



LGBT+ Health and Wellbeing in Scotland

A landmark census analysis of 5.4 million people



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Foreword



I am genuinely delighted to introduce this important report for several reasons.

Firstly, it is fantastic to see this second major collaborative publication between LGBT Health and Wellbeing and the Glasgow Centre for Population Health. Our 2024 evidence review highlighted the significant health inequalities and unmet health needs experienced across LGBT+ communities, while also identifying major gaps within the public health evidence base. It is therefore deeply encouraging to see GCPH continuing to demonstrate such a strong commitment to equalities, inclusion and Scotland's LGBT+ communities through this landmark census analysis.

Secondly, this work marks a significant moment for public health in Scotland. The inclusion of questions on sexual orientation and trans status or history within Scotland's Census 2022 offers an unprecedented opportunity to better understand the lives, health and wellbeing of LGBT+ people at a population level. For too long, LGBT+ communities have remained largely invisible within public health data and policy discussions. This report demonstrates the value of inclusive data collection and what becomes possible when queer data is approached with care, collaboration and a focus on health equity.

What stands out throughout this work is not only the strength of the analysis, but the thoughtful and considered way it has been undertaken. The authors approach these findings with sensitivity and nuance, recognising both the diversity and resilience within LGBT+ communities while remaining honest about the inequalities that continue to shape many LGBT+ lives. The findings are stark and should give all of us pause for reflection. The scale of mental health inequalities, disability, long-term health conditions and wider socioeconomic disadvantage experienced by many LGBT+ people, particularly trans and non-binary communities, is deeply concerning and a clear reminder of the work that still lies ahead.

At the same time, this report is not solely about inequality; it also looks forward. The demographic findings are striking, particularly among young adults. A future where more than one in eight young adults identify with a minority sexual orientation is not a distant possibility; it is already here. Public health systems, services and policy frameworks must evolve to reflect the populations they serve. Public health must recognise LGBT+ status as an important determinant of health and wellbeing and ensure this understanding is embedded within future policy, workforce development, planning and practice.

Importantly, this report also recognises that LGBT+ communities are not defined solely by inequality. Across generations, LGBT+ people have shown resilience, solidarity and determination in advocating for dignity, inclusion and equality, while making significant contributions to Scotland's social and cultural life. It is my hope that this work will support more inclusive systems, compassionate public health responses and tangible progress towards health equity for all LGBT+ people in Scotland.

I extend my sincere thanks to the Glasgow Centre for Population Health for their continued leadership and collaboration in undertaking this work. This report is a powerful addition to Scotland's public health evidence base, and I hope it will inspire continued commitment and action to advance LGBT+ health and wellbeing.

Mark Kelvin
CEO, LGBT Health and Wellbeing

Executive summary

Introduction

Lesbian, gay, bisexual, transgender and other sexual and gender minority (LGBT+) people are a natural, vibrant and enduring part of the fabric of society – bringing diversity, strength and richness to our communities.

LGBT+ history is one of courage, solidarity and progress, from defining moments like the Stonewall riots to the ongoing pursuit of dignity, visibility and equality today. And yet, while legal protections have advanced, many still experience a gap between equality in principle and equality in health. This reflects not individual choices or lifestyles, but the continued influence of stigma, discrimination and systems, including healthcare, that have not always been designed with LGBT+ lives in mind.

In a context where public discourse and policy frameworks are increasingly contested, it is essential that support for LGBT+ communities, and a commitment to their health and wellbeing, remains clear, consistent and unwavering, regardless of the wider political climate. Opportunities exist in understanding where change is still needed and ensuring that the same spirit of progress and inclusion is reflected in how we design, deliver and experience health and care.

This report builds upon the 2024 evidence review by the Glasgow Centre for Population Health (GCPH) and LGBT Health and Wellbeing, which identified clear evidence of persistent and cumulative health inequalities affecting LGBT+ populations across the UK. While that review provided a critical evidence base, it was largely drawn from smaller-scale studies.

The inclusion of sexual orientation and trans status or history within Scotland's 2022 Census marks a transformative step for public health. For the first time, it enables a comprehensive, population-level understanding of LGBT+ health and wellbeing. This report draws on that opportunity to quantify inequalities, highlight patterns of disadvantage, and position LGBT+ health as central to the effectiveness, equity and future sustainability of public health systems.

Methods

This study undertook a secondary quantitative analysis of Scotland's 2022 Census using the publicly available Census Table Builder. It examined self-reported measures of general health, long-term conditions, disability and mental health across sexual orientation and trans status or history categories.

Descriptive statistics were generated to compare LGBT+ populations with heterosexual and cisgender populations, with further stratification by age, ethnicity and selected socioeconomic indicators including housing tenure, employment and education. The analysis aimed to identify population-level patterns of inequality consistent with those identified in

prior research, while providing a robust national baseline for future monitoring and policy development. No inferential statistical modelling was conducted; findings are descriptive and interpretive in nature.

Findings

Section 1: LGBT+ population demographics and socioeconomic profile

The analysis confirms that LGBT+ populations represent a substantial and demographically significant component of Scotland's population. Approximately 4.4% of the adult population (around one in 23 people) identify as LGB+, while 0.47% report a trans status or history.

A pronounced age gradient is evident. Among those aged 16–24, over 12% (approximately one in eight) identify as LGB+, compared to markedly lower proportions in older age groups. Similarly, trans status or history is most prevalent among younger cohorts and declines consistently with age. These findings indicate a clear generational shift, with future population demographics likely to include significantly higher proportions of individuals identifying as LGBT+ due to wider acceptance in general society for LGBT+ identities.

Ethnic disparities are also apparent, with higher proportions of LGB+ and trans identification among racially minoritised groups, particularly among individuals of mixed or multiple ethnic backgrounds.

Socioeconomic analysis reveals complex and intersecting patterns of inequality. LGBT+ populations have lower rates of home ownership, higher reliance on private renting, and higher unemployment rates compared to heterosexual and cisgender populations. At the same time, they are represented at both higher and lower ends of occupational categories and demonstrate higher rates of degree-level education. These findings highlight the importance of understanding LGBT+ populations through an intersectional lens, recognising the interplay between identity, socioeconomic position and health.

Section 2: Health and wellbeing among LGB+ populations

Section 2 highlights that significant health inequalities are evident across LGB+ populations, particularly in relation to mental health. Mental health conditions are reported by over 40% of bisexual and "Other sexual orientation" groups – more than three times higher than as reported by heterosexual people. Gay and lesbian individuals also report rates more than twice those of heterosexual people.

Disability prevalence is also higher among bisexual and "Other sexual orientation" groups, while developmental disorders and learning difficulties are markedly more common across all LGB+ groups, with the highest rates observed among those identifying as "Other sexual orientation".

Self-reported general health outcomes are mixed. Some LGB+ groups report slightly better overall health than heterosexual populations, while others report poorer outcomes, suggesting heterogeneity within the LGB+ population. Certain indicators, including long-term illness and hearing impairment, show lower reported prevalence among LGB+ groups, likely reflecting younger age profiles rather than improved underlying health.

Overall, the findings reveal a complex pattern of inequality, characterised by pronounced disadvantage in mental health and neurodevelopmental conditions, alongside areas of parity or apparent advantage that require careful interpretation.

Section 3: Transgender health and wellbeing

Health inequalities are most stark and consistent among transgender populations. Mental health disparities are particularly pronounced, with rates of mental health conditions ranging from approximately 46% to nearly 60% across trans subgroups, compared to 13% in the cisgender population.

Trans individuals are also significantly more likely to report poor general health, with lower proportions describing their health as “Very good” and higher proportions reporting “Bad” or “Very bad” health. Disability prevalence is markedly elevated, with almost half of individuals in some trans subgroups reporting a disability.

Developmental disorders and learning difficulties are reported at significantly higher rates, with prevalence more than ten times higher than in the cisgender population for some conditions. Additional inequalities are observed in areas such as speech difficulties and vision impairment.

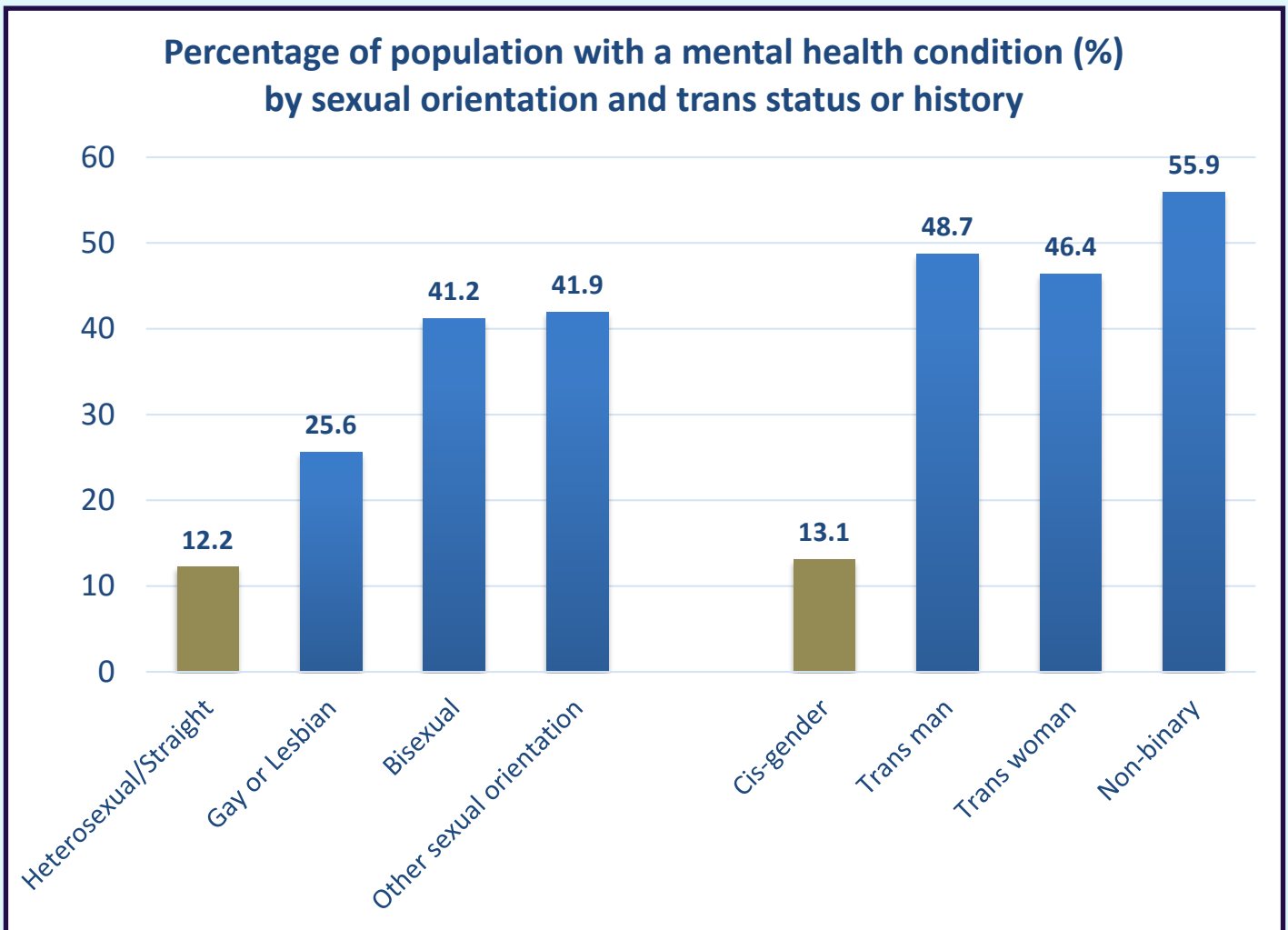
Importantly, these inequalities are not evenly distributed within trans populations. Non-binary individuals and those identifying as “Other trans status or history” consistently experience the highest levels of disadvantage across multiple indicators, indicating a concentration of overlapping health burdens.

These findings demonstrate a pattern of multi-dimensional and intersecting disadvantage within trans populations, underscoring the need for targeted, inclusive and responsive public health and service interventions.

