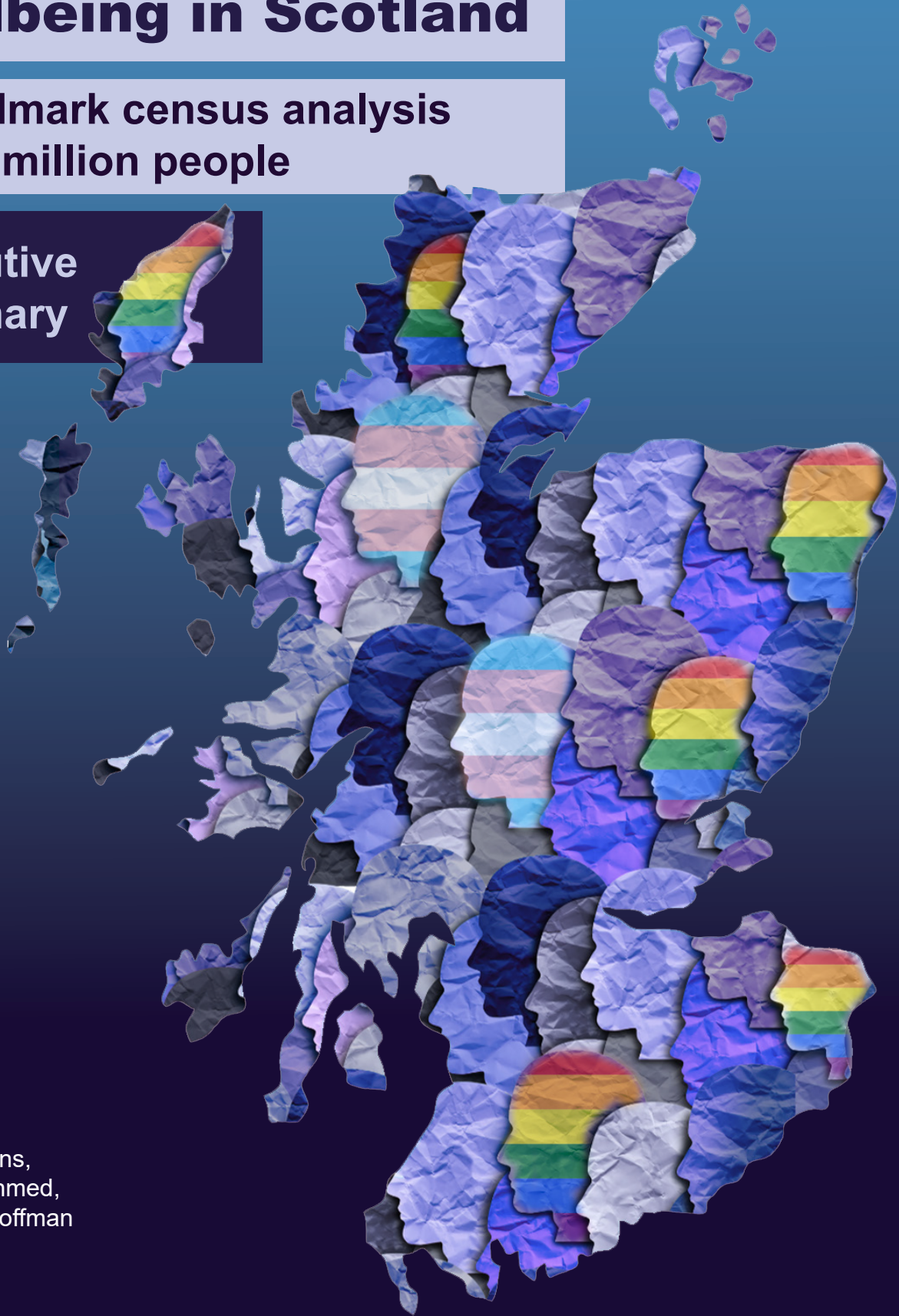


# LGBT+ Health and Wellbeing in Scotland

A landmark census analysis of 5.4 million people

Executive summary



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# 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.

