

Dimensions of inequality for lesbian, gay, bisexual and transgender people in the South West



**Pride, Progress and
Transformation**

Health and Wellbeing

January 2012



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Health and well being

Preface to the report

This survey was designed by the South West Lesbian, Gay, Bisexual (LGB) and Transgender (Trans) Equality Networks, supported by Equality South West (ESW).

The purpose of the survey was to identify the real issues for LGB and Trans people living, working and visiting the South West region. Its planning and launch coincided with the final stages of the drafting of the Equality Act, 2010. This harmonised the Public Sector Equality Duties, which had previously applied to disability, gender and race, and extended a new single duty to include LGB and Trans people.

The report has taken very much longer to appear than was envisaged when the survey was first launched. Like so many other organisations in the public and voluntary sector, Equality South West has been profoundly affected by the economic climate and the public spending cuts.

The survey sponsored by goodwill donations from: Dorset County Council, East Dorset, West Dorset, Sedgemoor, and Teignbridge District Councils, UNISON South West, and the Rivers of Life church, Dorset.

We also had early support with qualitative data analysis from Poole Council. We are extremely grateful for theirs and for our sponsors' support and interest.

The analysis and report writing was nevertheless substantially funded by Equality South West through Big Lottery BASIS project funding, and from reserves.

Above all we extend our sincere thanks to all those who participated in the survey for the time and trouble taken to record their thoughtful, honest, often moving responses, as well as the uplifting, inspiring and humorous observations. An additional thank you is due to you for your patience, and that of our survey advisory group, during the long enforced delay.

An overarching message from this survey is the need for all public bodies to ensure that they are fully engaged with and implementing the provisions of the Equality Act 2010.

This means ensuring that the services they provide directly, and those that they commission or outsource to organisations to deliver on their behalf in the voluntary or private sector, are delivering on the spirit as well as the letter of Public Sector Equality Duty.

Background: how we approached the research

In the autumn of 2009 the South West Lesbian, Gay and Bisexual Equality Network, and the South West Transgender Equality Network, supported by Equality South West, decided to work together to undertake a survey to investigate a range of issues affecting lesbian, gay, bisexual and transgender (LGB and Trans) people who live in or are visitors to the South West Region.

An advisory group was formed of volunteer representatives from both networks, supported by three Equality Development Officers (EDOs). The Steering Group agreed to use the 'Ten Dimensions of Equality', developed for the Equality and Human Rights Commission's Equality Measurement Framework (EMF), as a basis for the topic areas to be covered.

The EMF was primarily designed as a framework for gathering equality statistics that would form the basis of the EHRC's triennial review of equality at a national level across each of the equality strands (or protected characteristics under the 2010 Equality Act)¹. The Discrimination Law Review recommended that the EMF should be used by public bodies at local level as the tool by which they should measure and monitor equality across all strands and across each of the ten dimensions within their own catchment areas.

In developing the EMF, the EHRC and the Government Equality Office recognise that the statistical evidence available to them with regard to lesbian, gay, bisexual and transgender people across key areas of their lives and experiences is sparse in comparison to most other equality groups. Data are even less available or reliable at local level, and what data there are need to be supplemented by experiential, qualitative evidence.

The advisory group members were particularly concerned to ensure that, as far as possible, issues affecting the 'sub groups' that make up the 'LGB and Trans group' should be identified in the final report. They also wanted the term 'LGB and Trans' to be used in order to underline the fact that there are fundamentally different issues relating to sexual and gender identities. The group agreed to include specific questions which were considered to be consistent with the aims of the survey and which some of its sponsors wanted incorporated into the questionnaire.

¹ The first of these reports 'How Fair is Britain?' was published in late 2010. The full report and a summary can be found on the EHRC website <http://www.equalityhumanrights.com/key-projects/how-fair-is-britain/>

The 'identity groups' provided on the questionnaire were included on the advice of the survey's LGB and Trans advisory group. GIRES were also consulted, and kindly provided useful comments on this. Nevertheless, not everyone was able to fit themselves into these groups and some contributors provided highly individual responses under the 'other' option.

The questionnaire was drafted and redrafted following initial feedback from the advisory group. It was then piloted by colleagues in ten partner organisations to test for 'usability'. Nevertheless, when it came to analysing the data that resulted, difficulties emerged in gathering all the detail hoped for.

Once responses began to arrive it became evident that the questionnaire took longer to complete than some contributors were able to commit. We also learned of a number of technical snags that arose for some people who completed the online version of the questionnaire².

Some contributors were not convinced of the value of the detailed profile that it sought from its contributors. The rationale behind these questions was a recognition that people's sexual and transgender identities are part of a much wider set of characteristics that lesbian, gay, bisexual and transgender (LGB and Trans) people possess. Self-evidently, LGB and Trans people's experiences are shaped by society's responses to their race, sex, disabilities, age and religious or other beliefs. In addition, Professor John Hills' ground breaking report³, published in early 2010, clearly showed that socio-economic status is a key determinant of people's quality of life and life chances, which applies across all the 'protected characteristics' covered by the 2010 Equality Act. Published almost simultaneously was a report by Professor Michael Marmot that identified future trends in health and their relationship to socio-economic status.⁴ The profile data that contributors did provide has helped develop a more rounded picture of life for the LGB and Trans population in different parts of the South West.

In addition, our agreement to incorporate some questions on behalf of several external stakeholders added to the complexities involved in analysing the data.

In spite of this hindsight learning, we believe the exercise has been well worth while in providing some rich evidence about LGB and Trans people's lives and experiences in the South West of England.

² Hard copies of the questionnaire were distributed to a number of key locations around the region as well.

³ An Anatomy of Economic Inequality in the UK: Report of the National Equality Panel Published by Government Equalities Office and London School of Economics, January 2010

⁴ Fair Society, Healthy Lives: Strategic Review of Health Inequalities, in England post 2010. Published by The Marmot Review, February 2010

By the end of June 2010 Equality South West had received 362 survey responses and a total of 276 (76.2%) were completed in full. The remainder of the questionnaires contained one or more questions that were not answered, so the figures presented in this report may vary question by question.⁵

⁵ The contributors include a small number who described their sexual identity as heterosexual. Among these were individuals whose participation was clearly mischievous in intent, and care has been taken not to allow such responses to skew the analysis of the survey, or affect any conclusions.

Part 1: Contributors' profile and lifestyles

a. Equality and diversity characteristics

Some contributors clearly found the survey questionnaire to be laborious in terms of the detailed profile that it sought from its contributors, and some left parts of this section, which came at the end of the questionnaire, incomplete.

Clearly, LGBT people's experiences are shaped by society's responses to their race, sex, disabilities, age and religious or other beliefs as well as their sexual or gender identity. Indeed, a number of contributors emphasised that discrimination was more often shown towards them because of their more visible characteristics – specifically their age, disability, racial or ethnic background and sex.

In addition, Professor John Hills' ground breaking report⁶, published in early 2010, clearly showed that socio-economic status is a key determinant of people's quality of life and life chances, which applies across all the 'protected characteristics' covered by the 2010 Equality Act. Published almost simultaneously was a report by Professor Michael Marmot that identified future trends in health and their relationship to socio-economic status.⁷

The rationale behind the PP&T profile questions lies in the recognition that people's sexual and transgender identities are a part of a much wider set of characteristics that lesbian, gay, bisexual and transgender (LGBT) people possess. The questions also sought information about the socio-economic circumstances of contributors, and where possible, to compare any trends with the general population. Not only do such factors affect people's experiences, but it was considered important to recognise the diversity between, as well as the commonalities shared by LGB and Transgender people.

Some additional details of the profile responses can be found in the Appendix to this section of the report. The main area of disaggregation that has been carried out in relation to these data is in relation to sexual and gender identities. However, the data regarding the diversity of contributors in terms of the other 'protected characteristics' which they own demonstrates the need for LGBT support organisations to ensure they are taking fully into account these diverse circumstances and needs.

⁶ An Anatomy of Economic Inequality in the UK: Report of the National Equality Panel Published by Government Equalities Office and London School of Economics, January 2010

⁷ Fair Society, Healthy Lives: Strategic Review of Health Inequalities, in England post 2010. Published by The Marmot Review, February 2010

Gender and sexual identity

It was important to members of the advisory group that the survey should gain a picture of the transgender and sexual identities of contributors, and that responses should be capable of disaggregation according to these identities.

The identity groups provided on the questionnaire were included on the advice of the survey's LGBT advisory group. GIRES were also consulted, and kindly provided useful comments on this. Nevertheless, not everyone was able to fit themselves into these groups and some contributors provided highly individual responses under the 'other' option. This makes a straightforward disaggregation more complicated than at first envisaged, but does illustrate the complexities around identity. We have endeavoured to maximise the understanding gained from each contribution.

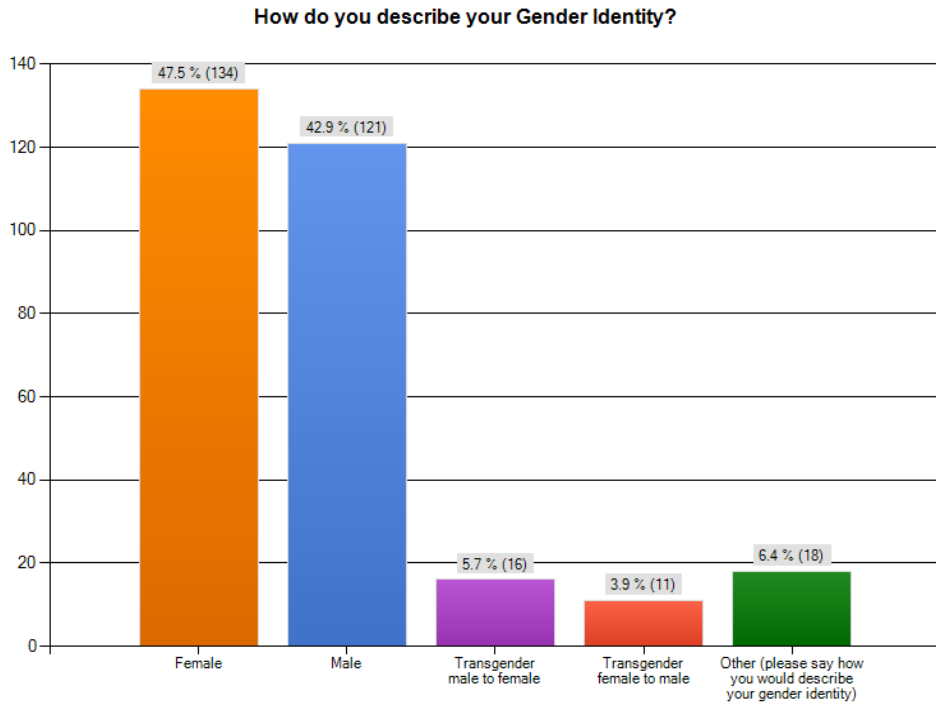
Contributors were firstly asked how they would describe their identity, and then whether their current gender was the same as that assigned to them at birth⁸.

The graphs below show the breakdown of contributors who considered themselves to fit within the identity groups supplied. However, a number of contributors ticked themselves as 'other' and/or provided details related to their identities.

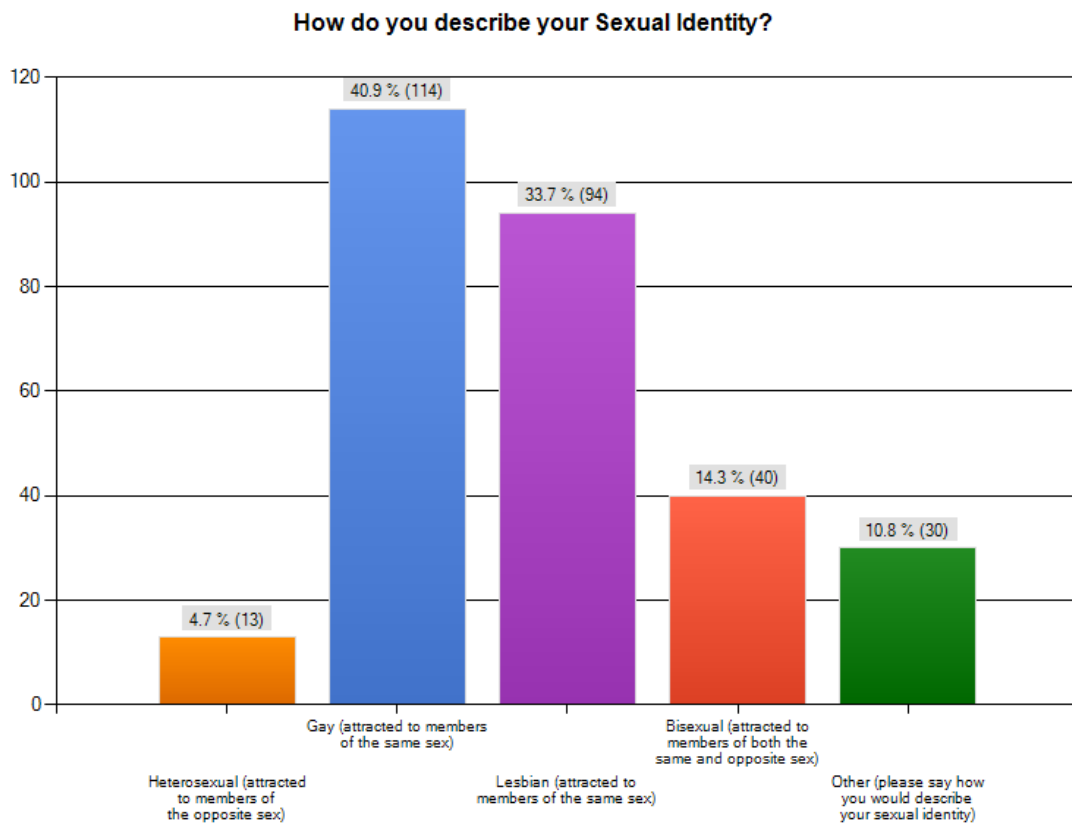
In response to the question about gender identities, marginally more people identified as women than men, including more male to female than female to male transgendered contributors.

18.1% of those who replied to the question (49 individuals) said that their gender was different from that assigned to them at birth, compared to 222 who said it was the same.

⁸ While the latter question was considered to be acceptable in the context of an anonymous survey, it would be inadvisable for it to be used in staff monitoring questionnaires.



In terms of contributors' sexual identity, the largest group were gay, with just over one third of contributors identifying as lesbian, and 14% as bisexual. Some women preferred to identify a gay rather than lesbian. Thirteen contributors described themselves as heterosexual, some of whom were Transgender.