High level summaries of selected health inequalities among sexual and gender minority populations in Scotland

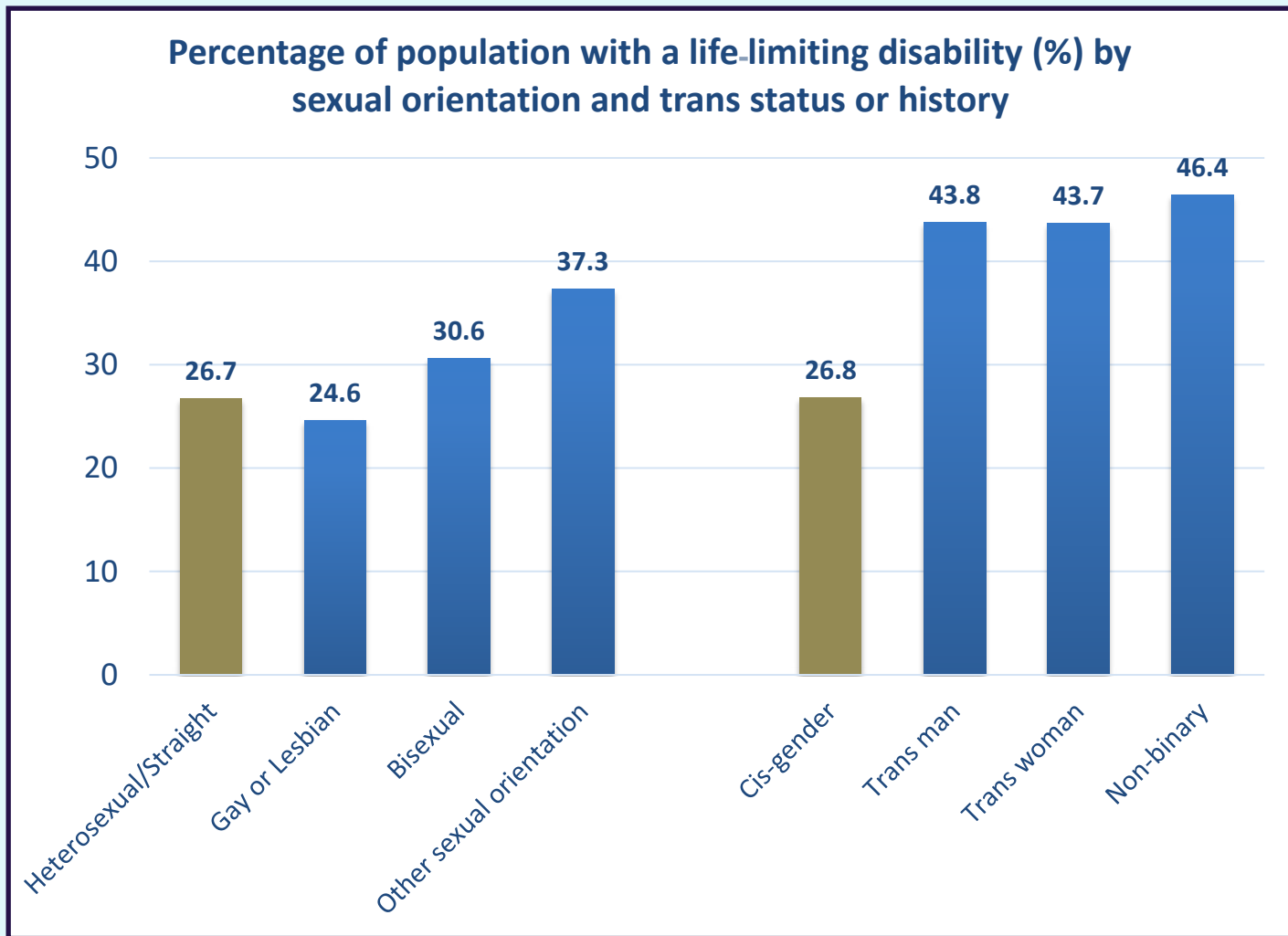
Sections 2 and 3 consider health and wellbeing markers among sexual and gender minority individuals separately and in detail. However, to summarise some key findings, Figure 1 (below) combines data from sections 2 and 3, detailing one of the starkest areas of health inequalities found; the population rates of mental health condition (%) by sexual orientation and trans status or history.

Figure 1: High level summary: percentage of population with a mental health condition (%) by sexual orientation and trans status or history



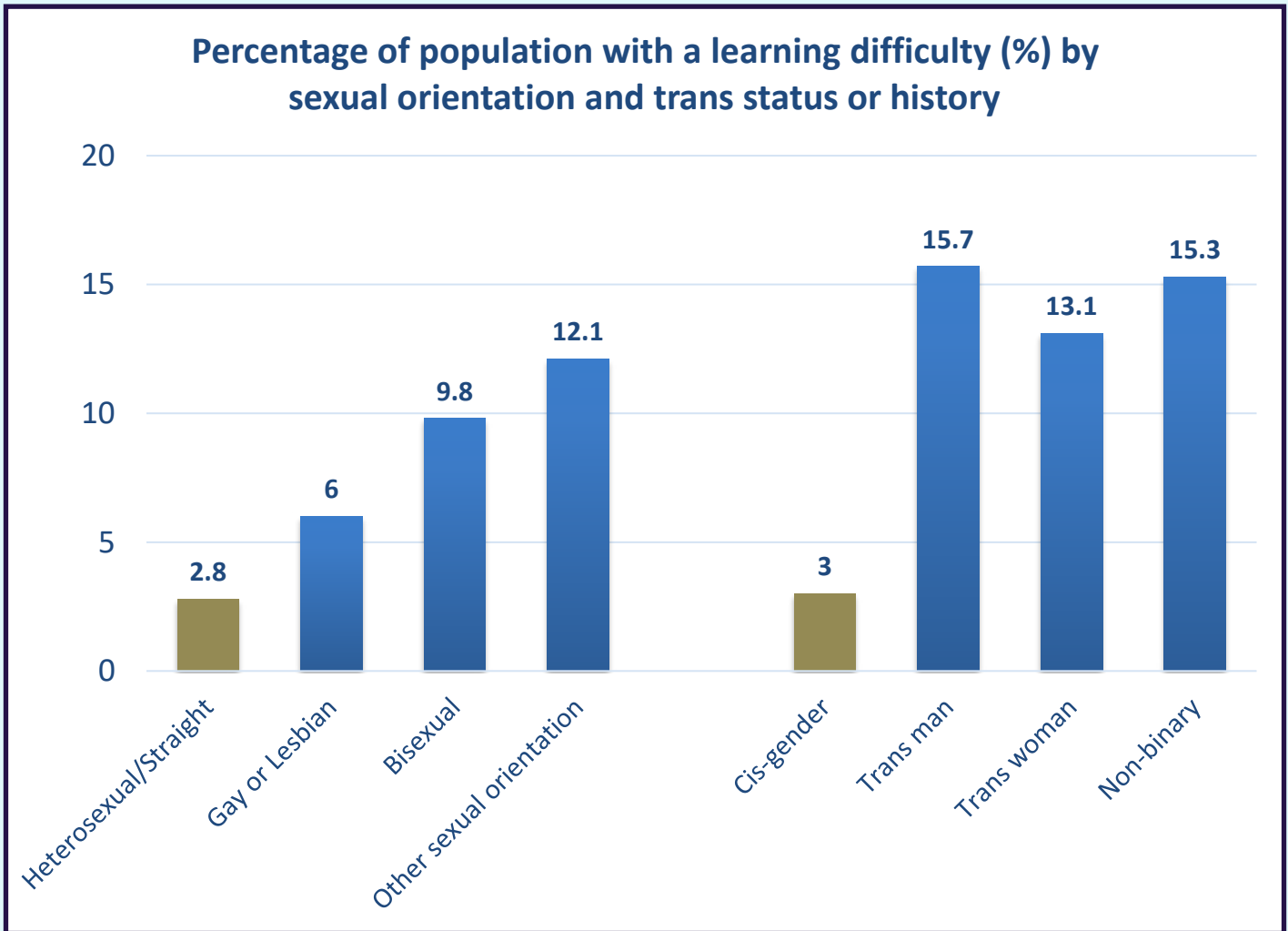
Similarly, to summarise some key findings, Figure 2 (below) combines data from sections 2 and 3, detailing a further area of stark health inequalities identified; the population rates of life-limiting disability (%) by sexual orientation and trans status or history.

Figure 2: High level summary: percentage of population with a life-limiting disability (%) by sexual orientation and trans status or history



Again, to summarise key findings, Figure 3 (below) combines data from sections 2 and 3, detailing another area of health inequalities found; the population rates of learning difficulties (%) by sexual orientation and trans status or history.

Figure 3: High level summary: percentage of population with a learning difficulty (%) by sexual orientation and trans status or history



As stated, sections 2 and 3 of the report consider these and other health, wellbeing and sociodemographic markers amongst sexual and gender minority groups in comparison to heterosexual/cisgender populations in detail.

Strengths and limitations

A key strength of this study lies in its use of national census data, providing unprecedented population coverage, representativeness and statistical robustness. This enables, for the first time, the identification of LGBT+ health inequalities at national scale, addressing longstanding gaps in public health evidence. The study also benefits from its integration with prior evidence, building on the 2024 GCPH and LGBT Health and Wellbeing review to provide both conceptual depth and empirical clarity.

However, limitations must be acknowledged. Census data relies on self-reporting, introducing potential biases related to interpretation, social desirability and self-awareness, and identification with health conditions. Underreporting of LGBT+ identity is also likely, particularly among older populations or those facing stigma, meaning that estimates may be conservative.

Additionally, small subgroup sizes necessitate data adjustment to prevent disclosure, which may affect precision. The analysis is descriptive and does not establish causality. Furthermore, the inability to fully explore intersecting identities within the dataset limits the depth of intersectional analysis.

Recommendations

This report evidences a range of health inequalities experienced by LGBT+ populations in Scotland, with the most pronounced impacts observed among trans and gender-diverse groups. At the same time, areas of parity underscore the importance of avoiding deficit-only narratives concerning LGBT+ populations, and instead adopting a nuanced, evidence-led approach.

Advancing LGBT+ health requires not only improved data and targeted interventions, but also a broader shift towards culturally-inclusive and intersectional public health systems. Based on the findings of this census analysis, the following recommendations outline key actions to support this ambition, aligned with national policy and strategic priorities:

- ▶ **Develop a Scottish national LGBT+ Equality Action Plan** to embed LGBT+ considerations across policymaking and address inequalities through coordinated, whole-systems action.
- ▶ **Recognise LGBT+ status as a social determinant of health** within public health policy and strengthen data systems to improve visibility, monitoring and response to inequalities.
- ▶ **Deliver targeted mental health investment and support** for LGBT+ communities, particularly trans, non-binary and bisexual groups.
- ▶ **Prioritise research into neurodiversity within LGBT+ populations, particularly trans communities**, including linked data studies of health outcomes and lived-experience research to inform more inclusive and affirming services.
- ▶ **Embed intersectionality at the core of policy and equalities impact assessments** to better understand and respond to diverse and overlapping inequalities within LGBT+ populations.

Conclusion

This report provides clear and compelling evidence that LGBT+ health inequalities in Scotland are both substantial and systemic. Crucially, they are not incidental, nor are they inevitable. They are patterned, measurable, and therefore, addressable.

Yet the significance of these findings extends beyond the present moment. The demographic shifts identified within the census, particularly the markedly higher proportions of LGBT+ identification among younger generations, signal a fundamental transformation in the composition of the population. Public health systems that engage with this reality are better positioned to remain relevant and responsive to the communities that they intend to serve.

Advancing LGBT+ health goes beyond inclusion; it is central to relevance, effectiveness and integrity in public health. It calls for a shift from aspiration to action and to ensure that commitments to equity are realised in practice.

Ultimately, this represents a defining opportunity for the future of public health in Scotland: to evolve in ways that meet the needs of a changing and diverse population and to address inequalities that are both known and preventable. The evidence presented is clear. The priority now is to begin moving from understanding the problem to acting on it.