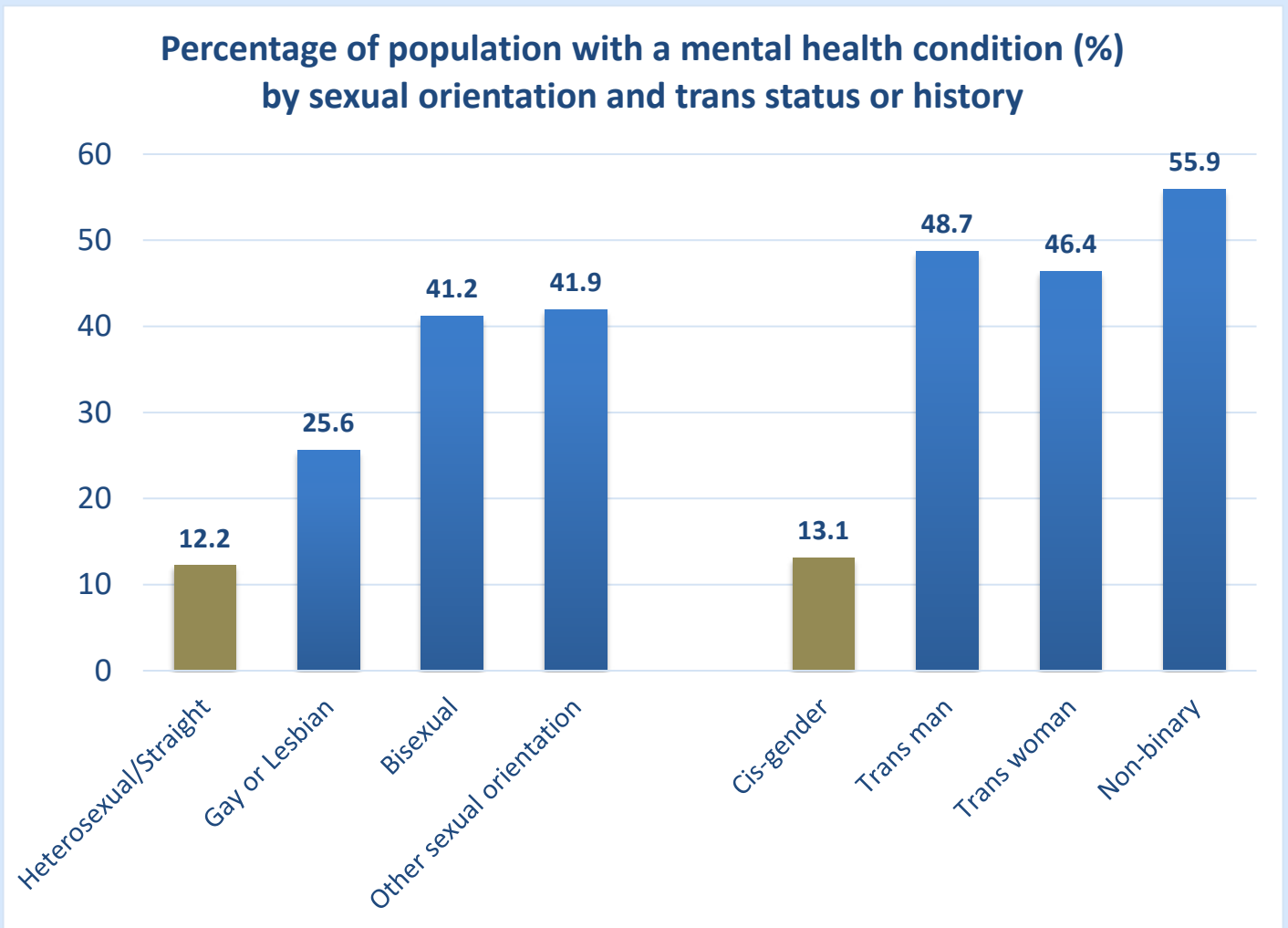
Importantly, these inequalities are not evenly distributed within trans populations. Non-binary individuals and those identifying as “Other trans status or history” consistently experience the highest levels of disadvantage across multiple indicators, indicating a concentration of overlapping health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