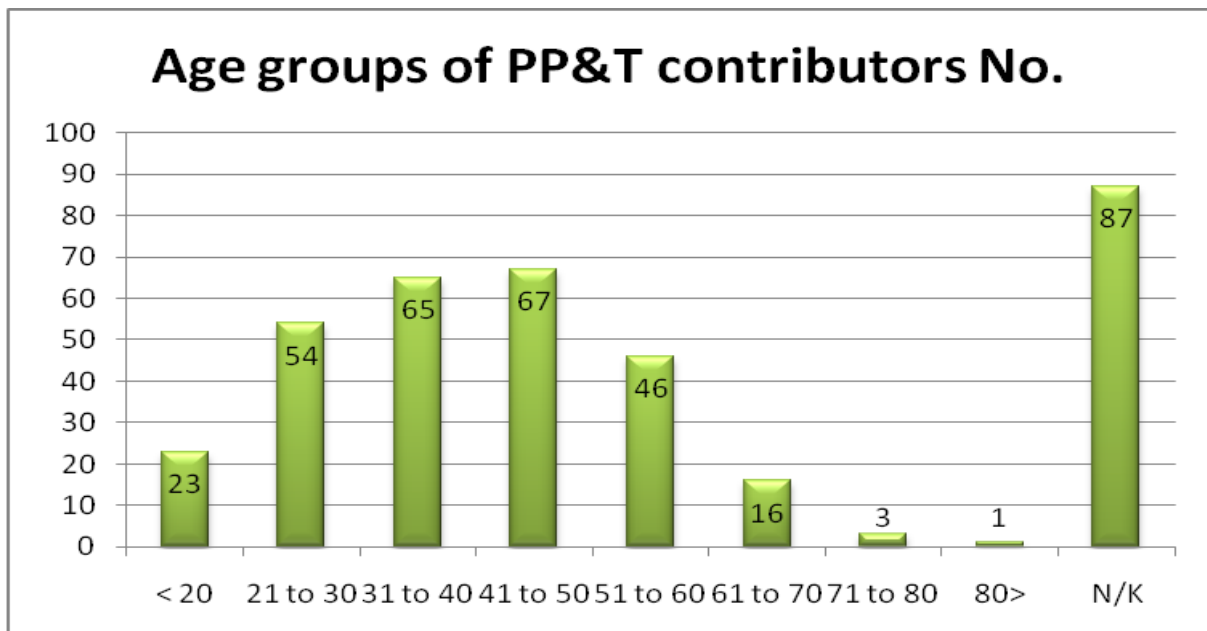
The information provided by people who ticked 'other' gender or sexual identities, gives an insight into the range and complexity of the spectrum of identities that people own. Additional detail about these 'other' identities is provided in Appendix 1.

These responses challenge clear-cut notions of gender and sexual identities, illustrating how difficult it is for many people to define themselves using 'mainstream' terms and concepts. Some show the internal confusion and conflicts that individuals can experience around aspects of their identity, whilst also dealing with external reactions from people around them.

Six people described themselves as 'pansexual' and three described themselves as gay women in preference to using the term lesbian. (Additional detailed responses are set out in Appendix 2.)

Age groups

The survey benefits from the views and experiences of contributors who vary widely in terms of age and other characteristics and circumstances. Of those who replied to this question, the youngest contributor was 14, and the oldest was aged 87. Four were aged 16 and under and four were over 70. The largest group was aged between 41 and 50, with the majority aged 46 – 50. Eighty seven contributors withheld their ages. The graph shows the breakdown by age deciles.



Disabilities

Whilst disability and health issues are not necessarily connected there are areas of overlap, for example where long term and limiting illnesses can be disabling.

Two hundred and eighty three contributors to the Pride Progress and Transformation (PP&T) survey responded to a question about whether they considered themselves to have any disabilities. The responses did show a considerable degree of overlap between answers to this and to the health question.

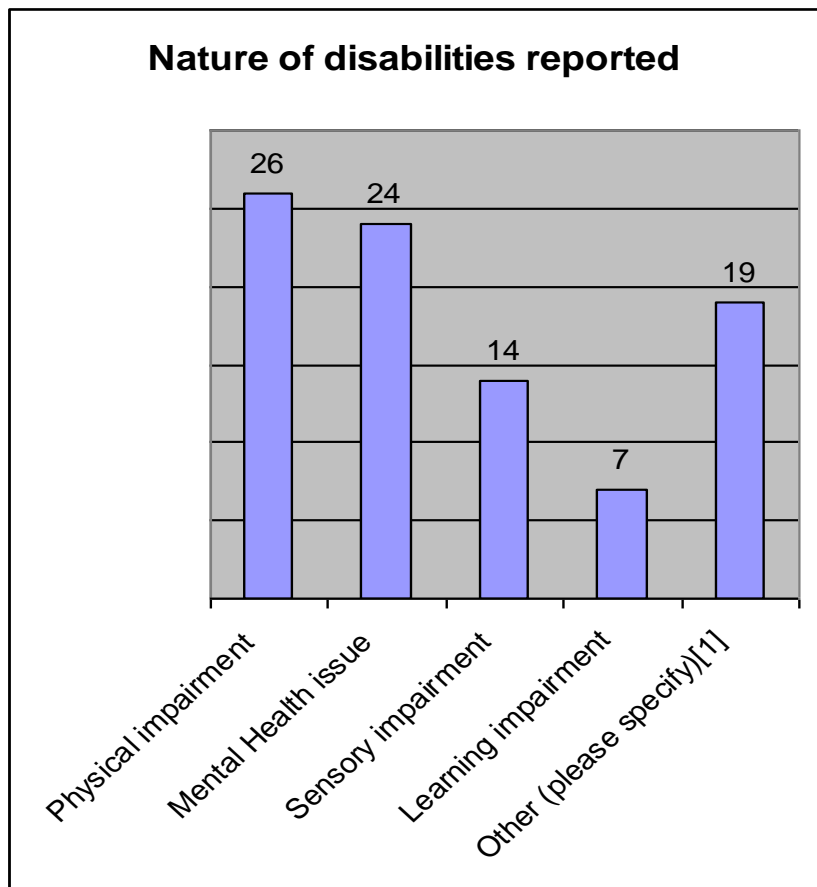
Of the 283 people who responded 65 (23%) said they did consider themselves to have a disability, and a further 9 (3.2%) were not sure. By comparison, the Annual Population Survey (Apr 2008 – Mar 2009), shows that just over 18% of working age people in the South West are disabled.

An additional question asked about the broad nature of any disability. It invited people to tick all of the categories that applied and to state any 'other' forms of self-identified disability that were not included.

The figures in the table below relate to the 65 contributors who self-identified as having a disability.

Among those who ticked 'other', four were HIV positive, two had ME/CFS and two had epilepsy, with associated memory and other problems.

A further three people referred to medical problems, including diabetes and serious back problems, and one had 'multiple disabilities'.



Religion or belief

Contributors were asked to describe their religion or belief, or to say if they have none. Of 257 people who responded, 143 said they had no religious or other specific beliefs. 18 of these described themselves as agnostic. An additional two said they were 'not sure' whether they had any specific beliefs. One hundred and thirty four contributors described their beliefs in a variety of ways which are difficult to categorise. The responses under the 'other' heading can be found in Appendix 2.

The figures for the more widely recognised religions or beliefs are adjacent.

No beliefs	143
Christian ⁹	92
Atheist	16
Buddhist ¹⁰	6
Pagan ¹¹	6
Jewish	3
Humanist	2
Spiritualist	2

Racial identity

275 people provided replies to this question indicating their race¹². From the information given, 21 contributors are from a BME background.

What is your race?	Number
White British	220
Any other White background	34
Irish	4
White & Asian	3
Any other mixed/ multiple ethnic background	3
Black Caribbean	2
Gypsy	2
Traveller	2
White & Black Caribbean	2
Asian British	1
Black African	1
Celtic	1

⁹ Those who described themselves as Christian included Anglican, Catholic, Church of Scotland, Methodist, Baptist and Lutheran and ranged from 'practising' to 'liberal'.

¹⁰ Includes Theravada Buddhist/Mahayana Buddhist

¹¹ Includes Witch /Wicca/Greek Neopagan

¹² Some who described themselves as 'other' included: White English, White Welsh, White non-British, White European and White African. These are included in the 'Other White Background' figures.

b. Occupation, location, relationships and incomes

Main occupation

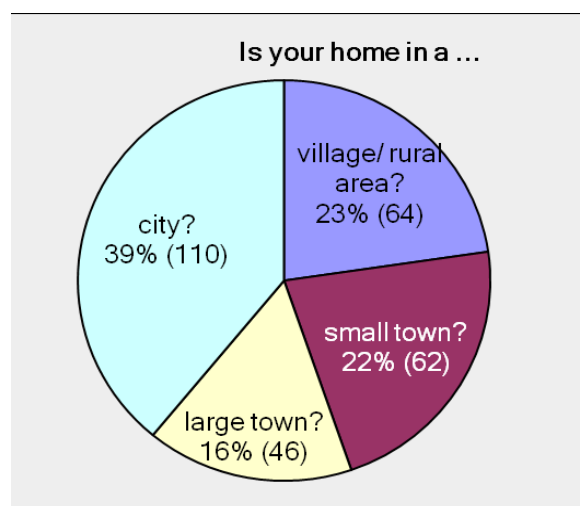
In total 281 people responded to a multiple choice question about their main occupations. In total there were 350 responses, indicating that some respondents are working or retired as well as undertaking study and/or caring responsibilities. The table below shows these responses in order of frequency, and indicates that 229 individuals were in full or part time employment.

Occupations	%	Number
Working full time	65.5%	184
Working part time	16.0%	45
University student	10.7%	30
Retired	6.8%	19
Carer	6.4%	18
Seeking work	4.6%	13
College student	3.6%	10
Not seeking work	2.5%	7
School student	1.8%	5
Other	6.8%	19

Location: Urban or rural

Of the 282 responses to this question, the largest group of contributors are based in cities, although a substantial percentage (45%) live in more rural areas, including villages or small towns. This variation may well account for the diversity of experiences recorded in response to questions posed in the survey.

Two hundred and fifty people who live in the South West provided postcode information. An analysis by local authority areas is shown in Appendix 1.



Location: By Local Authority

Bath & NE Somerset	6	Purbeck	1
Bournemouth	26	Sedgemoor	4
Bristol City	67	South Devon	7
Cornwall	22	South Gloucestershire	5
East Devon	1	South Hams	2
East Dorset	1	South Somerset	10
Exeter	15	Stroud	1
Gloucester	7	Taunton Deane	5
Mendip	8	Teignbridge	1
Mid Devon	7	Torbay	3
North Devon	4	West Devon	1
North Dorset	2	West Dorset	6
North Somerset	9	West Somerset	5
Plymouth	7	Weymouth and Portland	8
Poole	1	Wiltshire	8
All			250

Housing tenure

People’s position within the housing market is routinely used as a proxy indicator for their general socio-economic status. However, the responses regarding contributors’ housing tenure inevitably provides only a snapshot, since it is not unusual for people to rent in the private sector as a temporary stop-gap before a more permanent home is secured, and some tenants do either move out of, or purchase social housing.

Official statistics for 2007, provided by Shelter, show that 70% of people in England were outright home owners, or buying their homes. 18% were in social rented accommodation and 13 per cent were renting privately. Home ownership in the South West is higher than the national figure, and in 2007 it stood at 73%. The statistics for renting in both the private and social housing sectors were equal at 14%, although these figures may change in the current economic climate.

There were two hundred and eighty responses to this question, but some ticked more than one option so the total number of respondents was 195.

A number of responses suggested that the contributors were in a rather precarious situation with regard to their housing and living arrangements, which may or may not have been connected with their sexual or gender identity.

The fourth column in the table contains figures for the South West from 2009 published in *Regional Trends*, produced by the Office of National Statistics. These provide a means of comparison with the figures obtained through the survey. The fourth columns shows the % gap, plus or minus, between these two sets of figures where they are comparable. It shows a smaller percentage of PP&T contributors living alone than the regional figure, and a significantly higher proportion sharing with unrelated adults, predominantly friends.

Some of the ‘other’ responses are likely to be further clarification of previous answers, and it is possible that some have ticked the question about ‘sharing’ as well as one of the specific tenure types (private rented, etc).

Housing tenure	PP&T %	No.	SW %	PPT % gap
Homeowner/ buyer	51.8%	145	73%	-21.2%
Tenant: private	28.9%	81	14%	+14.9%
Sharing a home owned or rented by other/s	15.0%	42	-	-
Tenant: social housing	6.1%	17	14%	-7.9%
Homeless	0.4%	1	-	-
Other	3.2%	9		-

Nevertheless, it is clear that over half of those who responded are home owners or buyers, while between

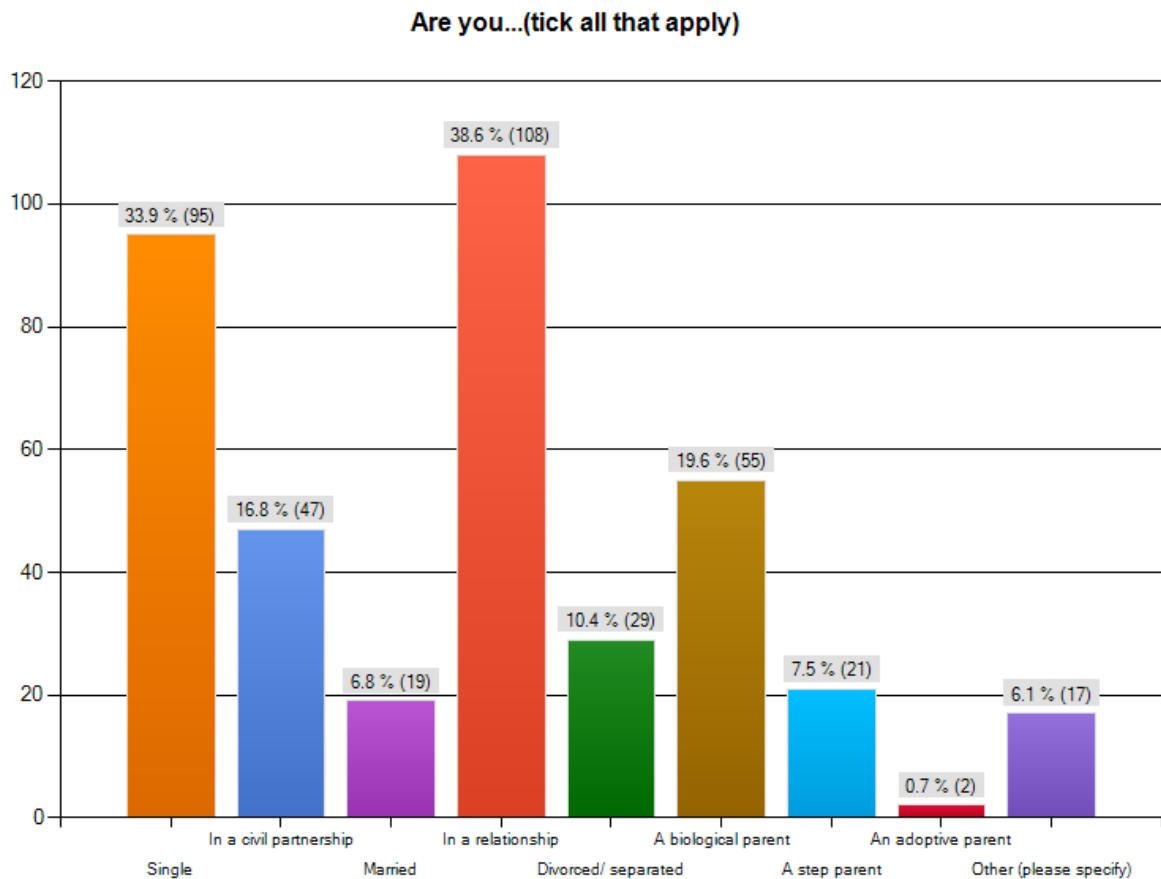
one quarter and one third are in private rented accommodation, most being the legal tenants. This compares with just 6% of respondents living in social housing, some of whom are sharing with others who hold the tenancy - for example with parents or partners.