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Key definitions used in this report

LGBT+ – is an umbrella term referring collectively to people who are lesbian, gay, bisexual and trans, with the “+” recognising the inclusion of a wider range of sexual orientations, gender identities and expressions. In this report, LGBT+ is used as a broad and inclusive term that recognises the diversity and fluidity of identities and experiences. As language relating to sexuality and gender continues to evolve, the “+” acknowledges identities beyond those explicitly named and helps avoid overly restrictive or potentially outdated terminology.

Lesbian – a woman whose enduring physical, romantic, and/or emotional attraction is to other women. Some lesbians may prefer to identify as gay or as gay women.

Gay – the adjective used to describe people whose enduring physical, romantic, and/or emotional attractions are to people of the same gender. Sometimes lesbian is the preferred term for women, although some women and non-binary people also define themselves as gay rather than using another term.

Bisexual – a person who has the capacity to form enduring physical, romantic, and/or emotional attractions to those of the same gender or to those of another gender. People may experience this attraction in differing ways and degrees over their lifetime.

Other sexual identities – a broad term referring to sexual orientations beyond heterosexual, gay, lesbian or bisexual identities. This may include identities such as pansexual, asexual, queer or other self-defined orientations.

Transgender – is an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. People who identify as transgender may describe themselves using a variety of terms. Many transgender people are prescribed hormones by their doctors to bring their bodies into alignment with their gender identity; some undergo surgery as well. Not all transgender people can or will take those steps, and a transgender identity is not dependent upon medical procedures or physical appearance.

Trans status or history – in Scotland’s Census 2022, “Trans status or history” referred to whether a person identified as trans or had a history of identifying or living as a gender different from the sex they were assigned at birth. The term “history” was intended to include people who may not currently describe themselves as trans, but who have previously transitioned or had a trans experience as part of their life history.

Other trans status or history – a broad term referring to gender identities beyond man or woman. This may include identities such as non-binary, genderfluid, agender or other self-defined gender identities.

Trans man – a person who was assigned female at birth but identifies and lives as a man. Some trans men may undertake social, legal or medical transitions, although experiences vary.

Trans woman – a person who was assigned male at birth but identifies and lives as a woman. Experiences of transition differ between individuals and may include social, legal or medical changes.

Non-binary – a term used to describe people whose gender identity does not fit exclusively within the categories of man or woman. Non-binary identities may encompass a range of experiences and expressions of gender.

Straight/Heterosexual – a sexual orientation describing people who are emotionally, romantically or sexually attracted to people of a different gender from their own.

Heteronormativity – denotes a world view that deliberately or unwittingly promotes and prioritises heterosexuality as the normal or preferred sexual orientation, often at the expense or exclusion of minority sexuality or gender identities.

Cisgender – is a term popularised in the last decade and is used to describe a person whose sense of personal identity and gender corresponds with their sex assigned at birth. The prefix 'cis' is not an acronym or an abbreviation of another word; it is derived from Latin meaning 'on this side of'. In contrast the Latin prefix 'trans' in transgender implies 'across' or 'moved to the other side'.



Introduction

Lesbian, gay, bisexual, transgender and other sexual and gender minority (LGBT+) identifying individuals represent a natural diversity in sexuality and gender identity that has always existed in global histories and cultures¹. Historically, responses to this diversity have varied, with some indigenous cultures demonstrating celebration and wide acceptance, while others have been characterised by persecution². Much of this history has been erased through cultural suppression and the impact(s) of colonisation³, contributing to an erosion of LGBT+ rights and acceptance in society today. However, despite this erasure and marginalisation, the LGBT+ community has persistently shown courage and defiant solidarity in their survival⁴.

The modern era of LGBT+ liberation was ignited by the Stonewall riots of 1969 in New York City; a spontaneous uprising against police brutality and social oppression that became a catalyst for global movements for equality and dignity⁵. The reverberations of Stonewall continue to shape public health, social justice, and civic life today⁶. In Scotland, as across the world, the legacy of that defiance endures in communities and organisations that champion equity and inclusion, ensuring that LGBT+ people are seen, respected, and celebrated as equal citizens.

Yet, as our 2024 collaborative publication by the Glasgow Centre for Population Health (GCPH) and LGBT Health and Wellbeing *Examining the Social Determinants of LGBT+ Health and Wellbeing* (Harkins & Hoffman, 2024)^A makes clear, equality in law does not yet mean equality in health. The review synthesised nearly 200 UK studies and revealed pervasive inequalities in physical and mental health outcomes, access to care, and experiences of discrimination across the life course⁷. LGBT+ people face higher rates of anxiety, depression, self-harm, and suicidality compared with heterosexual and cisgender peers^{8, 9}. The evidence also highlighted disparities in chronic diseases such as cardiovascular illness, obesity, and certain cancers, often compounded by diminished access to preventative care and screening¹⁰.

The review's seven evidence themes, ranging from data inadequacies to life-course discrimination, from adolescent mental health to experiences in later life, painted a picture of cumulative, intersectional disadvantage. Minority stress, microaggressions, and structural heteronormativity appear to underpin these inequities^{11, 12}. Transgender people, in particular, endure some of the most severe and repeated forms of discrimination and exclusion, with measurable consequences for mental and physical health^{13, 14}. The review documented how this lifelong exposure to stigma and intolerance erodes wellbeing, resilience, and trust in services^A.

^A Examining the social determinants of LGBT+ health and wellbeing: A scoping review of evidence, unmet health needs, and policy recommendations. GCPH, LGBT Health and Wellbeing; 2024. <https://www.gcph.co.uk/latest/publications/1174-examining-the-social-determinants-of-lgbt-health-and-wellbeing>



These patterns are not confined to history or isolated acts of prejudice. Recent years have seen renewed hostility towards sexual and gender minorities, driven by regressive political and cultural discourse in the United States and increasingly echoed in parts of the UK and Europe¹⁵. This backlash has emboldened prejudice, from overt verbal and physical assaults to more insidious forms of exclusion; including misinformation campaigns, policy rollbacks, and online harassment¹⁶. These developments reverberate through communities and services, worsening mental health outcomes and creating a climate in which LGBT+ people may, again, face questioning of their legitimacy and rights. Everyday microaggressions in schools, workplaces, or healthcare settings accumulate as chronic stressors, undermining both confidence and access to safe, affirming care¹⁷.

However, the publication of the 2022 Scottish Census, released in 2024, represents a historic milestone: for the first time, the census records sexual orientation and trans status or history across the national population¹⁸. This advance provides an unprecedented opportunity to examine the health and wellbeing of Scotland's LGBT+ population with a level of detail, representativeness, and statistical robustness that has never before been possible. What was once invisible in national data, and therefore peripheral to mainstream public health science, can now be included and used to inform decision-making and planning of public services.

Public health in Scotland, historically constrained by the heteronormativity of biomedical science and lack of readily available data on different population groups, is now better equipped to lead a transformative shift. The inclusion of sexual and gender minority data in the census aligns with policy commitment to equality, and the belief that all people, regardless of identity, should enjoy the highest attainable standard of health and wellbeing, as set out in Scotland's Public Health Framework^B.

The analyses of census data, presented in this report, seek to advance these principles. By mapping patterns of self-reported health and wellbeing among LGBT+ people in comparison to heterosexual and cisgender populations, we aim to quantify and illuminate health inequalities that have long been evidenced qualitatively or inferred from smaller studies. These analyses will not only deepen our understanding of the social determinants of LGBT+ health but also energise and inform practical policy and service responses to reduce inequities and foster inclusion.

In so doing, Scotland can demonstrate a leadership role internationally: using the tools of science not to marginalise difference, but to uphold justice. By valuing the diversity of its people, Scotland has the opportunity to promote public health and social cohesion in the face of challenges seen elsewhere. From the Stonewall riots to contemporary efforts to safeguard the rights and equalities of LGBT+ (and particularly trans and non-binary) people, the endurance of the LGBT+ community has been shaped by an unwavering commitment to equity, dignity and wellbeing. This report aims to support this commitment by bringing robust evidence to the fore and using it to inform and drive tangible action.

^B Scottish Government. Scotland's Population Health Framework, 2025. <https://www.gov.scot/publications/scotlands-population-health-framework/>



Study aims and objectives

The aim of this study is to harness the newly available sexual orientation and trans status data from the 2022 Scottish Census to generate the first national-level descriptive profile of LGBT+ health and wellbeing in Scotland. In doing so, the study seeks to extend and operationalise the themes identified in *Examining the Social Determinants of LGBT+ Health and Wellbeing (2024)*, translating its conceptual insights into population-level evidence.

The specific objectives of this study are to:

- ▶ Quantify differences in self-reported health and wellbeing between LGBT+ and heterosexual cisgender populations in Scotland.
- ▶ Illuminate the degree to which patterns of inequality identified in previous qualitative and small-sample studies are visible at national scale and, where possible, identify subgroups within the LGBT+ population experiencing the most pronounced disparities.
- ▶ Provide a foundation for future research, data monitoring, and policy development aimed at advancing health equity and inclusion for LGBT+ people in Scotland.

Through this analysis, we aim to make visible the health and wellbeing impacts of structural inequalities that have long shaped LGBT+ lives, and demonstrate the potential inclusive data holds in driving forward Scotland's public health ambitions and enabling a more just and compassionate society for all.



Methods

This report builds upon the 2024 *Examining the Social Determinants of LGBT+ Health and Wellbeing* evidence review by conducting a secondary quantitative analysis of the 2022 Scottish Census. Using the publicly available Census Table Builder tool, we generated descriptive statistics that cross-tabulate recorded sexual orientation and trans status or history with self-reported measures of health and wellbeing.

Primarily, variables on general health, mental health, life-limiting disability and long-term illness were examined alongside selected developmental and functional health indicators. A limited range of demographic and socioeconomic indicators such as age, ethnicity, education, employment status, unpaid caring responsibilities and deprivation markers were also included in some of the analyses. These variables were stratified by sexual orientation (e.g., gay or lesbian, bisexual, other, heterosexual/straight) and trans status (transgender, non-transgender/cisgender) as recorded in the census.

Descriptive analyses were conducted to identify proportional distributions, highlighting key inequalities between LGBT+ and heterosexual cisgender populations. Comparisons focused on identifying gradients of disadvantage consistent with the patterns evidenced in the prior scoping review; particularly in relation to mental health, disability, long-term health conditions, and social determinants such as home ownership, employment and education.

Data generated via the Table Builder were exported for descriptive interpretation only; no statistical modelling or small-area disclosure was undertaken. The purpose of this stage of analysis is to provide a robust, population-level baseline of LGBT+ health and wellbeing in Scotland, enabling future, more detailed research and informing equity-oriented policy design.



Findings

Our findings are presented in three distinct sections:

- Section 1 presents an overview of Scotland’s LGBT+ population demographics, including breakdowns by age, ethnicity and selected sociodemographic markers.
- Section 2 examines health and wellbeing outcomes for Scotland’s LGB+ communities.
- Section 3 focuses specifically on the health and wellbeing profile of transgender people.

Transgender health is considered separately from LGB+ health in order to pay adequate attention to the sub-groups that exist within Scotland’s transgender community. This is particularly important given the extent of inequalities evidenced among these groups; as detailed in our 2024 evidence review.

In sections 2 and 3, four census questions relating to general health, long-term health conditions, physical disability and mental health are prioritised and tabulated. Sections 2 and 3 also include LGBT+ population trends relating to other indicators of functional limitations including blind or vision loss, deaf or hearing loss and voice loss alongside learning difficulty.

Section 1: LGBT+ Scotland population demographics

Overview of Scotland’s national sexual orientation profile

Our first analysis presents a concise overview of Scotland’s national sexual orientation profile (Table 1). From a total population of 5,439,838, almost one sixth of the population (891,253) are aged less than 16 years and are therefore not included in the analysis. A further 370,858 people did not complete the sexual orientation question. These figures are included in the analysis as they provide contextual understanding but do not feature directly in subsequent calculations of sexual minority status rates.

The total of people who disclosed their sexual orientation and are applicable in this analysis is therefore 4,177,727 – this population number is henceforth the denominator in calculating sexual minority status rates and is referred to as “the revised total population”^C. Table 1 makes clear that 80,104 people, over 16 years of age, in Scotland identify as being gay or lesbian, this represents 1.9% of the revised total population. A similar number of people;

^C Sections 2 and 3 of this report do not need to use “the revised total population” in their calculations, this is because they examine the rate of health and related markers within defined LGBT+ groups in comparison to heterosexual or cisgender rates, rather than relating to total population numbers.



