacceptable. (25-year-old, non-binary, bisexual)*

The trans and gender non-conforming communities were also identified as a vulnerable group in relation to their mental health and wellbeing in this study. TGNC participants had worse mental health outcomes than their cisgender peers.

— **44%** experienced severe/extremely severe symptoms of depression

— **55%** experienced severe/extremely severe symptoms of anxiety

— **35%** experienced severe/extremely severe symptoms of stress

— **75%** had self-harmed

— **82%** reported suicidal thoughts

— **39%** had made a suicide attempt

Trans and gender non-conforming people compared to cisgender participants reported increased discrimination and harassment. Trans and gender non-conforming people reported reduced access to healthcare that can facilitate medical transitioning resulting in individuals looking for alternative means of transitioning such as travelling abroad privately for healthcare or self-medicating (often without ongoing medical supervision, support or aftercare).

Trans and non-binary community: Healthcare utilisation

4% of trans and non-binary participants had received care for medical transitioning

16% were still receiving care for medical transitioning

69% of those who had/were medically transitioning used healthcare services outside of Ireland

30% of those who had/were medically transitioning self-medicated using hormones

Trans and gender non-conforming participants shared that the top three challenges to accessing transgender health care were:

1. Length of waiting time

2. Lack of knowledge of transgender healthcare among health care practitioners

3. Geographic distance to required healthcare

Without access to healthcare to facilitate medical transition, trans and gender non-conforming people face increased mental health challenges, social isolation and continue to turn to alternatives that pose financial and health-related risks.

LGBTQI+ Communities: Experiences of safety within society

This study finds that LGBTQI+ people in Ireland continue to face high levels of harassment and violence related to their sexual orientation and/or gender identity. Qualitative[5] responses from participants show that these forms of violence and harassment have substantial impacts on individuals' mental health and can result in experiences of depression and anxiety, physical injuries, financial costs and behavioural changes due to safety fears. Cisgender men and gay participants reported the highest level of physical attacks and non-consensual touching, followed by trans and gender non-conforming participants.

Violence and harassment

— **72%** experienced verbal abuse due to being LGBTQI+.

— **51%** reported feeling unsafe showing affection with a same-sex partner in public.

— **45%** reported feeling unsafe holding hands with a same-sex partner public.

— **1 in 4** have been punched, hit or physically attacked due to being LGBTQI+.

— **1 in 3** have been touched in a sexual manner without their consent because they are LGBTQI+.

— **1 in 6** have experienced sexual violence due to being LGBTQI+.

Anti-LGBTQI+ hate speech

In addition to experiencing violence and harassment, participants also experienced anti-LGBTQI+ hate speech across a variety of media. Just over a fifth of participants reported having been confronted with anti-LGBTQI+ hate speech in the media, with a greater proportion of trans and gender non-conforming participants and younger participants experiencing this.

— **23%** experienced anti-LGBTQI+ hate speech either online or in public media within the last year. This was most prevalent among the youngest age group and trans and gender non-conforming participants.

— **59%** witnessed anti-LGBTQI+ hate speech either online or in public media within the last year.

> *Turning our identities (especially the trans community) into a topic for debate has made hate a legitimate respectable viewpoint. It's giving a free pass for prejudice and hate speech and giving hateful people a platform. (26-year-old, non-binary, queer and bisexual)*

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5   Qualitative responses were collected via open-text boxes in Module One survey.

The impact of anti-LGBTQI+ hate speech

Impact on society
— Normalises homophobia and transphobia
— Increases homophobic and transphobic behaviours
— Expands hate amongst wider society

Impact on person
— Increases worry and fear regarding personal safety
— Increase worry that social progress and rights achieved would be influenced and reversed

Participants identified that anti-LGBTQI+ commentary in the media/social media normalises homophobia and transphobia, expands hate amongst wider society and increases the acceptability of this behaviour within society. In addition to increasing hate in wider society, participants identified a number of consequences for LGBTQI+ individuals. These included growing levels of worry and fear regarding personal safety and concerns that social progress would be influenced and undone as a result of growing anti-LGBTQI+ hate speech.

Participants shared how anti-LGBTQI+ hate speech made them feel and used words and phrases like these to describe the impact:

Mental health: Positive, protective and supportive factors

As results from this research show, there are significant mental health challenges experienced by individuals who are LGBTQI+. Participants shared positive supports and interventions that help them cope with the challenges that they face.