Those who described 'Other' tenures were living in a variety of circumstances. Two were living with parents, and one lived in a flat provided by their partner's parents. Another lived with their civil partner, who owns the house, while a contributor who lived in rented accommodation is also a private landlord. Two contributors lived in caravans. Among the least permanent arrangements, in very different ways, were university dorms and emergency bed and breakfast accommodation because of homelessness.

Household composition and significant relationships

There are many fanciful myths about 'gay lifestyles' which belie the commonalities that exist between gay, lesbian, bisexual and transgendered people and the rest of society.

The survey sought insights into household and significant relationships of contributors, and the table below shows the distribution of responses to the options included in the questionnaire.



The survey also aimed to map the kinds of close relationships that contributors shared at the time of the survey, and a number of options were provided, of which contributors were asked to tick all that applied. There were 280 responses to this multiple-answer question.

A significant number of contributors were in close relationships with partners and in parental roles that included foster parenting and informal caring arrangements.

One younger respondent was living in temporary accommodation as a homeless person, and another was a student in a flat share. One shared a privately rented home with others. Three respondents switch between two living arrangements, one lives with a partner some of the time, and alone for the remainder, another lives with a partner abroad some of the time and remainder in the UK with a parent, while the third sometimes lives at their mother's house, and at other times at a friend's house.

A disabled respondent has an employee 'living in', another respondent has lodgers, while two other respondents are lodgers themselves.

Other respondents live with: a sibling; an ex-partner and their partners' parents. One who lives alone also has shared custody of their child.

The ONS has a category that includes 'two or more unrelated adults, and some of the 'other' arrangements would fall into this category.

"I married my partner in Canada, however, it is only recognised as a civil partnership in the UK (regrettably!)"

Unfortunately the information about households with children is not precise enough for comparison with ONS categories (which break these down into dependant/non-dependant children and lone and two parent families). However, from the figures we do have we know that almost 12% of respondents were in households with children.

Some respondents were widowed, and several said they were living with their partners. One was about to enter into a civil partnership, and two contributors were 'non-biological mothers'.

Another told us

"... my partner and I chose to have children together - she is the biological parent - I define myself as a parent ... I have court awarded parental responsibility."

One contributor had found that the marriage legally contracted elsewhere was effectively downgraded on reaching the UK:

“I married my partner in Canada, however, it is only recognised as a civil partnership in the UK (regrettably!)”

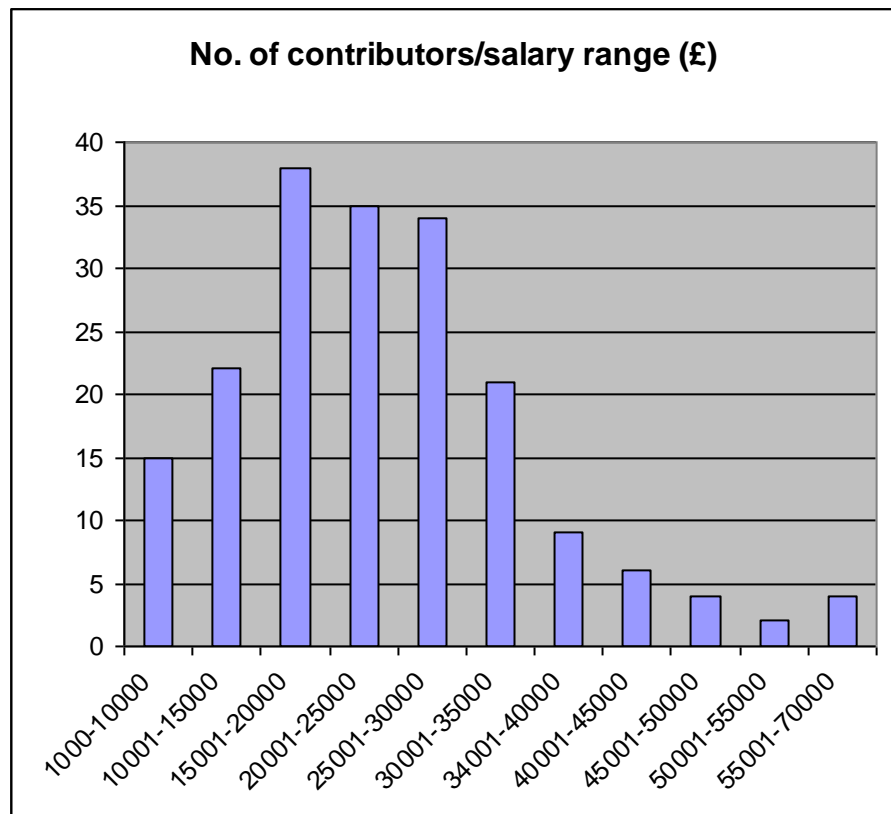
Some expanded on difficult circumstances that they, and people close to them have faced as a result of prejudice, and gray areas in respect of familial and social relationships and rights. For example, one contributor described a situation in which they had been separated from, and denied access to, a former partner’s child following that partner’s death, in spite of having played an important role in the child’s life up until that point. This was clearly a source of grief to the contributor, and suggests a child bereft of important sources of comfort and love.

Annual salaries/income

A number of contributors were either retired, students, on benefits or their earnings were unpredictable. Their annual salaries are included wherever stated, and these make up the majority of salaries below £5000.

Figures from the Annual Survey of Hours and Earnings for 2009 showed that median weekly pay for full-time employees is £25,123. The median is the mid-point for all employees in the UK. By comparison, the salary mid-point for PP&T contributors in 2010 was £24,000 according to the responses.

PP&T salary figures are translated, except for at the very top and bottom, into bands £5000, however. The majority of contributors earn less than £25,000 per year.



Appendix 1 to 'Contributors' profiles and lifestyles'

1. Sexual and Gender identities: responses of contributors identifying as 'other'

Gender identity:

- Androgyne (electively "hermaphroditic")
- Physically evidently female, identity fluid
- Closet (transgender) diagnosed, but not acted upon
- Post-operative M2F transsexual woman...
- Don't know
- Male stuck in a female body but totally CONFUSED - cross dress
- I am a female who has a transsexual history
- Gender neutral
- M to F transgender, but not transsexual.
- Living as male but Transgendered
- I'm happy being female on the outside but feel male inside

Sexual identity: responses of contributors identifying as 'other'

- "Pansexual (Neither gender or sex specifically affects my attraction) I'm SO glad you had this option on here! :)"
- "Gay boy stuck in a female body but like girls when I feel female.....CONFUSED."
- "Femme inside a male body, with a boyfriend. logically I am Gay... inside I am Hetero... you figure it out, I can't."
- "I am attracted to boys even though i was born a 'boy' but i believe i was meant to be a girl so i identify as straight..."
- Another contributor explained her identity as
- "Queer. Lesbian dating genderqueer boi. Into anyone not bio-male (for lack of a better word, no offence meant)."
- "Pre Transition ftm (female to male transgendered) attracted to women - still member of lesbian community."
- "MTF (male to female transgendered) attracted to other women - but celibate for 12 yrs."
- "Attracted to my fem partner - I'm TG."
- "Queer. In terms of the spectrum, at the gay end of bi, but I don't identify as either gay or bi."
- "Heterosexual cross dresser."

- "Neutral and Celibate (now)"
- "Asexual (3)"
- "Post-gay, in a same-sex relationship."

2. Religion or belief – other

- "Spiritual - non specific"
- "Yes - spiritual but not religious."
- "Holistic"
- "Earth based, druid, spiritual"
- "I have some spiritual beliefs of my own but not attached to an organised religion."
- "My own, non organised."
- "Theist - non-organised religion."
- "I was baptised a Catholic but have not practiced since I was 15. I consider myself agnostic."
- "Lapsed CofE/ Disillusioned Anglican."
- C.E/Spiritualist/Humanitarian
- **Trade unionism - everyone should belong to one.**
- Jedi
- Science of Mind
- Non Duality
- Universal
- Eclectic
- Gaia Hypothesis

Part 2a: Health and well being findings – general health issues

Summary of key issues and messages

Public services providers of all kinds across the South West have a role to play in combating the underlying causes of ill-health among LGB and Trans people, many of which lie in ignorance, prejudice and discriminatory behaviour directed towards them. Discriminatory attitudes exhibited within families, by friends and in the wider community from an early age, were particularly connected to mental health issues.

Among the concerns identified in response to an open-ended question, the issues that concerned PP&T contributors more than any others were mental health followed by sexual health. Most people also linked these concerns directly to their sexual or transgender identity.

The final question within the health section of the survey highlighted the evidence that there is a higher than average risk of severe depression, self-harm or suicide among LGB and Trans people, and asked contributors what they thought local agencies could do to reduce these risks. Because of the critical nature of these issues, the responses that focused on mental health concerns, and those dealing with this final question are combined in a separate section, with suggestions for action by the agencies mentioned by contributors.

Messages for health service providers

- **Health and social care: 'LGB and Trans friendly - and proud!':** It is important for all public bodies, and particularly for health care providers to make LGB and Trans acceptance and inclusion visible to all staff and service users - for example through posters, literature, websites etc.
- **Staff training and monitoring practices:** LGB and Trans awareness, staff training, language and standards of behaviour are major issues that need to be addressed among NHS staff.
- **Health impact of GP attitudes:** Negative GP attitudes can result in non-reporting of relevant information and unnecessary risk of misdiagnosis.
- **Different needs, different services:** While there are many shared areas of concern between LGB and Trans people it is essential that training programmes, policies and practices reflect the particular needs of, and differentiate between health and care issues for, different sub-groups

- **Ageing, health and identity:** Health, housing and social care providers should recognise and respond to issues arising from disabilities and demographic ageing as an LGB and/or Trans person. There is a need to ensure that identities are understood and respected across elder services and in particular in supported and residential/nursing home accommodation. Particular concerns related to dementia and sexual and gender identity.
- **LGB and Trans (in)visibility:** Health care providers should include sexual and gender identity questions in patient records and anonymous recruitment and staff monitoring forms, adhering also to privacy/confidentiality codes.
- **Confidentiality/privacy:** Needs to be emphasised and observed in all interactions and locations, and especially in relation to Transgender
- **Access to sexual health services:** Peripatetic services and more accessible to young people/students
- **Celebrate and learn from the best!** There are many testimonies of good/excellent support from NHS services and people and these should be celebrated and aspired to.

Priority health issues and concerns

Two hundred and forty three people responded to the question about the health issues that most concerned them. 53.5% (130) did not believe that the issues they were expressing concerns about were directly related to their gender or sexual identity. 36% (87) linked their concerns to their sexual identity while 18% (44) related them to their gender identity.

Many respondents listed their concerns without additional comment; others expanded on the nature of their concerns, providing a richer picture than the figures below offer.

At least twelve respondents expressed concerns related to ageing as an LGB or Trans person. The quotes that are included later are an important reminder of the attention that providers of, and front line employees in, health, social care and supported housing services need to pay to equality and diversity issues among older people.

The table below shows the frequency with which particular concerns were raised. It confirms the emphasis, already highlighted, on mental health concerns among people who are discriminated against because of their sexual or transgender identity.

Mental Health (stress, depression, anxiety, panic attacks, bipolar)	45
Sexual Health 11/ STIs 5/ HIV/AIDS 19	35
Cancer	22
Obesity/weight (diet, eating disorders)	16
Gender dysphoria (treatment, identity, transition, reassignment body issues)	12
Ageing (and associated care options)	11
Heart /coronary	9
General Fitness/Exercise	8
Women's & FtM Sexual health	8
Asthma/allergies	7
Diabetes	6
Access to gay-friendly GPs	5
Arthritis/gout	6
Alcohol	4

Dentist services	4
Disability	4
Blood pressure/hypertension	3
Dementia	3
Mobility	3
Muscular issues	3
Smoking	3
Caring issues (health and partners/relatives)	2
Fertility issues	2
Sensory impairment	2
Urinary problems	2
Drug problems	1

Priority health issues and concerns - overview

At the outset it must be emphasised that a significant minority of contributors had no specific personal health concerns, and reported positive experiences of using health care services.

The health issues that do arise for contributors to this survey underline the many differences between the practical needs and concerns of lesbian, gay, bisexual and transgender people. In doing so, the importance of differentiating rather than aggregating these under the term 'sexual orientation' (which is often used as an encompassing shorthand) is emphasised. Whilst in its crudest forms of expression in relation to sexual or transgender identities, discrimination might be a broadly shared experience, many of the more subtle and nuanced expressions of heterosexism and 'gender orthodoxy' require differentiation in theory and practice.

Overall, PP&T contributors described a wide range of experiences of health care services involving medical experts and front line staff. Some of these they directly linked to their sexual or Transgender identity, while others appeared to be regarded simply as general health issues. There were other, more ambiguous responses, and issues of trust inevitably influence people's experiences of health care.

While some contributors praised the way in which they were treated, and commented on particular GPs' or other specialists' approaches as models of good practice, one avoidably humiliating encounter in a health care context is one too many.

A number of contributors experienced encounters that ranged between the embarrassing, the deeply humiliating and the homophobic or transphobic. A significant number of experiences related to the prevalence of an entrenched heterosexism that, in the circumstances, patients or relatives rarely felt able to challenge at the time.

"Going to the doctors in general. Always presume you are straight - ask about contraception or assume you are pregnant if you say you have been sick."

"Staff responses to partner being on ward, attitudes towards partners."

"Hospital based care and the lack of knowledge, respect or even interest in a persons sexual identity/relationships - I perceive either fear, ignorance or unwillingness."

Other contributors experienced more conscious forms of discrimination.

"I have experienced direct homophobia from a local GP in my clinic who asked if I had AIDS when I sought medication for oral thrush."

"My GP refuses to treat me."

One contributor highlighted the effects that a distrust of local health services can create.

"... I don't trust local health service staff. All of my medical needs are paid for, and accessed well away from where I live. At some point I may become sufficiently ill to have to go to hospital. I plan to kill myself if that happens."

"... some people's attitudes don't help matters as some people's attitudes limit the amount of people I can be truly honest with."

Research carried out at a national level provides a useful context in which to place the findings from this regional survey. For example, a wide ranging review of the relevant research published by the UK Gay Men's Health Network in 2004, identified key issues that affect lesbian, gay and bisexual people's health and well-being, and areas where health care needs to adapt to address these.¹³

The review paid particular attention to young LG and B people, and drew on evidence from a wide range of research papers, policy and practice documents from both UK and international sources. The data indicated that many lesbian, gay and bisexual people experience health inequalities or social exclusion as a result of prejudice and discrimination, and that age, social class, disability, gender, ethnicity and social circumstances are additional factors that frequently have an impact on the

¹³ Sexual Exclusion Homophobia and health inequalities: A review of health inequalities and social exclusion experienced by lesbian, gay and bisexual people; Susan Douglas Scott, Alastair Pringle, Colin Lumsdaine published by UK Gay Men's Health Network (2004)

degree to which people are affected. The report also concluded that “there are common experiences and barriers for LGB people accessing appropriate health care.”

The inequalities identified in the review relate in particular to mental health, suicide, self-harm, sexual health, eating disorders, substance misuse and bullying.