80,256 identified as bisexual, equating to a further 1.9% of the revised total population. Some 23,503 of Scotland’s residents identified as being of other sexual orientation, equating to 0.6% of the revised total population. In total, Scotland’s 2022 Census shows that 183,863 people identify as being of minority sexual orientation; this equates to 4.4% of the revised total population, or approximately one in every 23 people.

Table 1: Concise overview of Scotland’s national sexual orientation profile

Concise overview of Scotland’s national sexual orientation profile	Number of Individuals	% of answered and applicable population	% of answered an applicable population who identify as LGB+ status
Heterosexual/Straight	3,993,864	95.6	n/a
Gay or Lesbian	80,104	1.9	4.4
Bisexual	80,256	1.9	
Other sexual orientation	23,503	0.6	
Total (answered and applicable)	4,177,727	100	n/a
Not Answered	370,858	n/a	
Not applicable (aged less than 16)	891,253		
Scotland Total Population	5,439, 842		

Scotland’s national sexual orientation profile by age categories

Next, we consider this same data relating to Scotland’s national sexual orientation profile distributed by the age categories available in the Census Table Builder. Once again people under the age of 16 and those who did not answer are removed from the analysis within Table 2 and the denominators used in the analysis relate to the revised total population.

A striking observation from Table 2 is the near perfect gradient of decreasing rates of those identifying as being of minority sexual orientation, as the age categories increase. For example, 64,534 people from a total of 532,881, aged 16 to 24 years old identify as being LGB+: this equates to 12.1% of the revised total population, or approximately one in eight people. Moving on to the 25 to 34 years of age category, the rate identifying as LGB+ drops to 8.6% (56,349 from 654,212 people) or approaching one in 12 people. This LGB+ rate more than halves in the 35- to 49-year-old bracket, reducing to 3.9%, and more than halving again in the 50- to 64-year-old category at 1.9%. Those aged 65 years and over have the lowest rate identifying as LGB+ at 0.6%, or approximately one in 165 people.



Table 2: Scotland's national sexual orientation profile by age categories

LGB+ status by age categories	Aged 0 to 15	Aged 16 to 24	Aged 25 to 34	Aged 35 to 49	Aged 50 to 64	Aged 65 and over	Total
Heterosexual/Straight	0	468,347	597,863	911,559	1,063,273	952,826	3,993,864
Gay or Lesbian	0	18,495	22,904	20,898	14,050	3,757	80,104
Bisexual	0	37,413	25,700	11,643	4,217	1,280	80,256
Other sexual orientation	0	8626	7,745	4,620	1,873	639	23,503
Total identifying as LGB+	0	64,534	56,349	37,161	20,140	5,676	183,863
Total population (answered and applicable)	0	532,881	654,212	948,720	1,083,413	958,502	4,177,727
Total LGB+ % (answered and applicable)	0	12.1	8.6	3.9	1.9	0.6	4.4
Not answered	0	49,604	39,961	61,047	88,145	132,101	370,858
Not applicable (aged less than 16)	891,253	0	0	0	0	0	891,253
Scotland total population	891,253	582,485	694,173	1,009,763	1,171,558	1,090,603	5,439,842

Scotland's national sexual orientation profile by ethnic minority categories

Table 3 now considers this same data relating to Scotland's national sexual orientation profile distributed by ethnic minority categories. A prominent observation from Table 3 is that most ethnic minority groups have a higher proportion of people identifying as LGB+, compared to the rate among "White" people (4.3%).

The highest rate of those identifying as LGB+ was observed among the "Mixed or multiple ethnic group" which was 12.8% (4,173 from 32,513 people) or approximately one in eight people. The second highest LGB+ rate was recorded as "Caribbean or Black" at 9.1%, or almost one in 11 people. "Other ethnic group" recorded an LGB+ rate of 7.0%, (approximately one in 14 people) followed by "Asian, Asian Scottish or Asian British" at 5.1% (approaching one in 20 people) and finally "African, African Scottish or African British" with 4.4% (nearly one in 23 people).

We note the disparity in sample sizes here, between the "White" population (approaching 4 million individuals who have answered and are applicable) and the other ethnic minority categories, for example, the "Caribbean or Black" identical population equates to 5,064 people.



Table 3: Scotland’s national sexual orientation profile by ethnic minority categories

LGB+ status by ethnic minority categories	White	Mixed or multiple ethnic group	Asian, Asian Scottish or Asian British	African: African, African Scottish or African British	Caribbean or Black	Other ethnic group	Total
Heterosexual/Straight	3,753,987	28,334	140,674	35,289	4,605	30,982	3,993,864
Gay or Lesbian	75,382	1,234	2,150	531	158	648	80,104
Bisexual	72,149	2,209	4,017	699	213	969	80,256
Other sexual orientation	20,207	730	1,380	376	88	724	23,503
Total identifying as LGB+	167,738	4,173	7,547	1,606	459	2,341	183,863
Total LGB+ % (answered and applicable)	4.3	12.8	5.1	4.4	9.1	7.0	4.4
Total population (answered and applicable)	3,921,727	32,513	148,220	36,892	5,064	33,324	4,117,731
Not applicable (aged less than 16)	785,878	24,880	48,888	18,425	1,255	11,924	891,253
Not answered	344,268	3,506	14,914	3,319	459	4,384	370,858
Total	5,051,873	60,899	212,022	58,636	6,778	49,632	5,439,842

Overview of Scotland’s national trans status or history profile

We now turn our attention to providing an overview of individuals identifying as being transgender or having a transgender history. The census category “trans or trans history” is used for people who currently identify as transgender, or non-binary, as well as for people who might have transitioned in the past or otherwise consider themselves as having a “history” of being trans. The category acknowledges that for some people, gender identity is fluid over time; a trans person who transitioned many years ago might no longer consider themselves trans, but recognise that they have a “trans history”.

From Table 4 we can see that some 19,973 people in total identify as being trans or having a trans history: this equates to 0.47% of the revised total population or approaching one in every 213 people. Those identifying as a trans man or trans woman were evenly distributed, with 3,307 (0.08% of applicable and answered population) and 3,088 (0.07%) individuals respectively. Some 9,033 people identified as “Non-binary”, equating to 0.21% of the revised total population. A further 3,011 people identified as “Trans status or history not otherwise specified” and 1,434 people identified as “Other trans status or history”.



Table 4: Concise overview of Scotland’s national trans status or history profile

Trans status or history	Number of Individuals	% of answered and applicable population
No: Not trans and does not have a trans history (cisgender)	4,259,386	99.53
Yes: Trans man	3,307	0.08
Yes: Trans woman	3,088	0.07
Yes: Non-binary	9,033	0.21
Yes: Trans status or history not otherwise specified	3,111	0.07
Yes: Other trans status or history	1,434	0.03
Total trans status or history	19,973	0.47
Total (answered and applicable)	4,279,359	100
Not applicable (aged less than 16)	891,253	n/a
Not answered	269,230	
Total	5,439, 842	

Scotland’s national trans status and trans history by age categories

Table 5 (below) breaks down the trans status or history categories by age groups. An emphatic pattern emerging here, similar to the age distribution of LGB+ status in Table 2, is the diminishing proportion of trans people as age increases. For example, 1.7 % (approaching one in 59 people) of those aged 16 to 24 years of age identify themselves as having a trans status or history, reducing to 0.8% (one in 125 people) in those aged 25 to 34 years, 0.3% in those aged 35 to 49 years, 0.2% in those aged 50 to 64 years and finally 0.1% in those aged 65 years and over.



Table 5: Scotland’s national trans status and trans history by age categories

Trans status or history by age categories	Aged 0 to 15	Aged 16 to 24	Aged 25 to 34	Aged 35 to 49	Aged 50 to 64	Aged 65 and over	Total
No: Not trans and does not have a trans history (cisgender)	0	537,626	661,099	965,691	1,106,202	988,768	4,259,386
Yes: Trans man	0	2,020	707	275	181	127	3,307
Yes: Trans woman	0	1,220	830	457	407	175	3,088
Yes: Non-binary	0	4,751	2,711	948	406	216	9,033
Yes: Trans status or history not otherwise specified	0	507	536	683	736	651	3,111
Yes: Other trans status or history	0	707	421	198	85	23	1,434
Total answered and applicable	0	546,831	666,304	968,252	1,108,017	989,960	4,279,359
Total trans status or history	0	9,205	5,205	2,561	1,815	1,192	19,973
Total trans status or history (%)	0	1.7	0.8	0.3	0.2	0.1	0.5
Not applicable (aged less than 16)	891,253	0	0	0	0	0	891,253
Not answered	0	35,652	27,873	41,517	63,545	100,643	269,230
Total	891,253	582,485	694,173	1,009,763	1,171,558	1,090,603	5,439,842

Scotland’s national trans status and trans history by ethnic minority categories

Table 6 presents Scotland’s national trans status and history broken down by minority ethnic groups. Similar to the same analysis of LGB+ status presented in Table 3, we note higher levels of gender diversity reported among the minority ethnic groups in comparison to the “White” population which has 0.44% (17,782 people) of the population identifying as being of trans status or history.

In comparison, this proportion increases fourfold within the “Mixed or multiple ethnic group” with 1.78% (604 individuals) of the population identifying as being trans or having a trans history, or approximately one in 56 people. The proportion of those identifying as being trans or having a trans history then decreases accordingly with “Caribbean or Black” people having 1.22% (64 respondents), “Other ethnic group” having 1.04%, “African: African Scottish or African British” with 0.61%, and finally “Asian, Asian Scottish or Asian British” with 0.60%. Please note that caution must be exercised when interpreting trans or trans history proportions based on small sample sizes among some ethnic minority groups.



Table 6: Scotland’s national trans status and trans history by ethnic minority categories

Trans status and trans history by ethnic minority categories	White	Mixed or multiple ethnic group	Asian, Asian Scottish or Asian British	African: African, African Scottish or African British	Caribbean or Black	Other ethnic group	Total
No: Not trans and does not have trans history (cisgender)	3,996,074	33,252	152,563	37,574	5,180	34,742	4,259,386
Yes: trans or trans history	17,782	604	928	230	64	366	19,973
Total trans or trans history (%)	0.44	1.78	0.60	0.61	1.22	1.04	0.47
Total population (answered and applicable)	4,013,854	33,864	153,490	37,804	5,244	35,108	4,279,359
Not applicable (aged less than 16)	785,878	24,880	48,888	18,425	1,255	11,924	891,253
Not answered	252,141	2,155	9,644	2,407	279	2,600	269,230
Total	5,051,873	60,899	212,022	58,636	6,778	49,632	5,439,842

Scotland’s LGBT+ populations: socioeconomic markers

We now consider a limited range of socioeconomic markers gathered in the census and disaggregated by LGB+ and transgender status. This provides useful contextual information as we examine health and wellbeing among sexual and gender minority groups in Scotland in Section 2 of the report.

- Rates of home ownership** analysis revealed that people who identify as being of LGB+ status were considerably less likely to own their home than the heterosexual population. Home ownership among heterosexual individuals is 68.2% (2,665,407 people) compared to 54.2% among gay or lesbian people (41,741 people), 38.5% among bisexual individuals (27,775 individuals) and 41.0% amongst respondents who identify as “Other sexual orientation” (8,875 people). Comparing those who identify as being of trans status or history with the cisgender population revealed home ownership rates of 40.8% and 67.2%, respectively. Members of Scotland’s LGBT+ community were more likely to privately rent or live rent free, living in employer-provided accommodation or with family/friends, than heterosexual/cisgender populations.
- Analysis of employment categorisation** shows that amongst the highest social grade “Higher and intermediate managerial, administrative and professional occupations” rates of LGB+ identifying individuals are slightly higher than the



heterosexual population (16.2%) compared with 21.9% amongst gay or lesbian people, 17.2% among bisexual and 17.3% amongst “Other sexual orientation” populations. By contrast however, analysis of the lowest social grade “*Semi-skilled and unskilled manual occupations; unemployed and lowest grade occupations*” shows that members of the LGB+ community have higher rates: 16.1 % among gay or lesbian, 17.7% among bisexual and 19.9% among “Other sexual orientation”, compared to 14.2% among the heterosexual population.