Participants rated legislative changes (94%), making LGBTQI+ friends (93%), and LGBTQI+ representation in the media (91%) as the top three factors that positively impacted their mental health.

Supportive relationships

The qualitative comments demonstrate the importance of supportive family and friends, a supportive workplace and support from the local community for LGBTQI+ people. Participants felt strongly that being able to come out and be accepted not only positively impacted their mental health and wellbeing but also fostered a greater sense of belonging and resilience. High ratings for supportive relationships were evident among participants:

92% of people with whom participants socialised were supportive of participants' LGBTQI+ identity

75% of immediate family were supportive of participants' LGBTQI+ identity

63% of work/school acquaintances were supportive of participants' LGBTQI+ identity

Community connection

Participants also felt that having a connection with the LGBTQI+ community through LGBTQI+ youth groups (84%) and centres (83%), also had a positive impact on their mental health. Having come out to friends (87%) and family (66%) were also identified as having a positive impact on participants' mental health, as was acquiring/changing a job (78%).

Awareness and acceptance

A growing self-awareness and acceptance of one's sexual and gender identity were key to what participants liked most about being LGBTQI+. For many participants, as evidenced in the qualitative comments of the research, having a positive sense of self, being able to articulate and have a language to describe oneself, and finding connection with people who shared a similar identity were among the positive aspects of their lives.

> *Being surrounded by a supportive and loving partner, good solid friends, family support and security in my job where I am accepted and valued. (55-year-old, man, gay)*

> *I guess it's nice to know that I'm not crazy, you know? Like I grew up being scared of how I felt but when I found out that I wasn't alone and that there was a label for what I felt, I didn't feel so insane anymore. (15-year-old, woman, bisexual)*

Inclusive and affirmative health care

Participants highlighted the importance of LGBTQI+ inclusive and affirmative healthcare and the importance of engaging with health professionals who were respectful, sensitive, supportive, and knowledgeable about LGBTQI+ identities and experiences. Trans and gender non-conforming people identified being able to medically transition as positively impacting their mental health and wellbeing. For people with intersex variation/s, informed consent was named as a basic necessity for engaging with health care services around medical interventions.

Societal and legislative changes

For many participants increased social acceptance helped them to come out and cultivated a feeling that LGBTQI+ people had a place and a future in their communities. Greater visibility through legislative changes such as same-sex marriage and legal gender recognition had a positive impact on their lives, relationships, mental health and increased social inclusion, acceptance and understanding.

Many participants felt that the legislation of same-sex marriage (94%) and legal gender recognition (88%) had a positive impact on their lives, relationships, mental health and increased social inclusion, acceptance and understanding.

A positive shift in many social attitudes in Ireland has meant that there was greater acceptance of LGBTQI+ identities in small communities, rural places and schools. Module Two of the study on public attitudes indicated that there is greater acceptance of LGBTQI+ people among the general public in Ireland.

— **Over 4 in 5 (84%)** people would be comfortable if their son/daughter were lesbian, gay or bisexual.

— **7 in 10 (69%)** people would be comfortable if their son or daughter was transgender.

— **9 in 10 (87%)** people would be comfortable working closely with someone who is transgender.

However, the general public's reported knowledge of LGBTQI+ experiences was generally low, with reported knowledge of bisexual (31%), transgender (18%), and intersex experiences (7%) being lowest highlighting the importance of ongoing education campaigns and supports.

"Legally changing my name had a huge positive impact both from a gender and trauma perspective. (28-years-old, non-binary, bisexual)"

"I feel less stigmatised than I once did. More comfortable to speak about my mental health. (32-years-old, woman, bisexual)"

Fostering a culture of safety within society

With a rise in anti-LGBTQI+ harassment and violence, participants, throughout their qualitative comments, highlighted actions that could be taken to foster a safer society for LGBTQI+ people in Ireland.

Legal protections

In order to foster a safer society for LGBTQI+ people, many participants identified the need for strong hate crime legislation, including passing and enforcement of the hate crime bill, and other hate crime laws. Other legal protections identified included gender recognition for non-binary people and people under 16 years of age, and legal recognition for parents of non-biological children. Participants were keen to highlight the need to protect existing LGBTQI+ rights.

"Hate crime legislation. There is a rise in attacks and people are getting away with it. (30-year-old, transgender woman, bisexual)"

Safe spaces and services

The need for safer streets, public transport (including buses, trains and Luas), and safety around LGBTQI+ venues was identified by participants as important to the safety of LGBTQI+ people. Participants called for more LGBTQI+ spaces and/or safe spaces, including in rural areas, and more LGBTQI+ affirmative services.