Consistent with these findings, many of our PP&T contributors raised these as key issues, while bullying featured strongly in other sections of the PP&T survey.

Research evidence concerning younger people pointed to the origins of many of the problems encountered by lesbian, gay and bisexual adults in their vulnerable formative years. The 2004 report stated that:

“Young people who are LGB face particular problems, including the risk of family disruption and rejection, isolation from friends and peers, and significant levels of bullying (verbal, emotional and physical) in schools.”

Accounts provided by some of the Trans PP&T contributors indicated that such early influences also lie at the heart of problems experienced by young Trans people.

At this critical time in their lives young LG and B people also face serious difficulties in accessing appropriate support from, for example, teachers and other professionals providing front line health care services.

Young LG and B people are often found to experience low self-esteem, anxiety and depression, and the report links these to other health problems which can have a profound effect on many LG and B people’s lives.

“the relatively high incidence of HIV infection among young gay men, the resurgence of other sexually transmitted infections (STIs) in gay and bisexual men, increasing incidence of certain STIs in young lesbian and bisexual women, higher than average rates of suicide and self-harm, homelessness, often associated with prostitution, and academic underachievement.”

Comparable UK studies relating to Trans people are less easy to find. However, a study carried out in the US, which focused on the mental health impacts of Transgender students’ experiences in school, provides some interesting data against which to assess the adequacy of school-based provision within the UK.

The study emphasised the importance of Transgender students’ sense of isolation from the school community, and the high incidence of victimisation and harassment that were experienced. It also highlighted the importance of young people being able to be open about their Trans identity with other students and teachers. It further showed that schools featured in the study were better equipped to address

the issues and conflicts affecting Trans students by the presence of school-based mental health professionals¹⁴.

With more particular regard to personal health and medical treatment issues for Trans people in the UK, the Gender Identity Research and Education Society (GIRES) identifies a range of specific health related issues among its key priorities for Transgender research in Britain.

GIRES identifies a 'widespread dissatisfaction with both the quality and quantity of medical treatment within the NHS and quote the authors of a document published in 1996 ("Transsexualism: The Current Medical Viewpoint"). The authors identified "a paucity of research into the long-term outcomes of treatment for transsexualism", an issue that was also identified by members of SWTEN in 2009¹⁵.

There was concern that NHS providers should increase the quantity of medical treatment if evidence showed that prompt treatment could reduce the need for psychiatric services and the risk of suicide, for which much evidence was available.¹⁶
http://www.wrc.org.uk/includes/documents/cm_docs/2010/t/trans_health.pdf

A report of the experiences of Transgender people in the South West (Transgender: Dimensions of Inequality in the South West, Equality South West, November 2009) echoed GIRES in a number of respects. Transgender people frequently encountered barriers in health service provision, with policies, and access to adequate and safe treatment being inconsistent and generally unsatisfactory. A systemic lack of appropriate health care provision was identified, along with a lack of awareness about the effects of gender dysphoria, and the health needs that arise.

The contributors to that report also cited a growing body of evidence concerning health issues that specifically affect older and younger transgender people which as yet are inadequately understood by clinicians.

The SWTEN report concluded that

"There is an overarching need for health and social care professionals to receive appropriate training in relation to gender dysphoria and the kinds of interventions and care required, this should be refreshed as the knowledge base grows, and trans people should be invited to contribute actively to this learning process."

¹⁴ Harsh Realities: The Experiences of Transgender Youth in Our Nation's Schools, Gay, Lesbian and Straight Education Network, New York (2009) sourced from GIRES website

¹⁵ Transgender: Dimensions of Inequality in the South West. Equality South West, November 2009

¹⁶ Transsexualism: The Current Medical Viewpoint published by Press for Change, London, 1997

Respect and dignity: experiences when using health services

Many of the concerns highlighted in national and transnational research emerged in PP&T contributors' responses to questions about 'Identity, dignity, respect and self expression'.

Clearly, to be treated with respect and dignity, by practitioners who have an adequate understanding of health issues in the context of sexual and gender identities, is extremely important. Any deterrent to individuals seeking timely and appropriate medical advice and intervention is self-evidently a serious matter.

On the positive side, 86% of contributors said that they were treated with respect all, or most of the time when using health services, and less than 3% said that they were rarely or never treated with respect when dealt with by health service providers.

Some of the positive comments show that good practice does occur around the region, but this also indicates the inconsistency in levels of awareness across health service provision when compared with other less positive ones.

"The NHS is a terrific service. I have no complaints at all. In my lifetime, it has been under continuous review and improves all the time. Some people expect too much for nothing."

"With medical staff I am quite open and I have been impressed that their reaction is a non-reaction (it would have been no different if I was telling them about my husband).

"My GP and Gender Identity Clinic in London have been very supportive..."

"Always have a positive response from NHS and health officials."

A contributor who reported a history of mental health problems attributed, at least in part, to persistent homophobic abuse by a neighbour which has been ignored by the authorities, sees the mental health service and other health agencies as important allies in dealing with other public bodies.

"... The mental health trust identified my neighbour's behaviour as a trigger for acts of self harm including suicide attempts, and the (local authority's) rehousing manager refused to accept the recommendation of my GP, Community Psychiatric Nurse, and Clinical Psychologist that I need to be rehoused away from my neighbour as a matter of urgency..."

One of the common causes of concern is the frequency with which heterosexist assumptions and a lack of basic awareness, rather than overtly homophobic or

transphobic attitudes, create barriers and embarrassment for LGB and Trans patients and their partners.

"Doctors and nurses often assume you are straight and I find it awkward and insulting when asked if I am sure I am not pregnant and I have to explain that I'm gay."

"I still get asked as an introductory question in my smear tests, what contraception are you using? ... I wish they would not ask that question. It would make our interaction so much better if they didn't constantly assume."

"I'm new to the region, tried to access GP, was told I couldn't see a woman GP as all doctors took patients on a rota basis, so I went to another practice."

"A simple example was ringing my local GP surgery to book an appointment for my civil partner. I was asked "What is her name". This has happened on a number of occasions."

Some female contributors raised issues around fertility and general sexual health problems, which occur in a variety of services, and carry some potentially serious health consequences.

There appears to be discrimination in the allocation of NHS fertility treatment, and in the attitude adopted towards lesbian couples in one Cornish hospital in particular. There may also be a need for advice on what help can be obtained for couples wanting to conceive.

"My partner and I have recently started fertility treatment and the local NHS Hospital has a private treatment arm, so we are not expecting free treatment. It was only a portion of the treatment we were looking at but we were made to feel very uncomfortable.

"It would be nice to have free help on certain (health issues). I would like eventually to have children with my partner but we are unsure what is out there for us."

The seriousness and range of needs that bring people into contact with health care providers underscores the significance of incidents where health care providers do behave in a disrespectful (or ill-informed) way. An evident lack of basic medical knowledge on the part of some practitioners is particularly worrying.

The following are two such examples, combining a lack of knowledge with a lack of basic respect, sensitivity and professionalism at a difficult time.

"... refused a smear test by GP as (I am a) lesbian, despite previously insisting (this is) necessary. When (I) disclosed (my) sexuality (I was) told more likely to be Thrush As a nurse myself, (I knew this to be) completely unrealistic and potentially dangerous advice."

“Two recent personal examples 1) staff not accepting that I should be with my civil partner during discussions with a doctor immediately prior to a procedure (I was told -there isn't room for you both in the cubicle) but all the wives & husbands were invited to be with their partners -in the same size space . 2) Nurse laughing uncontrollably virtually in my face when advised that my partner was taking me home on discharge -then explained she had never met lesbians before!”

This contributor raised the issue of religious groups providing health and care services and the potential implications for commissioning bodies.

“...It is my personal view that overtly religious based organisations, who push their beliefs, should be available to people with similar views (under public service contracts), but should not be contracted by health or social services to deliver services to the general public.”

It was felt that services for Trans people were an easy target for PCTs that wanted to reduce spending, and that this was occurring in some parts of the region, constituting discrimination in the provision of health care.

“PCTs should not be allowed to discriminate against transgendered people in terms of funding... I think xxxxx PCT is cutting back on funding for trans people because: a) they need to save money, b) they think that we are easily dismissed and can be ignored.”

Examples from what was evidently a lengthy list of painful experiences at the hands of health care professionals were described by one contributor. Understandably those quotes, along with other incidents, had evoked strong feelings which had remained with him.

“There should be severe penalties for those who choose to make a Trans person's daily life harder. GPs & NHS Consultants, Doctors, Nursing Staff, should be further educated and regularly monitored in their deliverance of their 'Bed Side Manner' and care approach. A more informed, respectful and genuinely caring attitude would be preferable to an ignorant, disrespectful, humiliating and often very frightening one.

‘Sorry, I can't really help you - you're rather Uncharted Territory,’ or a ‘What have they sent you here for? We only deal with life threatening illness here’, or more upsettingly still - ‘Unnecessary surgery, that in there, and we're supposed to look after him!’ ”

Sexual Health

Sexual health issues followed mental health as the second most frequently raised on people's list of concerns, and was almost exclusively mentioned by lesbian, gay and bisexual contributors. A number of people specified concerns related to HIV, AIDS and cancer together.

Some had been diagnosed with HIV and had concerns related to people's attitudes, and the quality of care they receive. Other common issues related to the accessibility and quality of information and advice about sexual health and avoiding infection. One had concerns about the need to discuss this with the GP, which clearly can create a barrier to prevention if individuals fear being 'outed' and/or do not have complete trust in the practitioners with whom they are dealing.

"When people are informed about my sexuality they seem to treat me as though I have HIV."

"I am HIV+ so my main concern is being able to access good healthcare."

"HIV - disclosing personal issues within healthcare settings !! (privacy , confidentiality)

"Access to sexual health supplies and advice, general concerns RE GP access."

"I worry about HIV, and the risks of catching it as its increasing all the time."

"Lack of sexual health info for LGBT people."

Lesbian and bisexual women specific issues

Comments from lesbian, gay and bisexual women who responded to this question highlighted the difficulties in accessing reliable information and advice about health risks that they face and preventative screening they may need. In particular there is confusion about the need for cervical cancer screening, which some GPs seem to share.

"More advice on whether as a lesbian I need a smear test. My GP seems unable to answer the question!"

"Cervical Screening- do I need it or not? - what are the real statistics for lesbians who do not have sex with men?"

Another area where knowledge is lacking is around the risk of STIs to lesbian and gay women.

"Don't know where to find information on sexual health and protection from STIs, aimed specifically at lesbians."

Without better training among primary health care providers these issues could make the difference between women having early warning of serious health problems and not.

Various issues were raised in connection with trying to conceive, and the treatments available.

“... lesbians (with/without fertility problems) are automatically treated alongside infertile couples. This automatically exposes couples to increased risk of multiple births due to the treatment. With all associated risks.”

“Fertility treatment with donor sperm - it's expensive.”

The importance of choice in GP was also highlighted among women contributors, and links to the need for GPs to be well informed about LGB and Trans health issues. A GP who is ‘gay friendly’ is more likely to know the answers to questions that contributors found others ignorant of.

“Access to gay friendly GP practice & able to choose woman GP when I need to (depending on the health issue I need to see them about) - affected by sexual identity.”

Transgender specific issues

Mental health, and mental health services, delays in the provision of medical care, a lack of research on long-term hormone effects, a lack of medical awareness, expertise and sensitivity, and concerns related to undergoing surgery are key issues identified by Trans activists in the US.¹⁷ Most if not all of these issues were raised directly or by implication by Trans contributors to the PP&T survey.

The ages of Trans people who responded to the survey varied considerably, from students to pensioners. Inevitably, people were at different stages of this ‘extraordinary journey’. Some contributors were dealing with the encompassing experience of living with Gender Identity Disorder, while others were contemplating the readiness of health and social care services to meet their needs should old age and frailty begin to render them more dependent upon support.

For some Transgender people, body issues were a particular cause of anxiety, stress and depression.

“My mental health in relation to discrimination and how I feel about my body and my true gender and sexual identity... I have felt like a gay boy trapped in a girl’s body since I was five and don't understand why... My head is messed

¹⁷ <http://lgbthealth.healthcommunities.com/transgender>

up over this stuff and there doesn't seem to be anybody who understands or who I can talk to. It affects me everyday."

"Mental health, physical body issues that need to be changed, being unhappy with my body and the way people perceive me to be."

A collection of issues related to accessing support for gender reassignment treatment. These included the barriers encountered at the initial stages; a lack of consistency between 'pathways' to accessing treatment; the perceived fragility of the funding arrangements for gender reassignment procedures and the quality of services.

"The difficulty and diversity in diagnosing transgender issues, and the varied treatment received depending on where you live."

"PCT funding for transition."

"...access to treatment at Gender Identity Clinic."

"I wish to start taking Hormones, doctors are dismissive."

"Lack of proper care and services for transgendered people in the NHS."

"Access to GIC (Gender Identity Clinic) funding. Access to health professionals who have a clue, timely referrals, etc."

There was a separate set of concerns about the reactions of health care personnel when working with Trans people on general health care issues. Several contributors' accounts illustrate some of the 'routine humiliations' that Trans people can encounter, and which make their journey much more difficult than it need be.

"Going to the doctors is embarrassing because I have to select "female" when making a appointment. I find it difficult to visit my GUM clinic because last time I went there was no opportunity to state that I was a transperson until I was asked about my genitals. Also, when I went back for results I was remembered by the staff."

"The slow, laboured and sometimes begrudging medical help and support with my Gender Dysphoria psychologically and physically. Hard to arrange, often costly and often unsympathetic Gender Reassignment Surgery. The seemingly 'Endless' waiting times for medical appointments. Hospitals and their staff."

People inevitably have internal anxieties about undergoing treatment and what they can expect thereafter. Gender reassignment surgery, and possible side effects of hormone therapy were among these, while for some the health risks associated with their physical sex also remains an issue to be addressed.

For those who are living in their reassigned identity, there are concerns about the levels of knowledge and competence with which health care professionals are able

to treat them. This is compounded by a current shortage of research evidence that could help Trans people to understand their own physical and care needs.

“Issues around possible transition (and) issues around cervical smears and exams”

“I am over 65 and a transwoman - I am concerned at almost the complete lack of information that will inform my GP and myself re my hormone treatment, its long term effects on my body and on other treatment eg heart etc.”

“As a transwoman I still have some internal male bits, some professionals have difficulty dealing with this.”

“... medical professionals don't know how to treat me when I need them to.”

Transgender and mental health (see also mental health section)

One contributor specifically identified 'Gender Dysphoria Depression' as one form of mental ill-health which affected them at the time of the survey. Others spoke of mental ill-health in different forms

“Mental health, physical body issues that need to be changed, being unhappy with my body and the way people perceive me to be.”

“Depression - not an issue now but was a problem before my transition and especially in my teens.”

“Chronic Fatigue Syndrome and Fybromyalgia. Borderline Bi Polar Disorder

“I have also found it difficult to come to terms with my sexuality, as I feel that if I were open about it people would not take my transition seriously.”

Ageing as an LGB or Trans person

The South West is a region with a notably higher than average proportion of older people, according to both UK and European statistics. This general demographic ageing is inevitably reflected in a growing recognition of an older LGB and Trans population, a group who were very much less visible and vocal within earlier cohorts of older people than they are able to be now.