- **Rates of reported unemployment** were higher among sexual minority groups; gay or lesbian (4.1%, 3,268 people), bisexual (6.9%, 5,525 respondents) and those identifying as being of “Other sexual orientation” (6.8%, 1,604 individuals) in comparison to the heterosexual population (2.5%, 100,833 people). The rate of unemployment amongst those identifying as being of trans status or history was higher still at 8.1% (1,162 Scottish residents).
- **The highest category of education qualification** within the census is “*Degree level qualifications or above Education qualifications not already mentioned (including foreign qualifications)*”. Examination of this variable shows that sexual minority groups have higher rates of attainment in this category; 43.5% of gay or lesbian (34,809 people), 41.0% of bisexuals (32,869 individuals) and 42.0% (9,861 respondents) of those identifying as “Other sexual orientation”, were all notably higher than the rate amongst heterosexuals which was recorded at 32.2% (1,284,899 respondents). The rate amongst people reporting that they identify as trans status or history was 34.1% (6,805 people).
- **Rates of unpaid caring responsibility** were relatively evenly distributed amongst heterosexual (8.8%) and LGB+ groups for those providing one to 34 hours of unpaid care per week; ranging between 8.1% (bisexual respondents) and 9.6% (gay or lesbian) collectively. For more than 35 hours of unpaid care per week, all LGB+ groups reported slightly lower rates than heterosexual respondents (4.7%), with the lowest amongst bisexual respondents (3.2%) and gay or lesbian respondents (3.4%). For trans groups, rates of unpaid caring responsibilities were relatively similar to the ones in the cisgender population (8.8%); trans men (8.5%), trans women (8.2%) and non-binary people (9.4%), in terms of providing one to 34 hours of unpaid care per week. Those identifying as “Trans status or history not otherwise specified” and “Other trans status or history” reported slightly higher rates at 10.4% and 11.7%, respectively. Relatedly, comparable proportions were also reported among trans groups who provide 35 hours or more of unpaid care per week as the cisgender population (4.7%); trans men (3.3%), trans women (5.3%) and non-binary people (3.2%). Those identifying as “Trans status or history not otherwise specified” and “Other trans status or history” reported slightly higher rates at 5.9% and 3.8% respectively.



Section 1 key points: LGBT+ Scotland population demographics

- Approximately 4.4% of Scotland's adult population (around one in 23 people) identify as LGB+, representing a substantial minority group in national data.
- Around 0.47% of the population (approximately one in 213 people) report a trans status or trans history, with non-binary identities forming the largest subgroup.
- There is a pronounced age gradient in both sexual orientation and gender identity, with markedly higher identification among younger age groups.
- Among those aged 16–24 years, over one in eight identify as LGB+, compared to fewer than one in 150 among those aged 65 years and over.
- Similarly, trans status or history is most prevalent among younger people and declines consistently with age.
- Racially minoritised groups report higher proportions of both LGB+ identities and trans status compared to the white population.
- The highest rates of LGB+ identification are observed among individuals from mixed or multiple ethnic groups.
- These findings indicate that LGBT+ populations are a significant and growing demographic group with clear implications for public health planning and service provision.
- LGBT+ individuals have lower home ownership rates, higher rates of private renting, higher unemployment, and greater representation in both highest and lowest occupational categories compared to heterosexual/cisgender populations.
- LGBT+ individuals have higher rates of degree-level qualifications than the heterosexual population, with slightly lower rates among those identifying as trans.
- Unpaid caring responsibilities are broadly similar across LGBT+ and cisgender and heterosexual populations, indicating no clear inequality in this domain.



Section 2: LGB+ health and wellbeing

The 2022 Scottish Census provides self-reported data on health and wellbeing across the population. Variables analysed in this section include self-rated general health, the presence of long-term physical or mental health conditions, and health problems or conditions that limit day-to-day activities. Specific categories examined were: mental health conditions; deafness or hearing impairment; blindness or vision impairment; speech difficulties; learning difficulties (conditions affecting how the brain processes information, such as dyslexia); developmental disorders (conditions affecting brain development and function, such as autism spectrum disorder); physical disabilities; and long-term illness. Broader measures of disability status were also included.

In this report, analysis focused on the reported prevalence of these indicators by sexual orientation (LGB+, Section 2) and by trans status or history (Section 3). It is important to note that individuals may identify with both sexual and gender minority identities; however, the Census Table Builder does not allow for further refinement to distinguish these overlaps. Consequently, some lesbian, gay, bisexual and other sexual-minority individuals may be represented within trans data, and vice versa.

Furthermore, individuals under 16 years of age and those who did not respond to the question related to their gender identity/sexuality were excluded from cisgender population totals, as these groups may include LGBT+ representation.

In addition, self-reported health indicators carry inherent limitations. Identification with certain conditions, such as developmental disorders or learning difficulties, may vary considerably between individuals, as these categories are not clinically defined within the census questionnaire. Responses are influenced by personal interpretation, context, and awareness of diagnostic terminology, which can lead to under- or over-reporting. Similarly, general health ratings are subjective and shaped by social desirability, personal expectations, and life circumstances, rather than objective clinical measures¹⁹. While valuable for monitoring population-level wellbeing, these indicators should be interpreted with caution and complemented by other sources of evidence to avoid misrepresenting the true burden of disease.

Overview of Scotland's general health by sexual orientation

Analysis of self-reported health indicators reveals significant disparities between sexual minority groups and heterosexual populations for some health conditions.

As Table 7 depicts, a higher proportion of gay or lesbian (79.7%, 63,841 individuals), and bisexual respondents (77.1%, 61,848 individuals) reported "Very good" or "Good" health compared to heterosexual respondents (75.8%, 3,025,832 individuals). However, 2,447



respondents who identified their sexual orientation as “other” reported a significantly greater percentage (10.4%) of “Very bad” or “Bad” health in comparison to heterosexual populations (8.0%, 320,888 individuals). This marginal health advantage identified in Table 7 among the LGB+ groups compared to the heterosexual population, may be largely driven by the younger age profile of the LGB+ groups, however this cannot be definitively examined with aggregated census data.

Table 7: Overview of Scotland’s general health by sexual orientation

Sexual orientation and general health	Heterosexual/ Straight	Gay or Lesbian	Bisexual	Other sexual orientation	Not answered	Not applicable (aged less than 16)	Total
Very good or good health	3,025,832	63,841	61,848	16,296	257,273	863,589	4,288,676
Very good or good health (%)	75.8	79.7	77.1	69.3	69.4	96.9	78.8
Fair health	647,147	10,910	12,972	4,760	74,991	22,640	773,420
Fair health (%)	16.2	13.6	16.2	20.3	20.2	2.5	14.2
Bad or very bad health	320,888	5,353	5,437	2,447	38,597	5,024	377,746
Bad or very bad health (%)	8.0	6.7	6.8	10.4	10.4	0.6	6.9
Total	3,993,864	80,104	80,256	23,503	370,858	891,253	5,439,842

Scotland’s rates of mental health conditions by sexual orientation

Table 8 shows that LGB+ populations reported having a mental health condition at significantly higher rates than heterosexual groups. The greatest disparities were observed amongst “Other sexual orientation” (41.9%, 9,855 people) and bisexual populations (41.2%, 33,070 individuals), with both groups reporting well over three times the rate of mental health conditions compared to the heterosexual population (12.2%, 488,314 people).



Table 8: Scotland's mental health profile by sexual orientation

Sexual orientation and mental health	Heterosexual/ Straight	Gay or Lesbian	Bisexual	Other sexual orientation	Not answered	Not applicable (aged less than 16)	Total
Does not have a mental health condition	3,505,554	59,607	47,189	13,648	326,909	869,820	4,822,729
Does not have a mental health condition (%)	87.8	74.4	58.8	58.1	88.1	97.6	88.7
Has a mental health condition	488,314	20,497	33,070	9,855	43,948	21,433	617,114
Has a mental health condition (%)	12.2	25.6	41.2	41.9	11.9	2.4	11.3
Total	3,993,864	80,104	80,256	23,503	370,858	891,253	5,439,842

As shown in Table 8, gay or lesbian respondents (25.6%, 20,497 people) also reported such conditions at more than twice the rate of heterosexual populations. Individuals identifying as being of “Other sexual orientation” had the highest overall rate of mental health conditions with 41.9% (9,855 people). The reported disparities in mental health observed here are a striking finding.

Scotland's rates of life-limiting disability by sexual orientation

Table 9 makes clear that, more than one in three people (37.3%, 8,775 people) who identify their sexual orientation as “other” reported having a disability, compared to 26.7% (1,065,747 individuals) amongst heterosexual populations. Similarly, the bisexual population had a higher rate of disability at 30.6% (24,546 people) than the heterosexual population. By contrast, those identifying as “Gay or Lesbian” had very slightly lower rates of disability than the heterosexual population – 24.6% compared to 26.7% respectively.

Table 9: Scotland's rates of disability by sexual orientation

Sexual orientation and disability	Heterosexual/ Straight	Gay or Lesbian	Bisexual	Other sexual orientation	Not answered	Not applicable (aged less than 16)	Total
Does have a life-limiting disability	1,065,747	19,693	24,546	8,775	120,788	71,361	1,310,912
Does have a life-limiting disability (%)	26.7	24.6	30.6	37.3	32.6	8.0	24.1
Does not have a life-limiting disability	2,928,121	60,412	55,709	14,728	250,071	819,892	4,128,930
Does not have a life-limiting disability (%)	73.3	75.4	69.4	62.7	67.4	92.0	75.9
Total	3,993,864	80,104	80,256	23,503	370,858	891,253	5,439,842



Scotland's rates of long-term illness by sexual orientation

Table 10 examines the rates of long-term illness by sexual orientation. In this instance those identifying as being of minority sexual orientation have lower rates of long-term illness than the heterosexual population where the rate is 24.8% (988,605 people) – approaching one in four people. Rates of long-term illness among gay or lesbian people is reported at 21.2% (16,971 individuals), bisexual people at 18.7% (15,001 people) and “Other sexual orientation” at 21.7% (5,105 people). This health advantage identified in Table 10 among the LGB+ groups compared to the heterosexual population, may be largely driven by the younger age profile of the LGB+ groups, however this cannot be definitively examined with aggregated census data.

Table 10: Scotland's rates of long-term illness by sexual orientation

Sexual orientation and long-term illness	Heterosexual/ Straight	Gay or Lesbian	Bisexual	Other sexual orientation	Not answered	Not applicable (aged less than 16)	Total
Has a long-term illness, disease or condition	988,605	16,971	15,001	5,105	94,258	43,532	1,163,472
Has a long-term illness, disease or condition (%)	24.8	21.2	18.7	21.7	25.4	4.9	21.4
Does not have a long- term illness, disease or condition	3,005,263	63,133	65,255	18,398	276,600	847,721	4,276,370
Does not have a long- term illness, disease or condition (%)	75.2	78.8	81.3	78.3	74.6	95.1	78.6
Total	3,993,864	80,104	80,256	23,503	370,858	891,253	5,439,842

Scotland's rates of developmental and functional health indicators by sexual orientation

We now consider a range of developmental and functional health indicators, alongside the rates of unpaid carer responsibilities, by sexual orientation:

- **Rates of development disorders**, such as Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) were reported as significantly higher among LGB+ groups than the heterosexual population. Just 1.3% (52,758 people) of the heterosexual population reported having a developmental disorder compared to 3.9% (3,135 people) among gay or lesbian people, 7.4% (5,952 respondents) among bisexual people and 12.6% (2,968 people) among individuals identifying as “Other sexual orientation”.