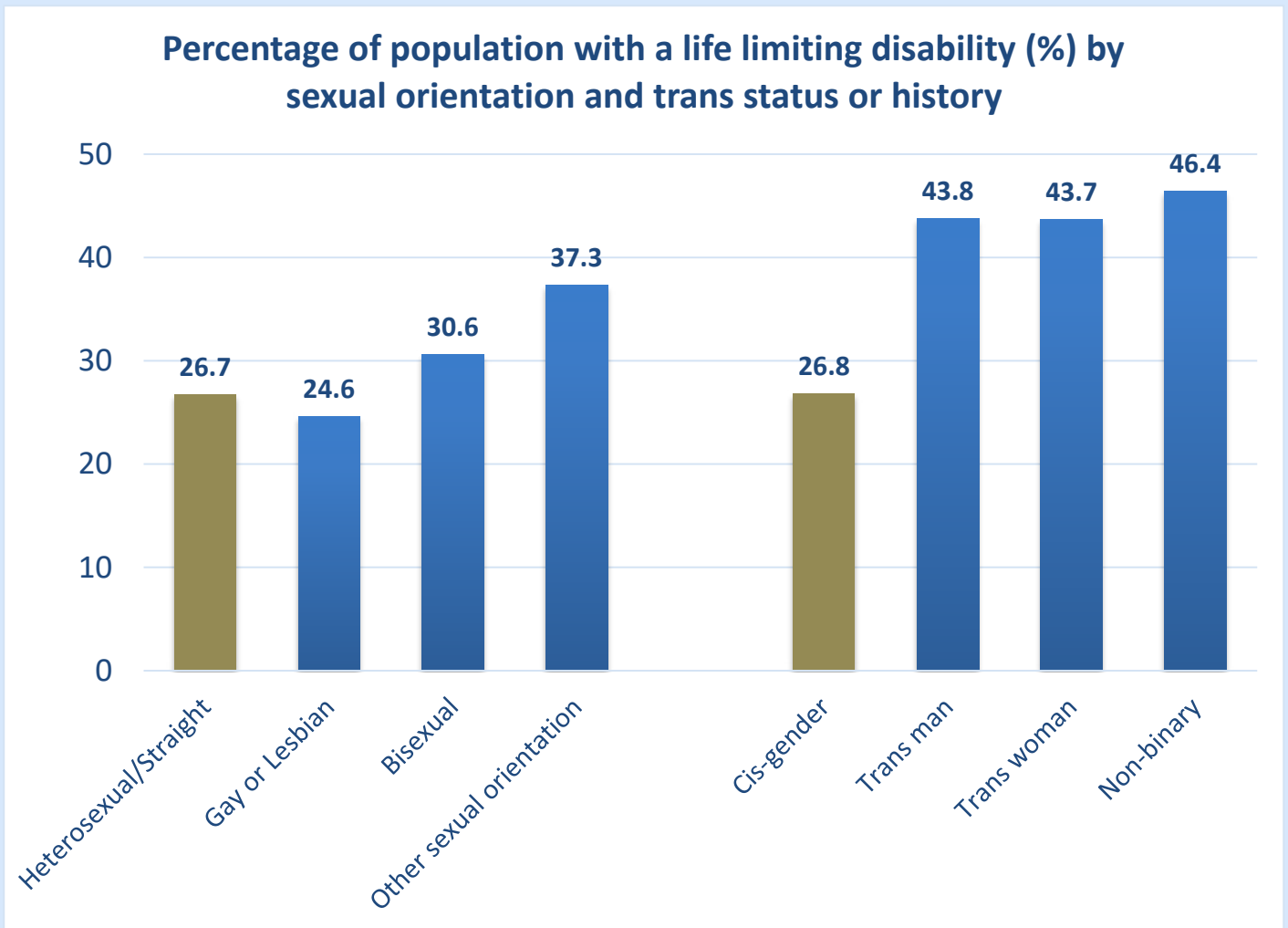
Sections 2 and 3 consider health and wellbeing markers among sexual and gender minority individuals separately and in detail. However, to summarise some key findings, Figure 1 (below) combines data from sections 2 and 3, detailing one of the starkest areas of health inequalities found; the population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