Two parallel consequences of this are that: services more commonly accessed by older people are designed around heterosexist assumptions; and older LGB and Trans people are beginning to vocalise their concerns about this state of affairs.

There were many references to ageing among the concerns mentioned. Some were expressed in general terms, and spoke of an increased, and anticipated future need to access health and care services.

"I am now 54 and am beginning to need to access health services regularly for screening and to manage high blood pressure. In general my experience has been good and my GP practice is professional and offers high quality."

"Future old age and associated frailty..."

Others revealed specific concerns about becoming dependent on health and social care services that neither understood nor catered for older Transgender people or people of different sexual orientations.

"Old age...not really a health issue, but the prospect of being banged up in a care home with a bunch of straight old men is not appealing!!"

"Worry that I will suffer from dementia or similar as I get older and will get confused about my identity which will cause problems with the respect and dignity that I will require as a human right."

"Old age. I'm currently writing a report for Uni on Older LGB people that require care and from what I've discovered I'm very frightened. Hopefully this years equality bill will change the situation."

"Getting old and being 'heterosexualised'. That is to say, my age making my lesbianism suddenly invisible."

"Catching an STD; living alone I worry about having someone to care for me if I were to be seriously ill and as I get older I worry about the same thing."

"mental health provision - avoiding loss of independence with advancing age."

Some contributors reported multiple acute and long term health and disability problems, not necessarily related to ageing, but which placed them in a similar position in relation to health and care service needs.

"I have rheumatoid arthritis but am having operations to try to make me as mobile and pain free as possible. Other issues concern being 'out' with the local surgery. I have not done so yet."

"I am physically disabled or disadvantaged, suffer from asthma, creaking with arthritis but generally fine. But the concerns I have are for the less fortunate who need help with day to day living."

"I have various health problems that have left me quite disabled in certain aspects of my life, including a severe back problem for which I have had surgery. There is the possibility that I may end up in a wheelchair in later life."

Another dimension of demographic ageing was highlighted by participants who are facing a growing need to care for and support partners and parents as they become more vulnerable to age-related ill-health.

As discussed earlier in this health section of the PP&T report, general demographic ageing will inevitably bring an increase in the numbers of Trans people who will need support and care as they grow older. This concerns Trans people both in terms of the medical conditions that may arise as a result of treatments received, and in terms of the attitudes and preparedness of health and social care providers to meet their needs in an appropriate and holistic way.

“The realisation that it will not be too long before I will need residential/ similar care I do not think the providers are geared up to this.”

“Arthritis - probably influenced by gender identity (and) hypertension - but also hereditary.”

LGB and Trans identity and ‘visibility’

The question relating to sexual and gender identity monitoring (referred to in a separate section of the PP&T report) did not specifically ask people’s views about monitoring by health service agencies. However, a number of contributors highlighted the importance of health service institutions identifying, by means of effective monitoring, issues particularly affecting LGB and Trans people.

“... all health statistics (and) agencies have an awful lot of work to do before the stats they have will fully reflect our presence and needs. Furthermore, there needs to be some taking into account the numbers (usually but not only) of heterosexual-identifying peeps who also have gay sex.”

Suggested improvements to local health and care services

Contributors were asked “What improvements could be made to your local health and/ or care services to better meet your needs?”

There were 201 responses to this question. Some people simply stated that they are very happy with the services that they receive, with the quality of GP services being identified as pivotal to these positive experiences in a number of cases.

As well as some specific issues for Transgender and lesbians/gay women, there were a number of key areas of common concern to people from all of the LGB and Trans sub groups. Mental health, which was one of these issues, is dealt with in a separate section below.

Training and awareness

Evident throughout much of the comment submitted to this survey is the need for LGB and Trans awareness and "anti-discrimination" training across NHS bodies, and providers of direct and commissioned services at every level.

As one contributor summarised it:

"Health care providers need to realise that there is more than one way to live and love. As soon as they've got that down, we'll be fine."

The need to move away from heterosexist assumptions has been discussed earlier and is clearly demonstrated in instances where hospital staff have refused or have been resistant to recognising same-sex partners' rights at significant moments.

"More training so that the professionals understand our issues more clearly."

"More understanding of gay men – when I went to hospital, the consultant tried to make me take an HIV test, assuming that all gay men were at risk and unaware of the implications for life assurance policies."

"More training and understanding for health care workers ... end to discrimination from dentists and dental hygienists."

"More awareness of LGB issues and more positive embracing of this."

"Hospital Consultant could change his bad attitude ..."

"Generally it would help if assumptions of heterosexuality were not made."

The need for awareness is not confined to health professionals, but applies across organisations, bearing in mind also the presence of work colleagues who are lesbian, gay, bisexual or transgender.

"Better awareness by reception and admin staff of sexuality issues./ Better education and understanding amongst staff."

Providing health service staff is one side of what ought to be a trust relationship, on the other should be respect for, and an informed response to that knowledge:

"When they are told of your sexuality they should make sure they are sufficiently aware of any related debate that affects the lesbian, gay and transgendered community."

It seems likely that addressing the equality and diversity awareness and training issues would have a far-reaching impact in terms of the overall quality of the experiences of people seeking NHS services, and by definition, the quality of services in general. As this contribution suggests, training and more thorough equality monitoring are mutually reinforcing measures, with statistics providing solid evidence of the need to practice equality awareness on an everyday basis.

"... health services equality training. I still feel that a large number of health and social care providers do not know their real 'customer' - or mix of people they are providing services for. (partly because we use hopelessly under reported statistics and validate them as the real /best information) A huge difference can be made by acknowledging difference - just making it easy for service users and patients to be open about themselves can help make sure they have a positive experience that meets their needs rather than a reinforcing oppression experience."

Privacy and confidentiality

Across the board, people wanted more respect for their privacy, and confidentiality in relation to the sexual or Transgender identity - including in reception areas – was important to people regardless of the service being accessed. Awareness that would counteract blanket heterosexist assumptions was another widely shared concern.

GP services and primary care services

A number of contributors wanted GP services to be easier to access out of working hours, and shared a wider concern about appointment booking systems that were not directly related to their sexual or gender identity.

From the responses to this survey, better awareness, understanding and acceptance among GPs, and more time during appointments for them to listen would play a significant part in preventing or reducing physical and mental ill-health. Without an understanding of a patient's sexuality GPs might easily misinterpret symptoms, while the patient is restricted in what he or she feels able to discuss that might help identify the causes of ill-health.

"Better awareness at GP level to permit a much larger number of non-heterosexuals to be out to their GP's"

"scared to talk to dr"

"GPs should improve! (i.e. have more accurate knowledge)."

Some had extremely positive experiences of their GP services, but where this was not the case, there is a need to ensure that it is easy for people to lodge complaints and that these are dealt with effectively.

The need was identified for targeted information for LGB and Trans people in surgeries, which in itself would signal that these are welcoming environments that many people said were needed.

“There is probably scope for some more targeted information about health for LGBT people via GP surgeries... mental health, depression and self-image being particularly prevalent problems as a result of growing up in a relatively hostile society.”

Not surprisingly, given their pivotal role, the ability for people to identify ‘gay-friendly’ GP practices was a crucially important issue for many contributors. There were concerns that a GP with strong religious beliefs may have negative attitudes to LGB and Trans people which would influence the treatment they received.

“I’d love to have a gay GP to have access to a list of gay practitioners. ”

“Having gay doctors or a specific gay health centre would probably help a lot of people.”

“...easy way to find out which GPs are gay friendly. MY GPs are excellent, but I have experienced a great deal of discrimination from GPs in the past (in the South East). To the point where I would only visit my local surgery when a locum was working.

“GP – access, choice, information about who’s gay friendly.”

Sexual Health: information, advice and treatment services

Awareness of, and access to sexual health information and services were key issues for contributors, and a number of suggestions were made for improvement.

Some wanted to be able to access sexual health advice and screening from GP services rather than from sexual health clinics, but this would also require an inclusive ethos within the surgery, as well as a strict regard for confidentiality.

A number of contributors felt that more proactive measures are needed to ensure that information about STIs, and prevention messages were delivered to where they would have most impact.

“Would like more easily available health information, and perhaps specialist groups or centres for LGBT people to discuss any issues affecting them - well-publicised.”

"More awareness raising events/roadshows etc from the hospitals about the services that are on offer."

"Knowing what services are available locally"

"Easy access to relevant information"

"Better sexual health advice to young people who didn't grow up with the AIDS crisis in the 80's."

"More promotion within the student community directly of STD clinics etc!"

Peripatetic and more flexible static services were suggested by some, and might help with prevention and early diagnosis of STIs by making them more accessible, and by reducing the stigma that some people attach to attendance at clinics.

"Increase in GUM walk in clinics/hours"

"GU clinics should be open later in the evening so that we don't have to take time off work to attend."

"GUM services offered in gay venues sometimes."

"GUM's and sexual health screening should be more accessible. More awareness amongst health workers of health inequalities as a result of sexual identity."

One person felt that specialist LGB and Trans health provision was restricting access to wider professional knowledge.

"I would like to talk about STD's to all professionals concerned, rather than feeling in a ghetto at LGBT Health Clinics."

Visibility: Counting LGB and Trans people in

A substantial number of respondents wanted the reality of different sexual orientations and gender identities to be made more visible in the NHS.

A majority of contributors who had commented on whether LGB and Trans identity should be included in surveys and monitoring exercises (in a separate section of the PP&T survey), and the issue was raised again in the context of improving health services.

Some people specifically referred to the routine collection of patient information to enable

"Positive images and posters in all health centres!"

"I find I have to really make it very clear that I am not heterosexual..."

"Providers need to come out as being gay friendly and zero tolerance to homophobia."

people to disclose their sexual or Transgender identity if they choose to do so. The importance of having this information as a standard part of broader statistical data was highlighted. There were also arguments outlining the health benefits, as well as insights into people's personal reasons for taking this view.

Accompanying a consistent approach to data collection, health service providers should display visible evidence of NHS equality policy and LGB and Trans inclusiveness at all health care premises. This would reinforce the message to staff, to LGB and Trans patients and to the wider public.

"I think that the doctor etc should ask for sexual orientation so they can offer better advice and rule out things quicker."

"Last time my partner (was) in hospital no space for same sex partner on forms only husband/wife."

"Prove that they are aware that gay people exist!"

"Statistical details to more fully report on local communities but this needs open inclusion in data collection systems."

"Less invisibility. I find I have to really make it very clear that I am not heterosexual, because I look reasonably conventional."

"More info on LGBT issues for staff, but also visible support, or visible proof of support. Pamphlets, or a sticker, or a flag or any type of symbolism that makes it possible to see that awareness is there..."

"Positive images and posters in all health centres!"

"Providers need to come out as being gay friendly and zero tolerance to homophobia."

"Service providers **HAVE** to be trained in LGBT and discrimination. It wasn't only the nurse who treated me with disgust, it was two of the receptionists in the same doctor's surgery as well...in relation to both my LGBT appearance and my mental health troubles."

Some younger contributors favoured specialist services for LGB and Trans people, and the comments below hint at the difficulties and barriers that some face when seeking medical advice and services in a heterosexual-centric environment.

"Specialist LGBT services. Growing up LGBT in a predominantly straight world is harder than any heterosexual could imagine."

“Specific LGBT Health Services, needs are often different and being mixed in with the general public can make me fearful of accessing the services for fear of being judged.”

Ageing and social care provision

The concerns about health and social care services for older LGB and Trans people were reiterated. Contributors felt that service planning should be taking account of such issues.

“I do not see any evidence of health or local authority services considering these issues in their strategic planning of services, or the development of any specific quality standards when commissioning services.”

“A gay friendly care home! Is there such a thing?”

Improvements for Lesbians/Gay women¹⁸

Lesbian/gay women’s sexual health awareness

Many lesbians/gay women echo the general call for NHS and social care professionals to be more aware of health and care needs of LGB and Trans people, and more sensitive to the issues that influence their mental and physical health and well being. However, as with Transgender contributors, there was a call for more informed, and where necessary, targeted services to address specific physical and mental health needs that affect lesbians/gay women.

It was pointed out that, albeit for understandable reasons, with the discovery of HIV and AIDS the sexual health agenda became heavily skewed towards prevention of STIs among gay men, and with gay and bisexual men’s health more broadly. This has overshadowed lesbian/gay women’s health issues and left worrying gaps in many health professionals’ as well as in women’s own understanding of sexual health issues that are of particular importance to them. Some contributors work in relevant branches of the health services and were particularly well-placed to comment in this context.

“Health service investment in the LGBT community needs to mature beyond the AIDS HIV funding culture of the 80s and 90s to invest in wider services for women and men - see Stonewall research on lesbian health.”

“Targeted services to meet lesbian/bisexual women’s sexual and relationship health.

¹⁸ Some contributors identify as gay women rather than lesbians, hence the use of both terms

"More understanding of sexual health needs of lesbians - particularly GUM Clinics..."

In some cases, a lack of knowledge on the part of professionals presented greater health risks to lesbians/gay women left them exposed in to health risks for which heterosexually active women are routinely offered screening.

"As lesbians are seen as 'low risk' to STI's etc, then services are not tailored leading to poor education and higher levels of risk to lesbians and bisexual women

"... my partner was refused a smear test because she was a lesbian..."

GP services

Because of the gateway/gatekeeper role in relation to specialist services, the importance of the level and quality of knowledge of GPs was again highlighted strongly among responses. There were also indications of how people's own inhibitions in their dealings with GPs can isolate them from access to specialist support in some circumstances.

"I want advice based on knowledge, experience and current research, not an antiquated chapter on 'gender dysfunction' read by a GP in 1978 who now believes they are qualified to deal with LGBT health".

"GPs and practice nurses and specialists really, really need to be better informed about lesbian issues - don't just treat us as if our issues were the same as straight couples, or flounder and not know what to do!"

"I have never "come out" to my GP so I think there is a lack of services across the board, especially regarding, what they would consider low level mental health needs, which I feel may or may not be related to my sexuality."

By contrast, there are good examples of GP practice available in the region, as other contributors illustrated.

"I can't complain about my GP, I can speak openly with her about my sexuality... Any sadness for me is deep rooted and largely to do with rejection by family."

"I have a good GP who understands and is empathetic to my needs. Not all GP's and healthcare professionals are so understanding or aware of the needs of lesbians."

As with the other LGB and Trans sub-groups, GP and other health professionals' attitudes are extremely important, and for some, can make the difference between disclosure and non-disclosure of sexual or gender identity.

"I think that local health care services can better meet my needs by accepting that I have a partner of the same sex and treating them as my next of kin if I want them to, and accepting them as a significant person in my life that I want involved in decisions in my health etc. As they do with opposite sex couples."

Heterosexist and sexist assumptions

Assumptions of heterosexuality (and indeed, sexual activity) can have particular implications for lesbians/gay women, which in many instances arise from a subtle, or less than subtle interplay between sexist and heterosexist attitudes. For younger people, particularly if they are not 'out', such wall of assumption might well create additional barriers to disclosing their identity.

"Not assuming you are straight as they always do. When I was younger they were always thrusting the pill on you or talking to you about having a baby."

"... my PCT funds places at slimming world, which is great but there are big issues about how slimming world are as an organisation "blind" to issues of sexual identity. The PCT could create an expectation of a change to that approach."