- **Rates of learning difficulties**, such as Dyslexia and Dyscalculia were also reported as markedly higher among LGB+ populations compared to their heterosexual peers: 2.8% (111,780 individuals) of the heterosexual population reported having a learning difficulty compared to 6.0% (4,775 people) among gay and lesbian people, 9.8% (7,846 individuals) among bisexuals and 12.1% (2,833 respondents) of those identifying as being of “Other sexual orientation”.
- **Rates of speaking difficulties or full or partial voice loss** are generally uncommon across all population groups, however it is worth noting that respondents who identified their sexual orientation as “other” were more than twice as likely (0.72%, 170 people) to report a speaking difficulty in comparison to the heterosexual group (0.3%, 12,209 individuals). In contrast, gay and/or lesbian and bisexual respondents were slightly less likely to report speaking difficulties than the heterosexual group. However, overall, we note small sample sizes among the LGB+ groups with speaking difficulties.
- **Rates of blindness or partial vision impairment** were evenly distributed across heterosexual and LGB+ groups. Respondents who identified their sexual orientation as “other” reported a prevalence at the same rate as heterosexual respondents (2.9%), whilst gay and lesbian respondents (2.0%) and bisexual (2.4%) were marginally less likely to report vision loss or impairment.
- **Rates of deafness or partial hearing impairment** were lower overall among LGB+ groups than the heterosexual population: 8.4% of the heterosexual population reported being deaf or hearing impaired, compared with 4.2% of gay or lesbian people, 2.9% of bisexual respondents and 3.8% of people identifying as of “Other sexual orientation”. We note that the LGB+ population is younger than the heterosexual group which may explain this disparity, as hearing worsens with age.



Section 2 key points: LGB+ health and wellbeing

- ▶ LGB+ populations experience substantial mental health inequalities, with bisexual and “Other sexual orientation” groups reporting having a mental health condition at rates over three times higher than heterosexual populations.
- ▶ Gay and lesbian individuals also report significantly elevated mental health conditions, at more than double the heterosexual rate.
- ▶ Disability prevalence is higher among bisexual and “Other sexual orientation” groups, though slightly lower among gay and lesbian populations compared to heterosexual peers.
- ▶ Developmental disorders and learning difficulties are markedly more prevalent across all LGB+ groups, with the highest rates among those identifying as “Other sexual orientation”.
- ▶ Certain indicators show no clear inequalities, including blindness/vision impairment, which are broadly comparable across groups.
- ▶ Some indicators suggest better outcomes for LGB+ populations, including lower rates of long-term illness across all sexual minority groups. These findings may be influenced by the younger age profile of LGB+ populations.
- ▶ General health findings are mixed, with gay/lesbian and bisexual groups reporting slightly better overall health than heterosexual populations, while “other” groups report worse outcomes.
- ▶ Hearing impairment is reported at lower rates among LGB+ groups, likely reflecting younger age profiles rather than intrinsic health advantage.
- ▶ Overall, findings indicate a complex pattern of inequality, with pronounced disadvantage concentrated in mental health and neurodevelopmental indicators.



Section 3: Transgender health and wellbeing

Analysis of self-reported health indicators reveals stark disparities between transgender and cisgender populations for some conditions and markers. Individuals identifying as transgender or having a trans history were significantly more likely to report poor general health, having a mental health issue, and having a life-limiting disability.

Overview of Scotland's general health by trans status or history

The proportion of trans groups reporting that their health is “Very good” is markedly less than the cisgender population. Some 41.6% (1,770,387 people) of the cisgender population report being in “Very good” health compared to 32.9% among trans men, 28% among trans women, 28.1% among non-binary people; the lowest rate being 25.5% among people who identify as “Other trans status or history”.

The cisgender population reporting that their health was “Bad” or “Very bad” totalled 8% (6.1% plus 1.9% respectively, 342,359 people in total). This rate contrasts with that of trans men at 10.1% in total (334 individuals), trans women at 13.1% (405 respondents), and the highest total “Bad” or “Very bad” health rate being 14.7% (212 people) in total amongst those identifying as “Other trans status or history” – this equates to one in seven people.

Table 11: Overview of Scotland's general health by trans status or history

Trans status or history and general health	No: Not trans and does not have a trans history	Yes: Trans man	Yes: Trans woman	Yes: Non-binary	Yes: Trans status or history not otherwise specified orientation	Yes: Other trans status or history	Not answered	Not applicable (aged less than 16)	Total
Very good	1,770,387	1,088	864	2,539	1,171	365	94,432	737,683	2,608,532
Very good (%)	41.6	32.9	28.0	28.1	37.6	25.5	35.1	82.8	48.0
Good	1,454,758	1,223	1,129	3,459	997	545	92,125	125,906	1,680,144
Good (%)	34.2	37.0	36.6	38.3	32.0	38.0	34.2	14.1	30.9
Fair	691,888	658	684	2,008	564	312	54,670	22,640	773,420
Fair (%)	16.2	19.9	22.2	22.2	18.1	21.8	20.3	2.5	14.2
Bad	261,873	274	317	840	253	164	20,792	3,933	288,442
Bad (%)	6.1	8.3	10.3	9.3	8.1	11.4	7.7	0.4	5.3
Very bad	80,486	60	88	190	126	48	7,211	1,091	89,304
Very bad (%)	1.9	1.8	2.8	2.1	4.1	3.3	2.7	0.1	1.6
Total	4,259,386	3,307	3,088	9,033	3,111	1,434	269,230	891,253	5,439,842



Scotland's mental health condition rates by trans status or history

The starkest health inequalities observed amongst those identifying as being of trans status or history relates to mental health. Table 12 makes clear that 13.1% of the cisgender population report having a mental health condition. By contrast rates of 48.7% (1,609 people), 46.4% (1,432 individuals) and 55.9% (5,503 respondents) were recorded for trans men, trans women and non-binary groups, respectively.

Similarly, for the 857 Scottish residents who identify as “Other trans status or history”, the rate of mental health conditions was recorded as 59.8%. Across the trans population, rates of mental health conditions were between four and five times higher than those observed amongst the cisgender population. A lower rate, although still higher than the cisgender population, of 18.8% (586 people) was recorded for those identifying as being of “Trans status or history not otherwise specified”.

Table 12: Scotland's mental health condition rates by trans status or history

Trans status or history and mental health condition	No: Not trans and does not have a trans history	Yes: Trans man	Yes: Trans woman	Yes: Non-binary	Yes: Trans status or history not otherwise specified orientation	Yes: Other trans status or history	Not answered	Not applicable (aged less than 16)	Total
Has a mental health condition	556,190	1,609	1,432	5,053	586	857	29,955	21,433	617,114
Has a mental health condition (%)	13.1	48.7	46.4	55.9	18.8	59.8	11.1	2.4	11.3
Does not have a mental health condition	3,703,197	1,698	1,656	3,980	2,525	580	239,275	869,820	4,822,729
Does not have a mental health condition (%)	86.9	51.3	53.6	44.1	81.2	40.2	88.9	97.6	88.7
Total	4,259,386	3,307	3,088	9,033	3,111	1,434	269,230	891,253	5,439,842

Scotland's rates of life-limiting disability by trans status or history

Table 13 details the rates of Scottish residents who report having a life-limiting disability. This analysis reveals further health inequalities observed among transgender groups. The observed rate of disability within the cisgender population is reported as 26.8% (1,142,763 respondents). Markedly higher rates of disability were reported amongst trans men (43.8%, 1,448 people), trans women (43.7%, 1,350 people), and individuals identifying as non-binary (46.4%, 4,195 respondents).



Table 13: Scotland's rates of life-limiting disability by trans status or history

Trans status or history and disability	No: Not trans and does not have a trans history	Yes: Trans man	Yes: Trans woman	Yes: Non-binary	Yes: Trans status or history not otherwise specified orientation	Yes: Other trans status or history	Not answered	Not applicable (aged less than 16)	Total
Yes, does have a life limiting disability	1,142,793	1,448	1,350	4,195	1,017	701	88,044	71,361	1,310,912
Yes, does have a life limiting disability (%)	26.8	43.8	43.7	46.4	32.7	48.9	32.7	8.0	24.1
No, does not have a life limiting disability	3,116,593	1,859	1,738	4,838	2,091	733	181,186	819,892	4,128,930
No, does not have a life limiting disability (%)	73.2	56.2	56.3	53.6	67.2	51.1	67.3	92.0	75.9
Total	4,259,386	3,307	3,088	9,033	3,111	1,434	269,230	891,253	5,439,842

The highest rate of disability was recorded amongst respondents identifying as being of “Other trans status or history” at 48.9% (701 people). The lowest rate of disability amongst Scotland’s transgender community was 32.7%, which was recorded by 1,017 individuals who identified as being of “Trans status or history not otherwise specified”.

Scotland's rates of long-term health condition by trans status or history

Table 14 details the rates of the Scottish population with long-term health conditions, cross-tabulated with trans status or history. No significant trans health inequalities are reported from this table. Approximately one in four people (24.6%, 1,046,702 respondents) from Scotland’s cisgender population report having a long-term illness, disease or condition. The rates reported amongst the nation’s transgender community are slightly lower than this rate at 18.7% for trans men, 20.1% for trans women, and 22.3% for non-binary people. However, slightly higher proportions – 23.8% (741 people) and 25.9% (371 individuals) – were recorded for those identifying as of “Trans status or history not otherwise specified”, and “Other trans status or history”, respectively. Where health advantages are evident for some of the trans groups in Table 14, this may be due to these groups having a younger age profile, we cannot definitively report on this with aggregated census data.



Table 14: Scotland's rates of long-term health condition by trans status or history

Trans status or history and long-term health condition	No: Not trans and does not have a trans history	Yes: Trans man	Yes: Trans woman	Yes: Non-binary	Yes: Trans status or history not otherwise specified orientation	Yes: Other trans status or history	Not answered	Not applicable (aged less than 16)	Total
Has a long-term illness, disease or condition	1,046,702	618	621	2,014	741	371	68,874	43,532	1,163,472
Has a long-term illness, disease or condition (%)	24.6	18.7	20.1	22.3	23.8	25.9	25.6	4.9	21.4
Does not have a long-term illness, disease or condition	3,212,684	2,688	2,471	7,019	2,370	1,063	200,356	847,721	4,276,370
Does not have a long-term illness, disease or condition (%)	75.4	81.3	80.0	77.7	76.2	74.1	74.4	95.1	78.6
Total	4,259,386	3,307	3,088	9,033	3,111	1,434	269,230	891,253	5,439,842

Scotland's rates of developmental and functional health indicators by trans status or history

We now consider a range of developmental and functional health indicators, alongside the rates of unpaid carer responsibilities, by trans status or history.

Please note that despite the consistency of the trends reported in the following data, caution must be given to the small sample sizes among some of the trans subgroups, which may skew reporting of prevalence proportions.

- Rates of development disorders**, such as Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) were reported at strikingly higher rates among those identifying as transgender or as having a trans history compared to the cisgender population. Overall, 17.4% (3,470 people) of trans respondents reported having a developmental disorder compared to just 1.5% (64,423 respondents) of the cisgender community. This equates to over 11 times greater prevalence of developmental disorders amongst transgender people compared to the cisgender population.



- **Rates of learning difficulties**, such as Dyslexia and Dyscalculia were also much higher among people identifying as trans or having a trans history, at 13.8% (2,754 people) or, approximately one in seven trans people, compared to 3.0% (128,399 individuals) of the cisgender population. The highest levels of learning difficulties were reported in trans men at 15.7% (520 people), non-binary people at 15.3% (1,378 individuals) and those identifying with “Other trans status or history” at 17.9% (257 respondents).
- **Rates of speaking difficulties or full or partial voice loss** were approaching three times more prevalent among respondents who identify as transgender or as having a trans history compared to the cisgender population: 0.9% (171 people) compared to 0.3% (13,190 respondents). The highest rates of speaking difficulties or full or partial voice loss were observed among those who identified as having an “Other trans status or history” (1.3%, 18 people).
- **Rates of blindness or partial vision impairment** were higher, overall, amongst respondents identifying as being trans or as having a trans history compared to the cisgender population: 3.7% (733 individuals) compared to 2.8% (121,285 people) respectively. Vision impairment or blindness was highest in trans women and those whose trans status or history was not otherwise specified, both at 4.3%, or approximately one in 23 people.
- **Rates of deafness or partial hearing impairment** proved to be generally lower among people identifying as being trans or as having a trans history, compared to the cisgender population. The rate among trans men was 4.9% (162 people), trans women were at 5.1% (157 respondents), and non-binary people were at 3.9% (355 individuals); the proportion being 8.2% (350,330 people) among the cisgender population.