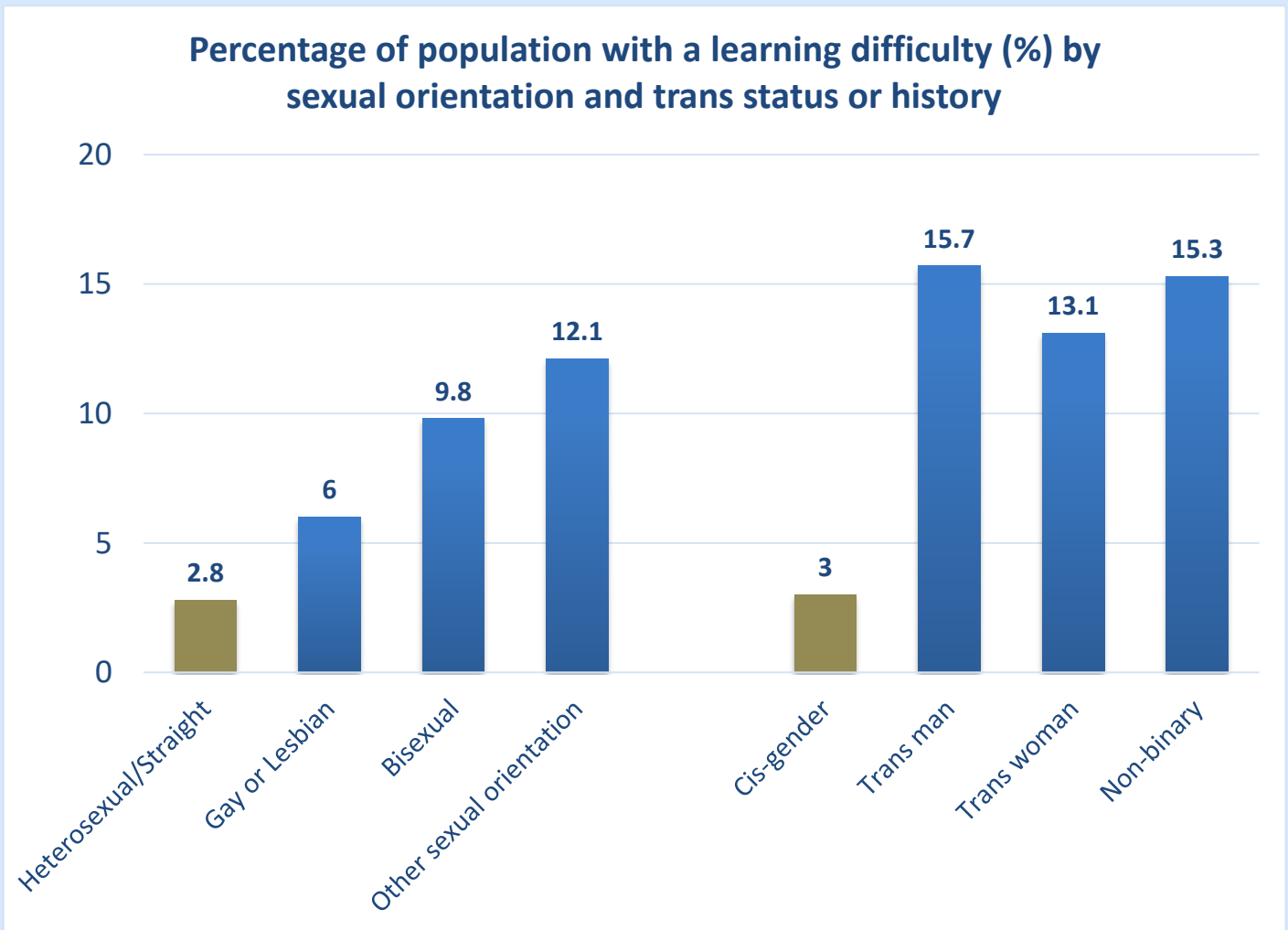
Similarly, to summarise some key findings, Figure 2 (below) combines data from sections 2 and 3, detailing a further area of stark health inequalities identified; the population rates of life-limiting disability (%) by sexual orientation and trans status or history.

**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/cis-gender 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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