"Medical staff coming in contact with the public should be aware of different types of people. As a lesbian without a partner for several years I have had comments on my 'Miss' status, physical appearance and clothes."

"The doctor could consider the possibility that i might be a lesbian before asking me about contraception!"

"Local GP and Gynaecological services should stop asking women, as a matter of course, when they last had sexual intercourse!"

"Always a heterosexist assumption - that 'sex' means penetrative sex."

"More recognition that some women are in same sex relationships.."

A number of women related experiences which suggest that, once health care staff were aware of the situation there were no further problems. However, this was not always the case, and it appears there is work to be done with some voluntary health care providers.

"I am happy with how I have been treated for the most part in relation to my sexuality. The ... assumption of heterosexuality can be a problem though. Having said that, once my partner is identified as such, she has never been kept from seeing me, no matter what my situation."

"I was phoning McMillan regarding my ex partner, a woman, who was dying of breast cancer and she kept on referring to me about where was "her

husband". I did make a complaint. However my ex's doctor, a woman, knew my friend was a lesbian and was fantastic."

Reproductive issues

A number of comments related to reproductive issues. This seems to be an area where professional knowledge needs to be better developed and greater consistency provided in terms of access to treatment.

"I don't fully understand our rights to fertility treatment if there is a problem of conceiving. While I'm undecided about our rights to have support for insemination, I feel strongly we should then get equal access to other fertility treatment such as 1 cycle of IVF."

"Postcode lottery is the same issues for everyone, but it does cause confusion."

Improvements for Transgender people

Transition care pathway

For most Transgender contributors who responded, a key priority was the establishment of a clear and consistent 'care pathway' for people who wished to transition. Different standards and procedures are currently operated by different PCTs, making it extremely difficult for people to know what they can expect and when and from whom, in terms of NHS provision versus procedures which they would need to fund themselves.

The disjointed nature of current services considerably increases the anxieties and pressures that people experience. Other Trans people they talk to may have a very different set of experiences and this can create a sense that they are being singled out for particular treatment, without know why.

Both the first and the last contributor quoted here highlights the value of a supportive GP in the current confusing situation.

"A proper comprehensive care pathway. At the moment it is far too disjointed and inefficient. Having a caring and sensitive GP has been the key to breaking down the barriers to accessing proper medical care."

"National standard of (Trans) care needs to be introduced and specialists trained in an issue that affects a far greater percentage of the population than is currently recognised. This should then be made available locally, as many people end up having to travel across the country to receive the treatment they deserve."

"The PCT has refused to fund my operation (male to female). So it would be a start if they agreed with my 2 consultants who they pay to make these decisions and paid for my operation."

"Better understanding of (Trans) issues by GP's and a clear referral and funding situation avoiding a post code lottery."

Unexplained delays and waiting times in particular create avoidable anxieties. The need for quicker and easier processes for applying to local PCTs for funding for various surgeries.

"I was recommended for FTM chest surgery by the London GIC in Charing Cross at least 18 months before my case was accepted for funding by the local PCT, which was a further delay to my treatment which could have been avoided."

"Whilst it is recognised that all patients differ in when they feel they are ready for the various elements of transition, putting such decisions out of the hands of the patients can be detrimental to the mental stability of the patient throughout such an already difficult time."

The fact that there is no single, clear and consistent NHS pathway, and that PCTs apply discretion regarding which treatments they will support towards full transition, clearly creates difficulties for GPs, as well as for Trans people themselves. For many GPs, a patient presenting with gender dysphoria and requesting treatment may be a one-off experience.

There is often a need for people to seek treatment privately in order to complete transition, but this may not be understood by the GP, and one contributor highlighted the need for GPs to be aware of the crucial importance of specific areas of treatment to the individuals concerned.

"Doctors need to be sympathetic to trans people's needs, and not be judgmental about people who were forced to access treatment outside the NHS at times when discrimination was rampant."

Transgender knowledge and infrastructure gaps

Associated with the need for a clear and consistent transition pathway is the need for appropriate infrastructure, and good communications systems keeping people informed and enabling them to prepare for the next stage of transition.

Cornwall was mentioned as an area where Trans people not only feel particularly isolated and alone (an issue raised in other parts of the survey), but also appears to lack knowledgeable professionals able to offset this sense of isolation. Meanwhile

contributors experiences in Dorset and Plymouth illustrate disparities that exist within the region.

"The local PCT in Cornwall, needs to ... buy in the expertise to properly train at least one GP, CPN, Consultants and appropriate surgeons in Trans Awareness issues - this should be compulsory, not as it stands at the moment 'available but non obligatory.' Trans awareness would so help them and therefore help me with my current and continuing healthcare needs. This would be money SO WELL SPENT now and for the future too, I am not the only Transperson in Cornwall and will not be the last - we need an infrastructure, even a basic one would be better than nothing!"

"I know others have not been so fortunate in accessing services and there is an incredible long wait to access specialist services for gender dysphoria. Dorset is one of the better parts of the country to live in because services are usually funded by the Health Trusts."

"I think the NHS is dealing fairly well with Gender identity issues in (Plymouth) but i know of others in neighbouring PCT's who have had funding refused for transition surgery."

The issue of communications between the GPs and the specialists who are involved in the transition process, such as mental health specialists and staff at GICs, was one of the ways in which the process could be improved from the Trans person's point of view.

"More frequent feedback to transgender patients whilst waiting for referrals and appointments that their treatment is progressing. I know that once a patient is on the books with a GIC that they are contacted direct by the clinic."

"Better referral system & more communication between GIC and GP."

Inevitably, there were several references to 'The Laurels', the Gender Identity Clinic which has now relocated from Newton Abbott to Exeter, and the need for this facility to be better funded.

"A service that Charing Cross provides but in the south west. The Laurels ... aren't full time and so have never felt supported enough by them."

"Further support - especially financial and "political" to the gender clinic (in), Devon

A number of Trans people mentioned health concerns related to the side effects and long term health impacts of the hormone treatments necessary to support transition. It was felt that information on this was neither readily accessible nor as up to date as it should be.

"Re the hormone treatment there needs to be a national database of the various methods /medication used at the different GICs, benefits, side effects etc."

The need for improved levels of Trans knowledge and understanding is an issue that runs through, and impacts upon all of the other issues raised by Trans people. This applies to 'generalist' and specialist professionals who are called upon to provide health (as well as social) care services to Trans people, whether this is directly concerned with their Trans identity or not.

"GPs with a clue ... Health professionals who listen..."

"Better local understanding of my needs, I really don't think I should be training Doctors and actually taking information to them about Transsexualism."

"Education of health and care professionals in Trans issues."

"GP - More understanding of gender disorders and addressing the issue."

Protecting confidentiality

A lack of basic understanding about the need, and indeed the legal requirement for, confidentiality with regard to a person's Transgender status is one of the outcomes of this general lack of knowledge and awareness. There is the suggestion in one of the comments below that this can result in people failing to seek medical services in some situations.

"My GP is actually quite good - but there is general ignorance about trans issues in NHS and total disregard of obligations to protect information as required ..."

"The NHS needs to recognise that trans people need privacy as much, if not more, than they need general health care. No one is going to come in for a checkup if they think this is liable to result in their trans status becoming public knowledge."

"Receptionists in surgeries and hospitals that don't want the ins and outs of a donkeys a**!! I find it very frustrating that I can't book an appointment for my injection at the Doctors without the receptionist needing to know what the injection is for."

Timely treatment – cost benefits

Some contributors felt it important to point out long term savings that they believed could be made to the NHS, and to society as a whole, if the needs and issues arising

from gender dysphoria were given greater priority, and unnecessary delays were eliminated from the system.

“If the NHS were to give funding for surgery and allied needs a greater priority it would alleviate a lot of problems for people with Gender identity issues, and have a knock on effect in other health areas because happy trans people would be less ill - physically and mentally.”

“If there was more provision to help younger people it would mean they might transition earlier - for their benefit and for the benefit of society at large.”

To conclude, among the positive comments about NHS services for Trans people were the following

“the NHS has a very good diversity policy to support TG people - maybe some hands on training /presentations to help re-enforce the policy..”

“My GP is good, the nurse is fantastic, my gender specialist Dr C is good and my surgeon LA is amazing. I'm a lucky boy...”

The role of mental health services was an important factor in responses to the question about improvements. The responses are included in the mental health section below.

Part 2b: Health and well being findings - mental health

Mental health was at the top of the list of concerns mentioned by contributors to this survey. The comments showed this was both a current issue for many who were experiencing different manifestations of mental ill-health, and a fear - that this might happen to them, for example as a result of isolation.

The caution with which many LGB and Trans people, and organisations that support LGB and Trans rights, approach the subject of mental health is both understandable and a matter of concern. The fear of having one's sexual orientation or gender dysphoria interpreted as a symptom of mental illness, for which 'cures' may be sought, or treatments devised, is wholly rational.

A growing body of research in this area identifies homophobic and transphobic attitudes to people's identity as a key factor undermining people's mental well-being. Subjection to such attitudes, particularly when the person is young, and when they are displayed by families, friends, and trusted adults, is increasingly recognised in studies.

In a book entitled "The Velvet Rage: Overcoming the Pain of Growing Up Gay in a Straight Man's World", Dr Alan Downs attributes mental health problems among gay men to the attitudes of family and society towards their sexual orientation during their vulnerable, formative years. In particular, growing up in a family where there is fundamental hostility to non-heterosexual orientation can be deeply undermining of self confidence and resilience.

In an interview about his book, Downs is quoted as saying

"Velvet rage is the deep and abiding anger that results from growing up in an environment when I learn that who I am as a gay person is unacceptable, perhaps even unlovable... Clearly, because I was Pentecostal, I was going straight to hell for being gay..."¹⁹

For PP&T contributors across the LGB and Trans spectrum - some of whom grew up in religious households themselves - such conflicts and their impact were also particularly acute.

"... (the PP&T questionnaire) omitted an area in which trans people are very commonly disrespected - within their own family."

"... those closest to trans people often have the most difficulty accepting gender transition. If, as in my case, one's family are from the religious right, the problems of acceptance are exacerbated."

"...The worst prejudice has come from religious friends and relatives. I think quite a bit of work could be done to highlight that scriptural interpretations of sexuality are not clear cut (but this needs to come more from within the Christian and Islamic communities)"

"I chose to conceal my gender identity conflict to shield my family and myself from abuse or attack."

Downs' book seeks to put such experiences into context with regard to gay men in particular, and he is anxious not to have his arguments wilfully misunderstood:

"...what I'm saying is that it's invalidation – not being gay – that creates the problems."

His work – and particularly his identification of the impact of 'invalidation' and rejection at an early life stage, shows how mental ill-health and negative attitudes to LGB and Trans identity can be linked. Clearly, however, mental ill-health affects some people and not others, and can have many different causes and manifestations.

¹⁹ Alan Downs, Ph.D. is a clinical psychologist in private practice located in Beverly Hills, California interviewed for the Observer Magazine, 20 February 2011.

Several contributors reported having had mental health diagnoses, and some related this explicitly to homophobic/transphobic discrimination and harassment.

In one detailed response, outlined earlier, a contributor had developed a chronic mental health problem which was partly attributed to persistent homophobic abuse by a neighbour, coupled with the council's refusal to allow a housing transfer to a different area.

Another said

"I have attempted suicide twice, my health has declined considerably, I live in constant fear of further police homophobic conduct ...I suffer from panic attacks."

Others may experience mental health problems arising in situations where discrimination, or their sexual or Transgender identity, may or may not be an issue. A variety of pressures and stresses occur for people, whether they are 'out' about their sexual or Transgender identity, or not.

"I don't think I have any major health concerns. I do feel that my mental health is something which constantly needs attention in a low key way (e.g. regular bouts of therapy!). However, I am hesitant to state this because I would be concerned that you would associate (my sexuality) and 'mental health problems' and come to conclusions that were not a fair representation."

"Mental health due to isolation."

"I suffer with: Agoraphobia, Severe Depression; PTSD; Severe Anxiety; Panic Attacks."

A number of people were affected by stress in the workplace, which may have been a cause of this contributor's illness.

"I lost a job after a bout of depression so fear slipping back every now and then."

LGB and Trans people who live with and support partners or relatives with mental health problems frequently find their own health seriously affected.

"My partner suffers with severe depression ... This can have a negative effect on my own feelings of well being at times."

Accessible and responsive mental health services were among the key concerns expressed, and one contributor's fear of the onset of dementia, and the associated need to rely on others for basic care is a clearly related issue.

"Mental issues concern me - I do not want to get to the point of dependence without a quality of life - e.g. alzheimers."

For some Transgender people, body issues were a particular cause of anxiety, stress and depression and one referred to 'Gender Dysphoria Depression'.

"My mental health in relation to discrimination and how I feel about my body and my true gender and sexual identity... I have felt like a gay boy trapped in a girl's body since I was five and don't understand why... My head is messed up over this stuff and there doesn't seem to be anybody who understands or who I can talk to. It affects me everyday."

"Mental health, physical body issues that need to be changed, being unhappy with my body and the way people perceive me to be."

Others spoke of the effects of different aspects of their identity, and different stages in their transition history.

"Depression - not an issue now but was a problem before my transition and especially in my teens."

"I have also found it difficult to come to terms with my sexuality, as I feel that if I were open about it people would not take my transition seriously."

How to improve mental health services?

Mental health was the most frequently mentioned concern among those who responded to the health questions, and there were many suggestions as to the problems with mental health services, and their solutions. Contributors to the PP&T survey talked about experiences of homophobic and transphobic abuse in the workplace, in schools, in encounters with public services and in public spaces, which directly impact upon their sense of safety and well-being. These graphically demonstrate the importance of ensuring that the Equality Act 2010 is fully implemented and awareness raised.

A key consideration that needs to underpin the provision of good mental health services for people who are LGB and Trans is an understanding of the concerns around homosexuality or gender dysphoria *per se* being seen or labelled as mental illness.

This is sensitive territory. Clearly, a person's sexual orientation or gender identity does not grant them immunity from mental health problems. At the same time there is ample evidence that a lack of acceptance from an early age, that manifests itself as homophobic and transphobic prejudice and discrimination, can result in depression and other debilitating symptoms.

An important cross-government strategy paper published in February 2011 recognises the greater risks to LGB and Trans people from mental health problems,

but fails to connect this explicitly to the impact of prejudice and discrimination as key factors. The strategy document focuses on the experiences of mental health services, which for LGB and Trans people “are reportedly poor, and monitoring of sexual orientation is patchy, making it less easy to develop tailored service responses”.

“A priority action for securing improved outcomes is to achieve routine local monitoring of access to services, experience and outcome by sexual orientation.”²⁰

It is because of the highly sensitive nature of these issues that many contributors emphasised the importance both of ‘talking therapies’ and of practitioners who have a thorough understanding of, and sympathy with the impact of LGB and Trans people’s experiences. Only in such circumstances can LGB and Trans people feel safe to properly explore and address the issues that are causing distress.

A number of people had experienced long waiting times for counsellor appointments, and saw the reduction of waiting times as a priority.

“There needs to be more awareness and groups for LGBT...this seems to be a running theme throughout this questionnaire for me.”

“Service providers HAVE to be trained in LGBT and discrimination. It wasn't only the nurse who treated me with disgust, it was two of the receptionists in the same doctor’s surgery as well...in relation to both my LGBT appearance and my mental health troubles.”