Section 3 key points: Transgender health and wellbeing

- Trans populations experience stark and consistent health inequalities across multiple indicators, particularly in mental health.
- Mental health conditions are reported at four to five times the rate of the cisgender population, representing the most pronounced inequality observed in the analysis.
- Trans individuals report poorer general health overall, with substantially lower proportions describing their health as “Very good” and higher rates of “Bad” or “Very bad” health.
- Disability prevalence is markedly higher among trans groups, particularly among non-binary and “Other trans status or history” populations.
- Developmental disorders and learning difficulties are significantly elevated, with prevalence more than ten times higher than in the cisgender population for some conditions.
- Additional inequalities are observed in speech difficulties and vision impairment, though small sample sizes warrant cautious interpretation.
- Some indicators show no inequality or slight advantage, including long-term illness, where rates are broadly comparable or lower than the cisgender population.
- Hearing impairment is lower among trans populations, again likely reflecting younger age structures rather than improved health status.
- Overall, findings demonstrate a pattern of concentrated, multi-dimensional disadvantage within trans populations, with particular severity among non-binary and “other” identity groups.



Discussion

Reflections on census findings

Age gradients in LGBT+ status and implications for public health

The 2022 Scottish Census demonstrates a clear age gradient in LGBT+ identification, with substantially higher proportions of younger people reporting minority sexual orientations and trans status or history compared to older age groups. For example, approximately one in eight individuals aged 16–24 identify as LGBT+, compared to markedly lower proportions in older cohorts. A similar gradient is observed in relation to trans status or history.

These demographic patterns indicate a changing population profile in which younger cohorts are more likely to report diverse sexual orientations and gender identities. This is theorised as influenced by multiple factors, including greater societal acceptance and understanding of LGBT+ identities, as well as decriminalisation and removal of discriminatory anti-LGBT+ laws²⁰. Additionally in the transgender community, older people who have lived in their identifying gender for most of their life may no longer identify as trans²¹. Furthermore, although there is a lack of Scotland-specific data, recent Office for National Statistics data^D for England and Wales reveal a 1.3 times higher all-cause mortality risk for LGB+ people compared to heterosexual populations, reflecting a shorter average life expectancy. This finding is highly relevant and has clear implications for public health planning, given the increasing diversity of future population structures.

Patterns of socioeconomic inequality in LGBT+ populations

Alongside these demographic trends, the census data also identifies consistent differences in key socioeconomic indicators. LGBT+ populations have lower rates of home ownership and are more likely to live in private renting or rent-free accommodation. These patterns may reflect forms of 'hidden homelessness' including 'couch surfing' and temporary accommodation which have been found to be more prevalent in the LGBT+ population^{22, 23}. LGBT+ populations also experience higher rates of unemployment and are overrepresented at both the highest and lowest end of the occupational spectrum. Despite this, LGBT+ groups report higher levels of degree-level qualifications compared to the heterosexual population, although slightly lower attainment is observed among those reporting trans status or history.

^D Office for National Statistics. All-cause and cause-specific mortality by sexual orientation, England and Wales: March 2021 to November 2024. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/allcauseandcausespecificmortalitybysexualorientationenglandandwales/march2021tonovember2024>



Taken together, these findings demonstrate that shifts in population composition are occurring alongside distinct patterns in socioeconomic position. For public health, this underscores the importance of routinely incorporating sexual orientation and gender identity within population health surveillance, and to ensure these characteristics are integrated into long-term planning, service design, and workforce development.

LGBT+ identities among racially minoritised groups

Census data indicate higher levels of LGB+ identification and reported trans status or history among racially minoritised populations compared to the “White” population. Approximately one in eight individuals in the “Mixed or multiple ethnic groups” identify as LGB+, with similarly high proportions observed among “Caribbean or Black” populations. Rates of trans status or history are also higher across racially minoritised groups, including a fourfold increase among individuals in the “Mixed or multiple ethnic groups” compared to the “White” population. These findings demonstrate that sexual orientation, gender identity, and ethnicity intersect within Scotland’s population in ways that are not captured or understood through single-category analyses.

LGBT+ populations from racially minoritised groups also face inequalities relating to housing, employment, occupational distribution, and educational attainment²⁴. However, there remains limited UK and Scotland-based research examining inequality at the intersection of race and LGBT-status²⁵. This reinforces the importance of examining these characteristics in combination, rather than in isolation, to capture the full breadth of experiences for different groups within the LGBT+ community. This includes ensuring that data collection, analysis, and service planning account for variation across sexual orientation, gender identity, ethnicity, and socioeconomic position.

Health inequalities among LGBT+ populations

Census data highlights significant health disparities among trans communities in Scotland. Almost half of trans respondents reported a mental health condition, over three times the rate observed among cisgender individuals, alongside higher prevalence of developmental disorders, learning difficulties, disability, and poorer self-rated general health. These findings align with existing evidence of disproportionate health burdens within trans populations. For example, the transgender and non-binary supplementary report from the LGBT+ Health Needs Assessment by NHS Greater Glasgow and Clyde, NHS Lothian, and Public Health Scotland²⁶ found that only 42% of trans and non-binary participants (521 respondents) rated their health as good or very good. Two in five (39%) reported a mental or emotional health problem, 19% a long-term illness, and 18% a physical disability, with nearly half (45%) experiencing at least one of these conditions. Mental health concerns were particularly pronounced, with 72% reporting a mental health problem, 29% identifying with Autism Spectrum Disorder (ASD)/ Autism/Asperger’s, and 21% with Attention-Deficit/ Hyperactivity Disorder. Other commonly reported conditions included respiratory and musculoskeletal problems, chronic pain, and gastrointestinal problems.



Similarly, the Scottish Trans report 2024, based on a survey of 571 trans and non-binary people, found that 67% identified as disabled, though the sample was skewed toward younger age groups compared to the census²⁷. Notably, the census also revealed elevated rates of voice loss or speech difficulty and vision impairment among those identifying as trans or having a trans history – outcomes that are rarely documented in existing literature. These patterns may be linked to the higher prevalence of developmental disorders within this population, given evidence of a tenfold increase in vision impairment among people with learning disabilities²⁸, and established associations between ASD and speech-related difficulties²⁹. This evidence gap underscores the need for further research into the full range of health challenges experienced by trans communities.

From a public health perspective, these findings demand urgent, equity-driven action. This includes investment in trans-inclusive mental health services, proactive measures to reduce stigma and discrimination in healthcare settings, and targeted interventions addressing the higher rates of specific conditions among trans communities. Without decisive action, the inequalities documented here risk deepening over time, perpetuating cycles of disadvantage and exclusion. The census provides a clear mandate for policymakers and service providers to prioritise trans health as a central priority of Scotland's public health strategy.

Concentration of health disadvantage in specific trans identity groups

The census data indicates that health inequalities within trans communities are not evenly distributed. The non-binary and “Other trans status or history” subgroups consistently show the highest prevalence of mental ill-health, disability, and developmental/learning conditions, while trans women report the poorest general health alongside elevated rates of vision impairment. These patterns suggest a concentration of multiple, overlapping health burdens in particular subgroups, with clear implications for tailored service design and resource allocation.

The consistently high prevalence observed within “Other trans status or history” and “Trans status not otherwise specified” groups warrant careful interpretation. These categories may encompass diverse identities and trajectories (e.g., people in transition, non-disclosure or fluid identity), and their elevated rates across multiple indicators may reflect complex and intersecting barriers to care and disclosure. Service planners should consider flexible, inclusive and affirming approaches that recognise and accommodate identities that do not map neatly onto binary classifications.

Addressing these disparities requires more than disaggregated data; it necessitates meaningful engagement with the communities most affected. Service providers should prioritise direct, sustained dialogue with diverse trans groups to better understand the specific social, structural and interpersonal factors shaping their experiences of health and care. Such engagement can help ensure that services are not only inclusive in principle, but responsive in practice to the needs of those whose identities and pathways may not be fully captured within standard categories. Embedding co-production approaches within service design may further support the development of equitable, accessible and culturally competent provision.



Implications of the census findings for public health and service reform policies

Public health, at its core, is a profession concerned with improving and protecting the health of entire populations. This necessitates not only technical expertise, but a sustained commitment to cultural humility: an openness to understanding the diversity of human experience and the ways in which social position, identity and structural inequalities shape health outcomes.

Public Health Scotland's strategy *Together We Can*^E sets out a vision of a Scotland where “everybody thrives”, with a central focus on reducing inequalities, improving life expectancy and ensuring fair access to high-quality care. Similarly, the Scottish Government's Population Health Framework emphasises the importance of addressing the social, economic and environmental determinants of health through a whole-system, prevention-oriented approach, while the Scottish Government's Public Service Reform Strategy^F highlights prevention, joined-up services and efficiency as core pillars of reform.

Taken together, these frameworks provide a strong and coherent foundation for addressing LGBT+ health inequalities. The evidence presented in this report indicates that explicitly recognising LGBT+ populations within this strategic landscape would not require a departure from existing ambitions but instead would strengthen their delivery and enhance effective implementation.

LGBT+ health as a contemporary social determinant and prevention priority

A key insight emerging from this report and our 2024 evidence review, is that LGBT+ status functions as an important contemporary social determinant of health. Experiences of stigma, discrimination, minority stress and barriers to inclusive services shape health outcomes in ways that intersect with established determinants including poverty, ethnicity, housing and employment.

This aligns directly with the Population Health Framework's emphasis on the conditions in which people live, work and interact as fundamental drivers of health outcomes. Public Health Scotland's strategy similarly identifies social and economic factors, places and communities,

^E Public Health Scotland publishes new 10-year strategy: *Together We Can* <https://publichealthscotland.scot/news/2026/january/public-health-scotland-publishes-new-10-year-strategy-together-we-can/>

^F Scotland's Public Service Reform Strategy: *Delivering for Scotland* <https://www.gov.scot/publications/scotlands-public-service-reform-strategy-delivering-scotland/>



and equitable access to care as core drivers of action. Within this context, more explicit inclusion of LGBT+ populations within prevention-focused approaches would strengthen the system's capacity to identify and mitigate upstream drivers of ill health, contributing to improved population health outcomes while supporting the long-term sustainability of services.

Public service reform: prevention, integration and efficiency

The Scottish Government's Public Service Reform Strategy places strong emphasis on prevention, joined-up services and efficiency stating that services should be "accessible, trusted, good quality and meet the needs of people across Scotland". Similarly, Public Health Scotland's strategy includes "equitable access to health and care" as one of its five core drivers of action. The findings of this report indicate that, for many LGBT+ individuals, particularly trans people, these ambitions are not yet fully realised in practice. Barriers to access, concerns about stigma, and variable experiences of inclusivity within services can limit both engagement and outcomes^G. Addressing these challenges does not necessarily require the creation of new service structures, but rather a strengthening and more consistent implementation of existing commitments to person-centred, inclusive care.

From this perspective, addressing LGBT+ health inequalities is not only an equity issue, but also a matter of system sustainability and efficiency. LGBT+ health inequalities, particularly in mental health, represent areas where earlier intervention and more inclusive service design could reduce demand for more intensive and costly services later.

Whole-system responsibility and joined-up working

A recurring theme across the Public Service Reform Strategy, Population Health Framework and Together We Can policy documents is the need for whole-system collaboration and shared responsibility for improving outcomes. The Public Service Reform Strategy explicitly highlights that complex challenges cannot be addressed in silos and require integrated, partnership-based approaches. Public Health Scotland similarly emphasises the importance of collaboration across national and local systems.

The findings of this report reinforce the relevance of this approach. LGBT+ health inequalities are not confined to a single sector or service, but manifest across multiple domains, including healthcare, education, employment and community life. Addressing these inequalities

^G Examining the social determinants of LGBT+ health and wellbeing: A scoping review of evidence, unmet health needs, and policy recommendations. GCPH, LGBT Health and Wellbeing; 2024. <https://www.gcph.co.uk/latest/publications/1174-examining-the-social-determinants-of-lgbt-health-and-wellbeing>



therefore requires coordinated system-wide action. Effective partnership working should also recognise existing LGBT+ equality expertise, proactively engaging with LGBT+ advocacy organisations and academic partners to inform and strengthen responses.

