



Bisexuality and Mental Health

Several studies have shown bisexual people are at far greater risk of developing mental health problems such as depression and anxiety, obsessive compulsive disorder (OCD) and bipolar disorder, than gay and lesbian people. They are also six times as likely as the average person to report feeling suicidal. Bisexual men in particular experience more psychological distress than gay men and cited their sexuality as a reason to self-harm or feel suicidal far more. This may be due to the increased public distrust of bisexuality, including myths that men cannot be bisexual or that all bisexual people are promiscuous and unable to be faithful in relationships, and the resulting stress of either having a part of their identity routinely disbelieved or remaining closeted. Bisexual people are far less likely to be out to family, friends and colleagues. As the Bisexuality Report notes, this is true both in the UK and internationally.

The report also includes accounts of professionals treating bisexuality as a mental health problem itself and not a legitimate sexuality. Anecdotes include therapists who saw a patient coming out to them as a sign that they were “confused” and “had unresolved issues with [their] sexuality”, and refused to speak with an openly bisexual patient about gender dysphoria until their sexuality had “stabilised”.

Even worse, when one patient revealed that they were bisexual in the context of finding it difficult to “fit in” with everyday life, their therapist assumed they must want to become straight – and so recommended the person undergo cognitive behavioural therapy to be “cured”.

As a result, bisexual people are also more likely to have negative experience of counselling and other therapies, which will make them less likely to be open about their mental health – whether in wider society, at work, or when considering future counselling.

Some of the reasons why bisexual (as well as other LGTQ+ people) often experience poor mental health include: difficulty being open about their own sexuality; stress built up from having to remain closeted and therefore tell “white lies” about what they’re doing in their downtime; stress resulting

from discriminatory behaviour, whether overt or subtle and whether due to conscious or unconscious bias.

I came out as bisexual

At work, it may be appropriate for line managers to pay extra attention to the mental health of openly bisexual colleagues, and/or to make a point of informing them of services available and the benefit to their productivity of wellbeing and mindfulness. However, this could also be seen as singling them out, so the best response depends on the situation.

The importance of a supportive culture, at work and in services

A growing body of research indicates the benefit of employee satisfaction upon business performance, including the ability for employees to be able to “bring their whole selves to work”, or when accessing a service, and not feel they have to pretend to be somebody they are not. This is very relevant to bi people specifically, especially given their extra difficulties (mental health problems, co-workers not being aware of or not believing their sexuality, negative stereotyping). If people feel they need to lie about their sexuality (which statistics show bisexual people do far more than gay or lesbian people), or conceal the gender of their partners or even keep them secret, they will be using up energy doing so and therefore putting less into their job.

Stonewall’s “Top 100 Employers 2015” found that “gay men and lesbians are more likely than bisexual people to be out with all colleagues” and, moreover, that “bisexual men are less likely to be out in the workplace when compared to bisexual women, twice as likely to not be out with any colleagues and one and a half times more likely to not be out to any managers when compared to bisexual women”.



How do I know if someone's experiencing a mental health problem?

You know the people in your team and you may notice changes in them. However, it's important to remember everyone's experience of a mental health problem is different and there may be no outward sign – this is why it's so important to create an environment where people can be open. You should never make assumptions about people's mental health but clues might include:

- changes in people's behaviour or mood or how they interact with colleagues
- changes in their work output, motivation levels and focus
- struggling to make decisions, get organised and find solutions to problems
- appearing tired, anxious or withdrawn and losing interest in activities and tasks they previously enjoyed
- changes in eating habits, appetite and increased smoking and drinking

your time can be counter-productive and damage people's self-esteem. It may also be discriminatory.

In some cases people may be unable to identify appropriate adjustments themselves so you may need to try some out. The best approach here is to decide on positive action and regularly monitor and review this to check it's working, further tweaking the approach if necessary.



How to support employees with mental health issues

Clear policies on workplace adjustments are crucial to support staff to cope and recover and reduce the length of mental health related sickness absence. These steps are generally quite small and simple adjustments to someone's job role or extra support from their manager. Often the necessary change is one of attitude, expectations or communication – rather than a major change or significant cost. However, effective steps tend to be very individual. For this reason it's vital you have a meaningful conversation with your employee about their needs and really listen to them.

- **Be positive** – focus on what employees can do, rather than what they can't.
- **Work together** and involve people in finding solutions as much as possible.
- **Remember** people are often the expert when it comes to identifying the support or adjustment they need and how to manage their triggers for poor mental health.

While voluntary and agreed adjustments are supportive, it's important that people are not treated differently or asked to do things that others are not required to e.g. keeping extra detailed timesheets. Being micro-managed or made to account for all of

Case Studies – Companies taking simple steps

Sita was experiencing anxiety after a turbulent coming out and needed the reassurance of her boss regularly acknowledging her work, saying 'thank you' and greeting her in the morning. Otherwise she worried she'd done something wrong.

Simon takes his lunch break in three 20-minute slots over the day to manage his mental health and take time out when he's feeling under pressure.

Alison experienced a family bereavement and was struggling with phone calls from the public which can be challenging and emotional. A temporary adjustment was put in place so another team member could field her calls for a period until she felt able to manage external contact again.

Some organisations have policies on leave of absence and extra leave to enable staff who are experiencing a personal crisis to take some time away from work. A short period of unpaid leave can be effective in supporting people experiencing situational depression – e.g. triggered by bereavement or relationship breakdown.