“My (mental health) consultant told me he was not prepared to release me unless I changed my sexual identity.”

“Better mental health service not just medication but counselling, support, advise, help...especially for those who can still function in society with jobs, relationships etc but who suffer on a regular basis with mental health issues and who if not treated will get worse!”

“There was an extraordinarily long wait from when telling my GP i'd like someone to talk to, to actually being able to talk to someone... and i hadn't received help when i'd wanted/needed it most.”

“Much shorter waiting time for cognitive therapy, the introduction of specifically gay counsellors/therapists.”

“Shorter waiting lists for counselling and other mental health services.”

²⁰ No health without mental health www.dh.gov.uk/mentalhealthstrategy

“More varied counselling services - particularly more counsellors with a positive attitude to LGBT.”

“More effective treatment of mental health issues for those on low incomes on the NHS (e.g. counselling services).”

“Specialist LGBT Mental Health.”!

“Counselling and Health Services that recognise/understand the needs of Black LGBT people.”

A personal history recounted by one clearly distraught contributor suggested that in some areas a lack of effective collaboration between health and social housing providers can leave an individual at risk and isolated from specialist support. In this particular instance, the contributor said they had been harassed by a neighbour for an extended period, in which the police and other agencies had been involved.

“My mental health trust ... said that it could not treat me for as long as I continued to occupy the property in which I am being harassed, as it was resulting in my being a high risk score for self harm and suicide...”

“Joined up activities within health sector and social care – i.e. that they have accurate data about individuals.”

Among contributors were some who had experienced abuse as a child, and particularly needed support in relation to this, as well as awareness and acceptance of their sexual identity. In a predominantly rural region, questions concerning access to such services as well as access to information about them are particularly relevant, and add further emphasis to the need for explicitly inclusive messages and practices.

“There should be mental health services to help talk through what I wrote in section 1 of this page (childhood abuse) because.....HELP?!!”

“Better access to help & therapy to overcome & understand what happened to me and why it happened.”

“Have attended a Men's Group for victims of childhood sexual abuse but I am only gay man in group. Has been very positive but know many gay men are seriously screwed up by this and seem unaware that there is help out there which is very caring and non-judgemental.”

For some contributors who live in the less populated areas of the region there is little choice of mental health services. People may be referred to services where prejudicial attitudes may emerge, which can undermine any intended benefits and the leave individual little or no alternative option. In this instance a voluntary organisation provider fell short of offering the safe environment needed.

“(named voluntary mental health organisation) could be better funded and organised as its committee seems a bit chaotic and service users suffer and sometimes a homophobic attitude is apparent.

Mental health services have a particular significance for Transgender people as a key agency in the transition process as well as in dealing with the effects of gender dysphoria. Some Trans contributors question the balance of emphasis placed on psychiatric assessment, and it is frequently mentioned as a stigmatising aspect of transition journey.

Psychiatrists are integrally involved in determining people’s preparedness to enter into the full transition process. People with gender dysphoria who do not transition may also be referred to mental health services. In both situations, Trans people can find themselves in the hands of professionals who have an incomplete and/or unhelpful understanding of gender dysphoria and the transition journey.

It is suggested that the process itself, and the approach used by the professionals with whom they are in contact, are in need of sensitising and updating with regard to their understanding of the transition process and how it is experienced by Trans people themselves.

“The mental health services need serious updating with regard to gender identity issues. Many of their ideas and solutions are still based on writings from 50 years ago. I realise everything must be carried out with due care, and that funds are limited, but the ultimate solution and very successful surgical 'cure' is considerably less expensive than the prolonged psychiatric treatment currently employed.”

“Mental health - understanding gender disorders and that they are with a person for life and because putting someone on medication doesn’t solve the problem of their gender issues.”

Severe depression, self harm and suicide: what actions should be taken by local agencies to help reduce the risks?

The final question in the health section of the PP&T survey read as follows:

“Research suggests that people who are LGB and/ or Trans have an above average risk of severe depression, self harm and suicide. What actions by which local agencies do you believe would help reduce such risks?”

A substantial proportion of the 202 people who responded to this question indicated that they, or people close to them had experienced or were currently experiencing difficulties with severe depression and/or suicidal thoughts.

The National Mental Health Development Unit, was launched in April 2009 and closed in March 2011. It was funded by both the Department of Health and the NHS. The Unit’s website is still accessible, and collates data about mental health in relation to the Equality Act protected groups.

The following table comes from this site and gives an idea of the prevalence of different mental health problems for LGB people compared with the general population. It is based on a review of UK research studies.

▪ Mental health issue	▪ LGB people	▪ General population
▪ Anxiety	▪ 18%	▪ 5%
▪ Depression	▪ 28%-40%	▪ 6%
▪ Eating disorders	▪ 5%-20%	▪ 2%
▪ Self-harm	▪ 20%-25%	▪ 2.4%
▪ Suicide attempts (lifetime)	▪ 20%-40%	▪ 4.4%

From: Meads C, Pennant M, McManus J, Bayliss S (2009) A systematic review of UK research on lesbian, gay, bisexual and transgender health Unit of Public Health, Epidemiology & Biostatistics, West Midlands Health Technology Assessment Group

With regard to mental health and transgender, the site quotes the UK's largest survey of trans people (N = 872), which found that 34% (more than one in three) of adult trans people have attempted suicide.

Many PP&T contributors were able to draw on their own early experiences to highlight the isolation, bewilderment and vulnerability that young people are often prey to in a heterosexist world where gender is unambiguously demarcated.

There were strong advocates among LG and B and Transgender contributors for early identification of a child's need for informed support to articulate, understand and accept their sexual or gender identity in a safe and supported way during their most vulnerable, formative years.

One contributor reflected on the kinds of long-term consequences that follow from depression and self-harm in early life.

"My partner has had severe depression and self harmed in her late teens. If you have these things on your medical record it can then be more difficult to do all sorts of things ... This means that in effect there is discrimination against the LGBT community because they're much more likely to have experienced these problems."

Responses to this question included some which focused on the need for a wholesale change in societal attitudes to LGB and Trans people as the ultimate solution to reducing the risk of mental health problems for LGB and Trans people.

Contributors emphasised the importance of proactive and preventative action on the part of all public service agencies – from social housing providers to publicity departments that project images of the families as heterosexual and nuclear. The requirement for such action is at the core of the Equality Act 2010.

Along with all NHS providers, local authorities and other major public bodies, schools, colleges and universities, are bound by the single Public Sector Equality Duty which came into force in April 2011. This requires such bodies not only to eliminate discrimination related to specific 'protected characteristics' (which include lesbian, gay, bisexual and transgender identity), but also to promote equality and foster good relations between students who share a protected characteristic and those who do not.

The need for government to lead in promoting such action, and for effective enforcement of the protections now enshrined in legislation, were considered necessary in order to create the right conditions for change.

"Really, the Government has to take the lead here as LGBT people who might self harm do it as they feel rejected etc."

Early years, schools, colleges and universities

Contributors to the survey pointed out that children and young LGB and Trans people often face a lack of support, and in some cases antagonism, from immediate family and close friends. This places them in a particularly vulnerable situation if other trusted adults such as teachers or wider family members are ill-equipped or unwilling to help.

It is not surprising, given this emphasis on early experiences, that schools in particular, but also colleges and universities, were considered to have a key role in enabling children and young people to understand and accept who they are.

In the circumstances it is essential that school, college and university staff have a good understanding of the issues that face children and young people. This will enable them to recognise when a student may be questioning their sexuality or gender identity, or has established for themselves that they are lesbian, gay, bisexual or transgender.

“Early recognition of the symptoms of LGBT issues and early support to help them overcome these issues. This would especially have to include family and friends to reduce the ... stigma of being different.”

It was suggested by a number of contributors that education about sexual and gender identities should be part of a standard sex education/PHSE curriculum²¹. This enables everyone to share a common knowledge base, and makes clear the organisation’s open and supportive approach to students’ diverse identities.

“... earlier teaching to children that being gay is as acceptable as being straight. This would help with a lot of the reasons why gay people get depressed (acceptance to themselves, their families, friends etc). Earlier knowledge would help overcome these feelings of loneliness and isolation.”

“It has to start with kids and schools. I've suffered from severe depression since an early age and have contemplated suicide since I was a little boy. I did attempt it once - and it is ALL directly related to treatment I have suffered by bullies at school and my dad ... at college and even uni), due to my perceived sexuality. I say perceived ... even though I was being called it whilst being punched in the face at school, at the age of 6 I had no idea I was gay.”

²¹ The NHS website contains a section about gender dysphoria which could form the basis of the Transgender element of such a teaching programme.

"... ensuring this community is widely visible and schools do more to ensure that the subject is built into Phse lessons, then individuals who think they may be LGB/T will not feel so isolated or that something is wrong with them etc. This should then reduce depression, suicide etc, as they will not feel excluded from society."

"... introduce the support in schools - a lot of people I know had no-where to go when they were at school, no-one to talk to and little understanding of the feelings they were feeling ..."

Stonewall has described homophobic bullying as involving "physical or mental violence by a group or an individual." In recent years social networking sites and new forms of electronic communication have made verbal bullying possible in the young person's own home.

Taking firm action against homophobic and transphobic bullying in schools is considered a priority by many contributors, and arose elsewhere in the responses relating to health and well-being, as well to this question.

"Definitely stop bullying in schools, the perception of lgbt people needs to change. Feeling chastised and ostracised for something that is an innate, harmless part of your being can be extremely distressing."

"tackle homophobia in schools"

"... a pro-active agenda within primary and secondary schools (to) fully address LGBT-based bullying and harassment..."

A tendency for many schools, colleges and universities to 'brush under the carpet', or dismiss as inconsequential, evidence of physical or verbal homophobic or transphobic bullying does nothing to foster respect for others within the student body, or to provide a safe and supportive learning environment for those who are targeted for being 'different'. Neither does it help LGB and Trans staff members who find themselves working for an organisation that chooses not to confront these issues and educate and correct those who perpetrate the bullying.

Reluctance to address these issues effectively may arise, for example, through fear of tarnishing the school's (or college's/university's) reputation when competing for students, or through a lack of awareness and confidence around how to deal with such incidents.

Whatever the cause, these institutions have moral as well as legal obligations to address this matter.

Suggestions for action

- Schools, colleges and universities should display evidence of their inclusiveness in their literature, on their premises (eg in the form of posters and equality statements) and on their web sites.
- Any school, college or university governing body that has not already acquainted itself with the facts about homophobic and transphobic bullying, accessed reliable guidance, and developed a clear policy and procedures for dealing with it should do so, and publish this widely. (links provided in endnote¹)
- Staff LGB and Trans awareness training should be carried out among all staff groups to ensure that they recognise and are equipped to deal with prejudice-based bullying.
- Staff with a pastoral or counselling role should be provided with specialist training to identify and deal with LGB and Trans related issues.

GPs and primary care environments

GPs were consistently identified in this survey as having a crucial role in ensuring people obtain the right support in a timely fashion. This applies to the early identification of depression related to a person's sexual or gender identity, as well as to taking informed and early action to refer people with gender dysphoria to a GIC.

It was suggested that GPs need better training in mental health issues generally, however, in order to seriously address LGB and Trans identity-related depression and self-harm further training was necessary. This should ensure that every GP understands: the kinds of pressures that affect LGB and Trans people's health and well-being; the distinctions between and particular issues affecting the LGB and Trans sub-groups; and knowing where to refer them for help which is properly informed and equipped to provide effective support.

"Firstly it must start with ... your G.P. if you are struggling with sexual or gender issues. It should be 100% easier to approach your doctor."

"Increasing awareness within the medical professions at GP levels would help as many don't know who to refer Trans people to or understand the pressures that we experience."

As a step towards this it ought to be possible for general practices to nominate a partner who specialises in this work and is prepared to pass on their knowledge to others.

One Transgender contributor's experience illustrates the critical impact of GPs' level of knowledge and understanding.

"I went to a doctor with these symptoms and told her all about me. All she did was prescribe Oxactin. A bigger help would have been to listen and point me in the right direction instead of throwing drugs at the problem. The fear and anxiety comes from a sense of hopelessness that transition is just not possible ... Local GPs need more training. I was lucky in eventually finding an incredibly intelligent and sympathetic doctor."

The NHS Choices website describes various potential effects of Oxactin, including the following:

"Some people who take Oxactin may find that it intensifies depression and suicidal feelings in the early stages of treatment. These people have an increased risk of self-harm or suicide in the early stages of taking Oxactin."

There were frequent comments about the fact that mainstream mental health and counselling services were often under-informed about LGB and Trans issues and consequently their approaches to addressing depression among those referred to them were less than helpful or effective. A popular suggestion favoured specialist mental health professionals and counsellors with knowledge and understanding of LGB and Trans issues to whom GPs could confidently refer people.

"Improve information on counselling services particularly for GP's for counsellors who specialise in this area as general counsellors do not understand the issues."

"When I spoke to my GP about depression, she offered suggestions ... but didn't really enquire why I was depressed ... I would have liked for a GP to be able to refer or signpost me to counsellors who are LBGT or work extensively with LGBT people ... My depression has increased since the last time I spoke to my GP..."

Delays in commencing the transition process were considered to be an important factor in the onset of depression among transgender people, which earlier treatment and referral would help address.

"Let trans-people begin on hormone-blockers if not start transition earlier. Cut down the waiting time on referrals to trans specialists."

Suggestions for action

- GP surgeries should display evidence of their inclusiveness in their literature, their premises (eg in the form of posters and equality statements) and on their web sites.
- The health risks associated with LGB and Trans identity indicate the need for GP surgeries to ask for details of sexual orientation and gender identity, with

the option 'prefer not to say', when registering new patients. This should be accompanied by an absolute guarantee of patient confidentiality binding on all surgery based staff.

- Where they do not know a patient's sexual orientation, GPs need to be aware of and able to recognise signs that a patient's anxiety or depression symptoms may have a sexual or gender identity- related origin, conduct the consultation, and refer appropriately.
- Using their leading role within proposed local commissioning consortia, GPs should ensure that they commission health care provision for LGB and Trans people that, based on current knowledge, is designed to prevent severe depression, self-harm and suicide attempts among these groups, and to address the underlying causes as far as possible.
- Commissioners of mental health support services should involve and consult LGB and Trans representatives when drawing up commissioning criteria.

Mental Health Service Providers

Given the evidence of the higher risk of severe depression and self harming among LGB and Trans people, it seems surprising that so many contributors have found mental health services to be less aware of the issues than might have been hoped. However, the lack of reliable statistical evidence of the LGB and Trans population, together with a lack of patient monitoring for sexual and gender identity, perhaps places mental health practitioners at a disadvantage. This would be particularly so if the GP does not know, or appreciate the significance of, a patient's sexual or gender identity when making a referral.

"Do CAMHS or crisis intervention or mental health charities/ services REALLY understand what the ... mental health side of being LGBT is about? ... I'd like to see more accreditation of health services for being LGBT friendly."

"I believe that the NHS needs to have an integrated approach to its treatment of mental health issues, and ensure that those with long term mental health issues are given the treatment that they really need, including regular counselling and assessments by someone professionally qualified to assess their needs."

Responses to the previous survey question showed clearly how important it is that mainstream mental health services are fully equipped to address the mental health issues that arise from people's sexual or transgender identities.