There is, however, scope to strengthen the visibility of LGBT+ populations within this whole-system framing, particularly within Scottish Government strategies. While both the Population Health Framework and the Public Service Reform Strategy articulate strong commitments to reducing inequality and supporting disadvantaged groups, explicit reference to LGBT+ populations is limited. Greater visibility and recognition of LGBT+ status as a social determinant of health within these frameworks, would support more consistent consideration of LGBT+ needs within policy development, service design and delivery.

Importantly, this is not about creating parallel systems or standalone initiatives, but about ensuring that LGBT+ populations are systematically included within existing structures for policy, planning, delivery and evaluation.



What this study adds

This study represents the first national-level analysis of LGBT+ health and wellbeing using Scotland's 2022 Census – the first census to include questions on sexual orientation and trans status or history. The inclusion of these questions, developed through careful consultation with LGBT+ community members, marks a historic step forward in equitable data collection. The census provides unparalleled population coverage, completeness, and representativeness exceeding what is achievable through surveys or administrative datasets.

By drawing on the census – a near-universal count of Scotland's population – this study delivers a robust, reliable description of LGBT+ demographics and reported health across all ages, ethnicities, and regions. This is a transformative moment for public health in Scotland, inequalities that were previously inferred from small samples can now be quantified at national scale, ensuring that LGBT+ people are no longer invisible in the country's core demographic and health monitoring systems.

The analysis also demonstrates the unique strengths of census data in examining health inequalities. Census responses offer systematically collected, and comprehensive information, reducing sampling bias and enabling meaningful comparisons between LGBT+ and heterosexual cisgender populations. The accuracy and breadth of this data make it possible to detect gradients of inequality, intersectional differences, and patterns across life stages with clarity not previously achievable. In doing so, this study fills a longstanding evidence gap and provides an empirical foundation for understanding the cumulative impact of discrimination, social disadvantage, and minority stress on LGBT+ health and wellbeing.

Finally, this work exemplifies the value of combining methodological rigor with lived experience and community insight. The collaboration between GCPH public health specialists and LGBT Health and Wellbeing – a national equalities charity with deep expertise, compassion, and trust within LGBT+ communities – ensures that the findings are not only analytically robust but contextually grounded, person-centred, and rooted in respect and dignity.

This collaborative approach enables the study to move beyond description, generating practical and actionable recommendations informed by both scientific evidence and the lived realities of those most affected by inequality. By clearly identifying unmet needs and clear health disparities, this analysis provides policymakers, practitioners, and community organisations with a powerful evidence base to support the development of targeted, equitable interventions, advancing Scotland's ambition to create a healthier and fairer society in which LGBT+ people can thrive.



Limitations

Census data may not reflect the complete accuracy of LGBT+ identifying individuals in the country. Fears around personal identification and stigma may prevent LGBT+ people from disclosing their identity. This under-reporting may be more pronounced among certain population groups, including older individuals who lived through period of criminalisation of homosexuality in Scotland, and migrants from countries where homosexuality remains illegal.

In addition, categories of LGBT+ identities used within the census may not always reflect or align with how individuals personally understand or describe their identity. Some people may not identify with fixed labels or may prefer more fluid conceptions of sexual orientation and gender identity. While these identity classifications are important for data monitoring, they can also be restrictive and risk marginalising those whose identities do not fit neatly into predefined categories³⁰. Census data can also under-represent some of the most marginalised groups, including people experiencing homelessness, undocumented migrants and those living in complex housing situations^H.

Furthermore, due to the small proportions of certain LGBT+ identities in national and local datasets, Census Table Builder software features a random adjustment of small datasets to avoid identification.

There are also limitations to self-reported health status indicators, due to biases like social desirability and variations in self-assessment of health depending on socio-cultural factors and how survey questions are posed. As a result, this can lead to potential inaccuracies compared to objective measures such as diagnosed conditions and observed health outcomes. For example, the census asks individuals to select if they have a disability and to select from a predefined list of specific long term health conditions including developmental disorders and learning difficulties – as these are not defined within questionnaires, responses may not accurately capture those with related conditions who may not self-identify with broader categories of such conditions. While self-reported measures are useful for monitoring overall population-level wellbeing, they do not replace clinical examination and may underestimate the true burden of disease.

^H UK Statistics Authority. Inclusive Data Taskforce recommendations report: leaving no one behind – how can we be more inclusive in our data? <https://uksa.statisticsauthority.gov.uk/publication/inclusive-data-taskforce-recommendations-report-leaving-no-one-behind-how-can-we-be-more-inclusive-in-our-data/>



Recommendations

The findings of this report demonstrate that LGBT+ populations in Scotland experience a distinct and, in many cases, disproportionate burden of health and wellbeing challenges, particularly in relation to mental health. These inequalities are likely driven by reduced access to services and experiences of discrimination. These patterns observed are most pronounced among trans people and those with trans history, for whom inequalities appear both wider in scale and more deeply entrenched.

The findings of this report provide a valuable evidence base to support the role of key stakeholders who play a distinct and critical role within the landscape of public health evidence and intelligence. Together, these findings and the following recommendations represent tangible actions toward equity for the most vulnerable groups in the LGBT+ population that align with public health priorities from key Public Health Scotland and Scottish Government strategies.

1. Develop Scotland's first LGBT+ Equality Action Plan

In line with the UK Government Equalities Office LGBT Action Plan published in 2018¹, the Scottish Government should publish a plan on how LGBT+ equalities will be considered in policymaking and across socioeconomic, health and social care domains. Particular attention should be given to areas where inequalities are more pronounced for LGBT+ groups including housing, employment and mental health. The plans should articulate a whole-systems approach to tackling stigma and discrimination, bringing together stakeholders, to address the drivers of minority stress and barriers to full participation in society.

Development and delivery of this plan should be undertaken in partnership with experts in LGBT+ equality, the third sector and people with lived expertise. It should set out targeted intervention and measurable actions to reduce LGBT+ inequalities in Scotland, particularly for trans, non-binary, bisexual and "Other" sexual orientation groups.

¹ Government Equalities Office. LGBT Action Plan 2018: Improving the lives of Lesbian, Gay, Bisexual and Transgender people. <https://assets.publishing.service.gov.uk/media/5b39e91ee5274a0bbef01fd5/GEO-LGBT-Action-Plan.pdf>



2. LGBT+ status to be formally recognised as a social determinant of health, and addressing LGBT+ health inequalities should become a priority within public health policy development

Within public health strategies, LGBT+ status should be formally recognised as a social determinant of health in the way that other social factors such as gender, ethnicity, age and income are recognised. This recognition would promote the identification of LGBT+ specific barriers to care, risk of exposure to certain conditions, disease outcomes and the tackling of inequities leading to poorer health outcomes and vulnerabilities for LGBT+ groups.

To support the identification and monitoring of LGBT+ inequalities a “LGBT+ Health Monitor/Explorer” which combines census data with health outcomes data, should be developed. As has been recently made available in England and Wales, LGBT+-specific data should be included in mortality and morbidity rates in Scotland for the ability to track long term progress and to identify, understand, and address significant health inequalities that may be hidden within general population statistics.

3. Targeted mental health service equity for LGBT+ communities, particularly trans and non-binary communities

Due to the significantly higher prevalence of mental health issues for LGBT+ communities, targeted intervention and ring-fenced equalities funding for community mental health support for LGBT+ groups should be allocated within the next iteration of the Mental Health and Wellbeing Strategy Delivery and Action Plan. This should be co-developed and commissioned with third-sector partners (e.g. counselling, peer support, prevention) with explicit anti-stigma, anti-racist, neurodiversity and minority stress-informed practice.

Trauma-informed, LGBT+-affirming mental health and wellbeing training should be provided for all primary care, Child and Adolescent Mental Health Service, Adult Mental Health and crisis teams, aligning with the Mental Health and Wellbeing Strategy’s Workforce commitments.

4. Prioritise research on neurodiversity within LGBT+ populations, particularly trans communities

The elevated prevalence of developmental disorders and learning difficulties identified in this analysis highlights an important evidence gap requiring



further research within UK LGBT+ populations, particularly among trans and gender-diverse groups. At present, limited population-level evidence exists on how the intersection of neurodiversity, sexual orientation and gender identity shapes patterns of health inequality, access to care and longer-term health and social outcomes.

Future research should include secure linkage of census data with health outcomes and service-use datasets to better understand how these overlapping characteristics influence mental health, physical health, healthcare access and broader socioeconomic inequalities, such as in employment, over time. Qualitative and lived-experience research with neurodivergent LGBT+ people, particularly trans communities, would also provide vital insight into how health and care services can become more inclusive, affirming and responsive to diverse needs.

5. Position intersectionality at the forefront of policy development and equalities impact assessments

The LGBT+ community encompasses a wide range of identities and lived experiences, making it essential to recognise and respond to the distinct needs of different groups. To ensure that those most affected by inequalities are not left behind, considerations for intersectional practice should be embedded across services and policy domains.

Scottish Government, public bodies and NHS Boards should adopt Equalities and Human Rights Impact Assessments (EqHRIA) that are intersectional to align with the Population Health Framework's whole-system prevention priority.

Public Health Scotland, Health Boards and academic partners should work closely with communities to develop intersectional engagement and research to gain a greater understanding of the interconnected issues faced by different groups within the LGBT+ community, specifically looking at LGBT+ older people and LGBT+ people from racially minoritised backgrounds.

Such research should highlight areas of LGBT+ inequality requiring specific attention, identify variation in outcomes across different LGBT+ groups and provide a foundation for more targeted LGBT+ analysis and intervention with the aim to improve the ability of services to respond to diverse LGBT+ needs within local populations.



Conclusion

The findings of this report underscore the importance of recognising LGBT+ populations within Scotland's public health and policy landscape; not as an adjunct or afterthought, but as an integral part of the population whose health and wellbeing public health exists to protect. The findings also demonstrate that LGBT+ health inequalities are both significant and actionable, and that addressing them is fully aligned with the ambitions set out in Scotland's key public health and public service reform strategic frameworks.

The enduring strength of LGBT+ communities is reflected in a rich history of courage, solidarity and collective action – from the defiance and unity of the Stonewall riots to the ongoing pursuit of dignity, recognition and equality today. These moments are not only milestones of resistance, but powerful expressions of community, identity and hope. They remind us that progress is built together – through persistence, care and an unwavering belief in a fairer and more inclusive society.

This collective endeavour closely aligns with the ambitions set out across Scotland's key policy landscape: the Public Health Scotland Strategic Plan's focus on reducing inequalities through evidence and partnership; the Scottish Government Public Service Reform agenda's commitment to prevention, collaboration and people-centred systems; and Scotland's Population Health Framework's emphasis on equity, early intervention and addressing the wider determinants of health. Together, these shared priorities reinforce that advancing LGBT+ health is not a peripheral issue, but central to delivering on Scotland's vision for a fairer, healthier nation, one where the values of inclusion, dignity and collective responsibility are not only acknowledged, but fully realised.

At the same time, this census analysis makes clear that addressing LGBT+ health inequalities is not only about responding to the past and present disadvantage, but about preparing for the future. The markedly higher proportions of LGBT+ identification among younger people, including around one in eight young adults identifying as LGB+, signal a generational shift in how identity is understood and expressed. This is not a marginal trend, but a fundamental change in the composition of the population. Public health systems that do not meaningfully incorporate LGBT+ populations within their frameworks risk becoming increasingly disconnected with the realities of the communities they serve, ultimately limiting their effectiveness, relevance and legitimacy for future generations.

More explicit inclusion of LGBT+ populations within existing approaches to prevention, equity and service reform does not require a new strategic direction, but a deepening of existing commitments. It calls for moving beyond broad statements of inclusion towards deliberate, evidence-informed action that meaningfully involves LGBT+ people and reflects the realities of their lives, both now and in the decades ahead. Doing so would strengthen the delivery of Scotland's strategic frameworks, enhance the responsiveness of public services, and support a more effective and equitable use of resources.

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