

people transition socially without contact with a GIC, and others self-medicate with hormone therapy bought online.

Psychiatry and psychiatrists often have a poor reputation among sexual minority groups, for very understandable historical reasons. To overcome this, we need to provide genuinely inclusive care – which starts with knowledge and understanding.

- 1 Meader N, Chan MKY. Sexual orientation and suicidal behaviour in young people. *Br J Psychiatry* 2017; **211**: 63–4.
- 2 Miranda-Mendizábal A, Castellví P, Parés-Badell O, Almenara J, Alonso I, Blasco MJ, et al. Sexual orientation and suicidal behaviour in adolescents and young adults: systematic review and meta-analysis. *Br J Psychiatry* 2017; **211**: 77–87.
- 3 Olson KR, Durwood L, DeMeules M, McLaughlin KA. Mental health of transgender children who are supported in their identities. *Pediatrics* 2016; **137**: e20153223.

Margaret I. White, Core Psychiatry Trainee, NHS Lothian. Email: margaret.x.white@nhslothian.scot.nhs.uk

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Authors' reply: We thank Margaret White for responding to our editorial¹ and would like to take this opportunity to respond to some of the points she makes. First, she argues that we conflated gender identity and sexual orientation and treated LGBT youth as a 'monolithic entity'. We agree that LGBT young people are not a 'monolithic entity'. We stated clearly that we think it is important to understand the experiences of LGBT young people and to identify where risks for engaging in suicidal behaviour differ between groups. We also gave brief illustrative examples of why risk factors may vary between groups.

On the basis of the findings of the Miranda-Mendizábal review² we stated there was insufficient data to draw firm conclusions on differences in risk of suicidal behaviour among LGB young people. In addition, the Miranda-Mendizábal review did not assess risk factors in transgender young people and therefore we could not draw conclusions from that study on differences in risk factors experienced by transgender young people and other populations. However, it is important to clarify that this does not imply that we think LGBT young people constitute a monolithic entity or that we are conflating sexual orientation with gender identity.

Second, White provides two examples that she considers reflects a conflation of gender identity and sexual orientation. We are sorry for any misunderstanding and acknowledge that wording could have been more precise.

Reading the first paragraph of the background section in context, we thought it was clear that we were not suggesting transgender young people cannot be heterosexual. Reading the two sentences that immediately follow the first sentence cited by White makes clear that the comparative data we refer to are between LGB and heterosexual young people. The data on suicidality in LGBT groups that we cited is non-comparative data.

White is correct there are two toolkits developed by Public Health England and the Royal College of Nursing that are presented together on the same web page as guidance on 'Preventing suicide: lesbian, gay, bisexual and trans young people' (www.gov.uk/government/publications/preventing-suicide-lesbian-gay-and-bisexual-young-people). We're sorry for any misunderstanding caused by the article inadvertently using the singular 'a toolkit'.

Third, as regards risk factors for transgender youth, we agree that there are a number of potential factors that may have an impact on risk of suicidality in transgender young people. When read in context as a suggestion for further research on risk factors

for suicidal behaviour in transgender populations, we thought it was clear that we were citing higher rates of stigma as an illustrative example and not intending to provide a comprehensive list of risk or protective factors, as that would be pre-empting what emerges from future research.

- 1 Meader N, Chan MKY. Sexual orientation and suicidal behaviour in young people. *Br J Psychiatry* 2017; **211**: 63–4.
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Nick Meader, MSc, PhD, Centre for Reviews and Dissemination, University of York, York, UK; **Melissa K. Y. Chan**, MSc, University of Hong Kong, Hong Kong. Email: nick.meader@york.ac.uk

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Authors' reply: We thank Meader & Chan¹ for their appreciation that our review updated and refined the evidence on risk of suicidal behaviour in LGB youth. We concur with these authors that there is a lack of research about suicidal behaviour among the LGBT population. Moreover, we firmly believe that there is a need for identifying specific risk and protective factors of suicidal behaviour in this population, especially among transgender people, for better prevention. Although some factors may be common for the whole LGBT population, it is likely that different mechanisms may be operating. Longitudinal assessment of mediators such as victimisation, stigmatisation and discrimination might help to identify causal pathways for suicidal behaviours, specifically regarding sexual orientation and gender identity.²

We agree with White that it is important to distinguish between gender identity and sexual orientation. Considering LGBT as a monolithic identity may not be adequate since sexual orientation is a multidimensional concept referring to an enduring pattern of emotional, romantic and/or sexual attraction to males, females or both genders,³ whereas gender identity is one's own sense or conviction of maleness or femaleness.⁴ Therefore, homosexuality or heterosexuality must be understood only as forms of sexual expression, whereas transgenderism corresponds to gender identification. Sexual orientation and gender identity ought to be measured in a homogeneous way, preferably using the same definition by expert consensus, to allow comparisons between studies.²

Owing to the relatively small number of observations, many research studies assessing health problems among minorities are forced to consider different population groups as a single category. The LGBT population is a clear example of this is. As a previous study showed, individuals see the importance of giving health providers information about their gender identity rather than just their sexual orientation.⁵ Given the underrepresentation of transgender patients in healthcare and the general population, it is crucial to include LGBT education for healthcare providers, and to provide a safe environment for LGBT individuals. These results can be a starting point for a more specific assessment of the health disparities among the LGBT population, considering that factors may affect these individuals in diverse ways.

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