
A systematic review of lesbian, gay, bisexual and transgender health in the West Midlands region of the UK compared to published UK research

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Authors' objectives

This systematic review presents all available research conducted in the West Midlands on lesbian, gay, bisexual and transgender (LGBT) physical and mental health, health behaviours and experience of healthcare since 2000. Local health research is compared to UK national, peer reviewed and published LGBT health research and to routinely collected data on the UK population where appropriate in order to make recommendations for NHS practice and highlight future research priorities.

Authors' conclusions

There is no need for more small surveys on the same aspects of LGBT mental health, health behaviours and experiences of healthcare as these have already been investigated. Further research is needed but must use more sophisticated designs with comparison groups. This systematic review demonstrated that there are so many gaps in knowledge around LGBT health that a wide variety of studies are needed. For example, it is unclear whether the high breast cancer prevalence rates in lesbians and bisexual women are because of high incidence rates or other reasons. It has been presumed that lesbians and bisexual women are at lower risk of cervical cancer than the general population and cervical screening rates are only ~50%, yet there was no information on cervical cancer rates and the fact that a higher proportion of lesbians and bisexual women had heterosexual sex before the age of 16 (43% v 21%) suggests that some lesbians and bisexual women might be at higher rather than lower risk. Large general population cohort studies recording sexual orientation could be used to determine incidence rates of a variety of health problems. If routinely collected data included the ONS-developed sexual orientation question it could address numerous research questions. For example, if sexual orientation was collected on death certificates, it could be found whether the high rates of suicide ideation and suicide attempts in LGB people were matched by higher successful suicide rates. If sexual orientation and trans information was collected in hospital episode statistics, it would be possible to determine if LGBT people present with serious symptoms and signs of ill-health later than would otherwise be the case. There should be:

- Compliance of all NHS services with current legislation and The NHS Constitution
- Routine confidential sexual orientation and gender identity monitoring across all health services and use of this monitoring to improve services
- Routine confidential sexual orientation and gender identity data collection in all research, in a similar way to ethnicity, gender and age data collection currently undertaken
- Targeted research into specific areas highlighted in this systematic review
- LGB and Trans focused education of all healthcare workers
- LGBT-specific health service provision where required. Otherwise, explicitly LGBT-friendly mainstream service provision.

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