Participants identified counselling services, community services, support centres for LGBTQI+ people, and healthcare services, mainly mental health services and transgender healthcare as important supports and spaces in creating a cultural climate of safety and inclusivity for LGBTQI+ people.

"Medical professionals [should be] more open minded and aware of experiences of LGBT people. (31-year-old, woman, lesbian)"

Representation and safety in the media

To create a safer Ireland for the LGBTQI+ community participants called for the media to be accountable in their representation of LGBTQI+ individuals. They deemed stigmatising, demonising and discriminatory content as factors contributing towards feeling unsafe.

This concern extends to social media, with participants highlighting that social media platforms require more comprehensive regulation in relation to anti-LGBTQI+ hate speech and more meaningful action to be taken on the platforms when hate speech is shared.

Education and awareness

Participants also felt that a better educated general population about LGBTQI+ people's lives and experiences would make them feel safer as an LGBTQI+ person in Ireland. Participants were of the view that the provision of LGBTQI+ education to the general population would go a long way towards the mitigation or elimination of prejudice and discrimination.

"Increased monitoring of social media platforms and stronger accountability. (41-year-old, man, gay)"

Celebrating LGBTQI+ identities

Through extensive qualitative comments, participants shared, in their own words, what they liked about being an LGBTQI person and, the importance of community and belonging to their mental health.

Belonging to community and friendships

Despite the challenges facing the LGBTQI+ community in Ireland, many participants shared a deep appreciation for their identities and identified aspects of their LGBTQI+ identity that brought them joy.

Participants commented that they found community, friendship and belonging as a result of their connection to the LGBTQI+ community and described the community as *'supportive'*, *'welcoming'*, *'accepting'*, *'inclusive'*, *'close knit'*, *'open'*, *'like-minded'*, *'relatable'*, *'kind'*, *'understanding'*, *'respectful'*, *'connected'*, *'safe'*, *'friendly'*, *'strong'*, *'subversive'*, *'unique'*, *'vibrant'*, *'humorous/fun'*, *'non-judgemental'*, *'brave'*, *'resilient'*, *'loving'*.

66% of participants felt that LGBTQI+ organisations did a good job advocating for their rights and needs

65% felt welcome and advocated for in the LGBTQI+ community

LGBTQI+ culture and politics

Participants were grateful for their LGBTQI+ social life and LGBTQI+-specific events and/or spaces. There was also an appreciation by many of the joy, pride and solidarity that comes from being LGBTQI+ as well as from being amongst others with a 'fighting spirit and activism' and who shared a common history of struggle.

Being open, out and proud

Being out and proud as members of the LGBTQI+ community was named as important to many participants' mental health and wellbeing. This means being accepted by other people, including having their correct pronouns or personal relationships recognised. Some participants expressed joy at being an LGBTQI+ person in an Ireland that had changed and become more progressive over time. Being out and proud also included the joy of LGBTQI+ relationships, personal growth and the ongoing opportunity and potential that being an LGBTQI+ person gave to explore or shape one's identity.

> *A different perspective on life, made me politically progressive.* (63 year-old, man, gay)

> *I like that there are no guidelines, no traditions already set out. It means we get to create the reality of being LGBTQ and there's no blueprint, it's whatever you want it to be!* (23-year-old, woman, lesbian)

> *More awareness of the violence, harassment and general bullying that happens to members of the community.* (14-year-old, woman, lesbian)

Recommendations

The *Being LGBTQI+ in Ireland* study indicates that many LGBTQI+ people in Ireland continue to face challenges in relation to their mental health and wellbeing, with LGBTQI+ young people and trans and gender non-conforming people at increased risk and vulnerability. Based on the study's findings, the following recommendations are made to government departments, bodies under their aegis, and state agencies with a view to advancing LGBTQI+ people's mental health and wellbeing, rights and social inclusion in Ireland:

Supporting mental health and reducing risks among LGBTQI+ people

— **Continue to recognise** LGBTQI+ people as a priority group in all future and current state mental health policies including S*haring the Vision: A mental health policy for everybody* (Government of Ireland, 2020)[6] and *Connecting for Life, Ireland's National Strategy to Reduce Suicide*, (Department of Health, 2015)[7] and invest in targeted initiatives.

