

英国初级保健中与性别相关的自我报告心理健康不平等： 使用全科医生患者调查进行的横断面分析

Gender-related self-reported mental health inequalities in primary care in England: a cross-sectional analysis using the GP Patient Survey

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【摘要】背景: 跨性别者、非二元性别者和性别多元化人士在获得医疗保健方面面临着歧视和障碍。现有证据表明, 与二元性别和顺性别群体相比, 这些群体的心理健康问题发生率更高。然而, 由于健康记录和调查中性别记录不善, 信息受到限制。我们的目标是对英国 15 个性别群体自我报告的心理健康状况和心理健康支持方面与性别相关的不平等进行首次全国性估计。**方法:** 我们对 2021 年和 2022 年全国代表性横截面英语全科医生进行了 (GP) 患者调查, 并使用年龄调整的逻辑回归来预测两种结果的概率: 第一, 自我报告心理健康状况, 第二, 自我报告未满足的心理健康需求。我们报告了 15 个暴露群体的结果: 五个性别群体 (女性、男性、非二元性别、喜欢自我描述、不愿意说)、三个顺性别或跨性别身份群体 (顺性别、跨性别或不愿意说)。我们通过添加协变量来探索潜在的中介作用。**发现:** 在估计样本的 1520457 名受访者中, 861017 名 (51.4%) 为女性, 645300 名 (47.4%) 为男性, 2600 名 (0.3%) 为非二元性别, 2277 名 (0.2%) 为自我性别者描述了他们的性别, 9263 (0.7%) 不愿意透露他们的性别。1499852 (98.3%) 受访者为顺性别, 7994 (0.7%) 为跨性别, 12611(1.0%) 不愿透露自己的顺性别或跨性别身份。我们发现, 自我报告心理健康状况的概率存在广泛的性别相关不平等, 其中跨性别者 (47.21% [95% CI 42.86–51.60]) 或不喜欢的非二元性别患者的可能性最高。说出自己的顺性别或跨性别身份 (32.90% [26.50–40.00]), 以及自我描述性别的跨性别患者 (35.03% [27.39–43.53])。除每个病例中的非二元患者外, 顺性别患者组中的概率最低 (男性为 8.80% [8.69–8.92], 女性为 11.97% [11.86–12.07]) 和不愿说出自己的情况的患者顺性别或跨性别身份 (范围从女性 7.15% [6.06–8.42] 到更喜欢自我描述的 10.37% [7.13–14.86])。其他健康

状况和社会经济因素的不平等可能会调节其中一些不平等。顺性别男性(15.55% [15.33–15.76]) 和女性 (15.93% [15.76–16.10]) 患者自我报告的未满足心理健康需求的概率最低, 且概率增加在所有其他群体中。跨性别男性患者的这一比例为 19.95% (17.57–22.57), 而不愿透露性别或顺性别的患者则为 28.64% (26.23–31.17) 或跨性别身份。与医疗保健专业人员互动中的不平等可能会调解大部分不平等。**解释:** 结合现有证据, 我们的研究表明, 英国自我报告的心理健康结果存在巨大的性别相关不平等。鉴于存在自我报告的未满足的心理健康需求, 我们建议需要更好的医疗保健系统包容性和医疗保健专业培训, 同时更广泛地改善跨性别者、非二元性别者和性别多元化人群的社会和法律环境。

[Abstract] Background: Transgender, non-binary, and gender diverse people face discrimination and barriers to accessing health care. Existing evidence suggests higher rates of mental health conditions among these groups compared with binary and cisgender groups. However, information is limited by poor gender recording in health records and surveys. We aimed to provide the first national estimates of gender-related inequalities in self-reported mental health conditions and mental health support across 15 gender groups in England. **Methods:** We used changes to the 2021 and 2022 nationally representative cross-sectional English General Practitioner (GP) Patient Surveys and used age-adjusted logistic regression to predict probabilities of two outcomes: first, self-reporting a mental health condition and second, self-reporting unmet mental health needs. We report results for 15 exposure groups: five gender groups (female, male, non-binary, prefer to self-describe, and prefer not to say), within three cisgender or transgender identity groups (cisgender, transgender, or prefer not to say). We explored potential mediation by adding covariates. **Findings:** Of the 1520457 respondents in the estimation sample, 861017 (51.4%) were female, 645300 (47.4%) were male, 2600 (0.3%) were non-binary, 2277 (0.2%) self-described their gender, and 9263 (0.7%) preferred not to state their gender. 1 499852 (98.3%) respondents were cisgender, 7994 (0.7%) were transgender, and 12611 (1.0%) preferred not to say their cisgender or transgender identity. We found

wide gender-related inequalities in the probability of self-reporting a mental health condition, with the highest probabilities among non-binary patients who were transgender (47.21% [95% CI 42.86–51.60]) or preferred not to say their cisgender or transgender identity (32.90% [26.50–40.00]), and among transgender patients who self-described their gender (35.03% [27.39–43.53]). With the exception of non-binary patients in each case, probabilities were lowest among cisgender patient groups (ranging from male at 8.80% [8.69–8.92] to female at 11.97% [11.86–12.07]) and patients who preferred not to say their cisgender or transgender identity (ranging from female 7.15% [6.06–8.42] to prefer to self-describe 10.37% [7.13–14.86]). Inequalities in other health conditions and socioeconomic factors might mediate some of these inequalities. Probabilities of self-reported unmet mental health needs were lowest among cisgender male (15.55% [15.33–15.76]) and female (15.93% [15.76–16.10]) patients with increased probabilities among all other groups, ranging from 19.95% (17.57–22.57) in transgender male patients to 28.64% (26.23–31.17) among patients who preferred not to say their gender or their cisgender or transgender identity. Inequalities in interactions with healthcare professionals may mediate much of these inequalities. **Interpretation:** Together with existing evidence, our findings showed large gender-related inequalities in self-reported mental health outcomes in England. Given the existence of self-reported unmet mental health needs, we suggest that better health care system inclusivity and health-care professional training are needed, alongside broader improvements in the social and legal environment for transgender, non-binary, and gender diverse people.

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