— **Invest** in accessible, safe, high-quality, regulated mental health services with improved access which include tailored and specific supports for LGBTQI+ people.

Building LGBTQI+ inclusive and affirmative health care

— **Invest** in LGBTQI+ inclusive community-based mental health supports, and expand supports in educational settings, youth services and community groups.

— **Fund** and implement a new model of gender-affirming care for young people and adults that complies with national and international human rights and medical standards of care and the principles of self-determination and informed consent.

— **Implement** interim harm-reduction interventions in primary care for transgender, non-binary and gender non-conforming people who are self-medicating as a result of a lack of access to gender-affirming care or extensive waiting times.

— **Build** capacity amongst all healthcare personnel currently working with LGBTQI+ individuals by including LGBTQI+ perspectives in ongoing continuing professional development.

— **Integrate** as an accreditation requirement LGBTQI+ awareness and inclusion in health education curricula for undergraduate and postgraduate healthcare practitioners.

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6   Department of Health. (2020). *Sharing the Vision. A Mental Health Policy for Everyone.* Department of Health: Dublin.

7   Department of Health. (2015). *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015 – 2024.* Department of Health: Dublin.

Strengthening LGBTQI+ people's rights

— **Implement** the recommendations from the Review of the Gender Recognition Act 2015 and provide legal gender recognition for non-binary people and reform the legal gender recognition system for trans young people.

— **Enhance** the *Equal Status Acts 2000-2018* and the *Employment Equality Acts 1998-2015* to provide explicit protections for all LGBTQI+ people.

— **Introduce** new hate crime and hate speech legislation accompanied by a holistic action plan against hate crimes that includes a reformed Garda response and wrap-around supports for victims.

Creating a supportive school culture for LGBTQI+ people

— **Implement** *Cineáltas: Action Plan on Bullying* (Department of Education, 2022) to ensure the inclusion and safety of LGBTQI+ young people in school.

— **Fund** and support a national rollout of the *LGBTQ+ Quality Mark* (Belong To, 2020) so that all schools can support LGBTQI+ students.

Support LGBTQI+ people to live in safe communities

— **Introduce** a second *National LGBTI+ Inclusion Strategy* that is actionable, achievable, concrete, measurable and time-bound with enhanced multi-annual funding and additional staff resources. This strategy should take a life cycle approach and incorporate the *National LGBTI+ Youth Strategy*.

— **Fund** regional LGBTQI+ resource centres, community groups, organisations and social spaces to provide access to LGBTQI+ youth work services, supports for parents and family members, the provision of alcohol-free spaces and facilities for LGBTQI+ people.

— **Deliver** a robust regulatory, enforcement and oversight framework for social media platforms through continued resourcing of Coimisiún na Meán (commission for regulating broadcasters and online media).

— **Include** LGBTQI+ visibility within public service broadcasting requirements and make funding available for LGBTQI+ programming.

— **Support** LGBTQI+ people by ensuring that policies, practices, strategies, systems, infrastructure and processes of LGBTQI+ organisations provide inclusive and culturally safe environments, services and supports for all.

— **Fund** a public awareness campaign based on accurate information to inform and raise awareness, support and understanding among the general public towards LGBTQI+ identities.

Advancing the evidence base and evaluating progress

— **Fund** the repetition of the *Being LGBTQI+ in Ireland* study in 2027 to assess progress.

— **Include** new questions to the Census on sexual orientation, gender identity and sex characteristics.

— **Mainstream** LGBTQI+ questions in existing CSO data collection, Government research projects and Government-funded organisations and services.

— **Expand** understanding of the risks and protective factors which impact the mental health of individuals with emerging sexual identities, specifically pansexual and asexual individuals in future research endeavours.

— **Fund** additional research to facilitate comparisons between LGBTQI+ groups and the general population in Ireland.

— **Fund** a review of the needs of the intersex community in healthcare giving specific focus to mental health, reproductive and gynaecological care, bone health, cancer care and gender-affirming healthcare.

Prioritise LGBTQI+ experience and expertise

— **Consult** LGBTQI+ communities on all strategies, policies, programmes legislation and research that has the potential to impact their lives.

"More people have started to come out even in rural areas, such as where I am originally from. It has a huge impact on me knowing that LGBTQ people do actually exist in real life, everywhere. It's not a fantasy to think that I might have a life and a family of my own and even grow old. People need to see these things. They need to be normalised everywhere."
(20-year-old transgender man, queer)