This emphasis was repeated in responses to the question of reducing depression and self-destructive impulses, but with a greater emphasis on mental health services for younger people (Children's and Adolescents' Mental Health Services - CAMHS)

There were also many pleas for earlier and easier access to counselling services in both the NHS and the voluntary sector, with the same proviso – that the practitioners should be fully versed in LGB and Trans issues and the organisations overtly LGB and Trans supportive.

"My partner has been treated for depression and was not offered talking therapy despite asking for it ... It appears that a person needs to have "severe depression" before receiving active support. There should be more preventative support and signposting from GPs. There needs to be a recognition of self-image, self-esteem, child-hood abuse, and discrimination which do affect a person's mental health and well-being and are not improved by anti-depressant medication. There needs to be a recognition that people in these groups have been judged and turned away by "helping professionals" in the past and are therefore very reluctant now to seek support."

Some contributors identified a need for specialist educational and therapeutic group work particularly targeted at prevention and early intervention to counteract the internalisation of negative attitudes and ideas around LGB and Trans people.

"Funding and resources for identifying and targeting health care/ community based education programmes for LGBT people related to these issues. Prevention is cheaper than cure. Group work is needed to improve or resolve issues of poor self-image etc which often result in self-harm, suicide attempts, eating disorders."

Suggestions for action

- All mental health service providers should display evidence of their inclusiveness, in their literature, on their premises (eg in the form of posters and equality statements) and on their web sites.
- All mental health practitioners (especially including CAMHS) should undergo training that enables them to identify and treat appropriately mental health issues, including the impact of prejudice and discrimination arising from patients' sexual or transgender identity.
- If there is no relevant patient record, mental health service providers should ask for details of sexual orientation and gender identity, with the option 'prefer not to say', when registering new patients. This should be accompanied by an absolute guarantee of patient confidentiality binding on all staff. This is consistent with the cross-government mental health strategy.

- There is a need for easier and more timely access to talking therapies, both one to one and group sessions, with therapists who are fully competent to deal with issues arising from LGB or Trans identity.

Voluntary Sector services

There was a clear and frequently expressed need for 'safe space' for LGB and Trans people. Local support groups in all corners of the region were called for, with a remit and the expertise to provide counselling, friendship and support to people who are struggling against depression and isolation.

"Self-help groups.... it's not always a requirement for an agency to take charge. Counselling services are more likely to assist in these cases."

"... map where there are support groups and where there are none ... lobby the council to provide or support such services/groups."

"Ensuring people have access to LGBT specific support and groups."

"I think there needs to be more opportunities for local groups to be there for local lgbt to talk to, not just helplines. We need to act more as the "family" and be there. Voluntary lgbt orgs offering support with use of volunteers would be good to counteract discrimination or isolation which can happen."

Rural areas were sites of particularly acute isolation for a number of contributors, and in the absence of local groups, online and helpline services were essential for some. Mention was made of existing third sector mainstream help lines and counselling services, but there was little confidence that these were consistently able to understand and support people with issues arising from their sexual or transgender identity.

A number of contributors referred to themselves as 'non-scene', and thereby isolated from many of the venues and activities of other lesbian, gay and bisexual people. Some people found that even some of the specialist LGB and Trans organisations currently in existence difficult to access

"Gay organisations could be a lot more friendly to people attending meetings and less cliquey! I have often attended meetings on my own and been ignored and it can be quite intimidating. If someone attended suffering severe depression it could tip them over the edge."

Particular references were also made to the need for safe and supportive services for young LGB and Trans people.

"More LGBT youth provision."

“... offer more support groups in the southwest for younger people, a more open attitude that being LGBT is normal and part of life.”

“Greater support from Social Services and youth groups when individuals are exploring sexual identity.”

Suggestions for action

- All voluntary sector mental health service providers, and voluntary sector providers of other support services, should display evidence of their inclusiveness in their literature, on their premises (eg in the form of posters and equality statements) and on their web sites.
- All mental health service providers and voluntary sector providers of other support services need to ensure that they are fully inclusive, and that all staff and volunteers are aware of, and able to address effectively, issues that arise for LGB and Trans people.
- Specialist LGB and Trans voluntary sector organisations need to ensure that GPs and other public service agencies are aware of the existence of help lines and support groups that they offer to LGB and Trans people.
- Specialist LGB and Trans organisations need to ensure that they provide an inclusive environment for LGB and Trans people who are new users of their services.
- Youth service providers should consider how best they can provide for the social and support needs of young LGB and Trans people and ensure their services are explicitly inclusive.

Local authorities, social landlords and the police

Local authorities and the police are considered to have an important role to play in ensuring that they are fully aware, and taking proper account of the mental health risks posed to LGB and Trans people through prejudice and discrimination.

On one level, there was felt to be a need for councils to ensure that their information and publicity materials provided inclusive language and images. On another, there is also a need for councils to consider how they might promote equality and LGB and Trans health and well-being by resourcing support groups, and in particular, specialist LGB and Trans youth services that provide a safe environment.

“Shift in key agencies in the council using heterosexist language in all publications.”

“There is an issue in my local council area that there are no support groups for LGBT people. I am aware of young LGBT people who have suffered depression and attempted suicide...”

“All front line staff, as well as managers, need to be fully LGBT aware and behave accordingly.”

Incidents of hate-based crime, bullying and harassment, whether on the streets or from neighbours, need to be dealt with effectively in order to prevent repetition and protect people’s sense of security and safety. Failure to do so can lead to anxiety, depression and a sense of vulnerability, particularly for people who do not have the wherewithal to move home and resolve the problem in that way.

The survey drew out many descriptions of the mental health impacts arising from the actions of, or failures to act by agencies charged with protecting people from ‘anti-social behaviour’, harassment or hate incidents related to their sexual or gender identity. Some contributors gave detailed accounts of such incidents and the consequences of action/inaction on the part of such public bodies. In essence this was experienced by some as an additional or even worse abuse. Such bodies explicitly include housing providers, council staff and individual police officers, as well as health care staff.

Suggestions for action

- All public bodies should display evidence of their inclusiveness, in their literature, on their premises (eg in the form of posters and equality statements) and on their web sites
- All public bodies and agencies providing public services need to ensure they have reliable and relevant data about the needs of service users within their areas and that all their policies and procedures reflect the diversity of service users and comply with the provisions of the Equality Act 2010. For example
 - Local authorities should ensure that they are aware of specific LGB and Trans-related health and well-being issues indicated by the available evidence, and that this evidence informs the work of Health and Well-Being Boards.
 - Local authorities should have ‘due regard’ to the needs of LGB and Trans young people when considering proposals to change youth service provision.
 - All public bodies and agencies providing public services need to ensure that they have clear and accessible policies and procedures in relation to dealing with ‘hate-based’ harassment abuse and crime (for example, in

tenancy agreements and handbooks), and that these are well understood within the organisation.

- All public bodies and agencies providing public services need to ensure they have robust processes for monitoring the incidence of 'hate-based' harassment abuse and crime, and the effectiveness of these policies and procedures to ensure they are implemented in a timely and effective way wherever necessary.

General NHS service provision

An earlier section looked at people's experiences when accessing NHS services in general. A large majority felt they had been treated well, although it was not clear whether their sexual or Transgender identity was a known factor in these situations.

While the percentage of people who felt they were treated with dignity and respect was high, the anxieties and tensions which commonly accompany consultations with health professionals, and the heightened impact of any prejudicial attitudes encountered in those situations must not be overlooked. Although those who had had negative experiences from NHS staff were in a minority, some of these, as described by survey contributors, were deeply distressing.

One contributor clearly felt the need not only for local support groups based in health centres as a way of addressing mental health issues, but also for these to be explicitly inclusive of LGB and Trans patients.

Overall, the responses provide strong messages about the need for awareness training and the monitoring of staff attitudes towards LGB and Trans people in their care.

"I think local health centres should make more efforts to actively support these groups and also make this public. Need to de-sensitise, particularly in smaller communities."

Suggestions for action

- All health service providers should display evidence of their inclusiveness, in their literature, on their premises (eg in the form of posters and equality statements) and on their web sites.
- All public bodies and agencies providing public services need to ensure that they have reliable and relevant data about the needs of service users within their areas and that all their policies and procedures reflect the diversity of their service users.

- All public bodies need to ensure that they have clear and accessible policies and procedures in relation to dealing with 'hate-based' harassment abuse and crime, and that these are well understood within the organisation.
- All public bodies need to ensure they have robust processes for monitoring the incidence of 'hate-based' harassment abuse and crime, and the effectiveness of these policies and procedures to ensure they are implemented in a timely and effective way wherever necessary.
- Local HealthWatch bodies need to involve and consult LGB and Trans people at their inception.

Information and publicity

Some contributors commented that the facts about the high incidence of depression, self-harm and suicide among LGB and Trans people is not well enough publicised, highlighting one of the more significant aspects of LGB and Trans 'invisibility' in population statistics, and in the public consciousness generally.

"This information should be circulated better... Self harm is surprisingly common and should be discussed more openly generally. My impression is that this is particularly high among young LGBT people because they want to be 'normal' and it can feel like their body is betraying them."

"Why is it not reported in the press about the high number of LGBT people (self-harming) when other groups are? Do we not exist?"

Many contributors who might feel the need for support services were not aware of support services available to LGB and Trans people in their own areas, even in some places where services did exist.

This might also be true of some GPs, who may also be unaware of support services to which they may refer or signpost patients.

"Posters, leaflets, on where help groups are, access hours, numbers to call if a homosexual person is having problems with depression etc."

"More publicity for groups that exist, and more funding."

"More targeted literature to LGBT groups also more LGBT-oriented literature/training/ advice for mental health support agencies."

"Improve information on (specialist) counselling services..."

It is easy for organisations to become complacent about their publicity strategies, or to overlook the need to target certain groups through particular channels. However, a periodic review could make a big difference to whether LGB and Trans people who need support at critical moments in their lives actually benefit from what is available.

“I think local agencies need to promote their services more to the LGBT community through pubs, clubs and events, especially mental health agencies.”

Suggestions for action

- Locally based LGB and Trans services, as well as national agencies, help lines etc. Need to ensure they are well-publicised using the appropriate media and channels.
- All public bodies and agencies providing public services need to ensure that they have reliable and relevant data about the needs of service users within their areas and that all their policies and procedures reflect the diversity of their service users.
- This information needs to be publicised in order to:
 - enable LGB and Trans affected by depressions, self harm or suicidal feelings to recognise that this is a common experience
 - ensure that local service providers and agencies – whether specialist or mainstream - are aware of their LGB and Trans communities people in their communities in order to prevent or help overcome such symptoms.

In conclusion

There is undoubtedly an urgent need for health and social care provider organisations to ensure that staff have a better understanding and awareness of LGB and Trans health issues, and that a much greater degree of respect and sensitivity is consistently shown to LGB and Trans people.

One way to relieve some of the most intense pressures for Trans people in the South West (and presumably elsewhere in the UK) would be for a clear and consistent pathway to gender reassignment to be agreed between themselves and health care providers.

While statistics relating to the numbers of LGB and Trans people in the general population are notoriously unreliable, the sheer size of the health service workforce, leaves little doubt that within health care institutions and professions a substantial proportion of LG and B individuals are interacting with, and caring for LGB and Trans people on a daily basis. Clearly this does not prevent ignorance and discrimination being displayed towards LG and B people, but it may explain why proportionately more LG and B people reported positive experiences of health care provision than were reported by Trans people.

This simple extrapolation might go some way to explaining some of the 'routine' as well as the more extreme manifestations of prejudice and ignorance described by contributors to the PP&T survey in relation to health care services.

It might also be the case that, given the traditional (although possibly shifting) gender bias within the higher health care professions, the presence of fewer lesbian and gay women in general practice and specialist health disciplines contributes to some of the basic errors and gaps in medical practitioner understanding of the issues facing these women.

Looking wider afield, it is very clear that the causes of ill-health among LGB and Trans people lie in many places, through entrenched ideas and prejudices that overshadow many people's self-confidence, security, quality of life and well-being from childhood into old age. Human rights and equality laws have made some inroads and many contributors comment that things have improved with successive legislative changes. Nevertheless there remains a great deal to be done to remove the fear of homophobia and transphobia, as contributors to this survey highlight.

Some of the experiences described suggest a persistent lack of understanding of, and compliance with discrimination law on the part of many public service providers. It is vital, therefore that the Public Sector Equality Duty (PSED) is fully implemented and supported at every level, to act as an effective driver for change. It remains to be seen how the proposed diversification of health care and other public services will affect our collective capacity to achieve the change that is needed.

Appendix 1 – Identity terminology used in the PP&T survey

How do you describe your Gender Identity?

- Female
- Male
- Transgender female to male
- Transgender male to female
- Other (please say how you would describe your gender identity)

How do you describe your Sexual Identity?

- Bisexual (attracted to members of both the same and opposite sex)
- Gay (attracted to members of the same sex)
- Heterosexual (attracted to members of the opposite sex)
- Lesbian (attracted to members of the same sex)
- Other (please say how you would describe your sexual identity)

Appendix 2: LGB Support organisations (December 2011)

<http://www.gendernetwork.com/lgbtsupportorganisations.html>

National LGB and LGBT Support Organisations

This listing includes national organisations that provide support and information for lesbian, gay, bisexual and trans people and may primarily address issues of sexual orientation, but do not exclude trans people.

On-line Forums

Health Support

Organisation: THT Direct

Phone: 10 till 10 weekdays, 12 till 6 weekends -- 0845 1221 2004

Email: info@tht.org.uk

Web Address:

Service Description: Run by the Terence Higgins Trust, this service can give support, advice and information on matters relating to HIV and Sexual Health. Advisors can provide emotional support and direct people to their local services.

Organisation: AVERT

Address: 4 Brighton Road, Horsham, RH13 5BA

Phone: 01403 210202

Email: info@avert.org

Web Address: www.avert.org

Service Description: National Charity supporting those with HIV.

Organisation: CRUSAID

Address: 1-5 Curtain Road, London, EC2A 3JX

Phone: 020 7539 3880

Email: office@crusaid.org.uk

Web Address: www.crusaid.org.uk

Service Description: International Charity offering support, grants, information and advocacy to individuals in the UK living with HIV/AIDS. Also works internationally helping communities in developing countries.

Organisation: National Aids Trust

Primary Contact:

Address: New City Cloisters, 196 Old Street, London, EC1v 9FR

Phone: 020 7814 6767

Email: info@nat.org.uk

Web Address: www.nat.org.uk

Service Description: National charity working to educate people and prevent HIV/AIDS-related discrimination. Also offer information and other resources.

Campaigning/Political Organisations

Organisation: UNISON – LGBT Rights campaign

Web Address: www.unison.org.uk/out/index.asp

Service Description: UNISON, Britain's public services union is committed to working for LGBT rights. This section of their site provides a wealth of useful information.

Organisation: LGBT History Month

Web Address: www.lgbthistorymonth.org.uk

Service Description: Promoting LGBT History Month each February, this site is packed with resources especially useful for schools to combat bullying and educate on LGBT issues.

Organisation: LGBT Consortium

Address: J111 St Clements Road, London, SE16 4DG

Phone: 020 7064 8383

Email: information@lgbtconsortium.org.uk

Web Address: www.lgbtconsortium.org.uk

Service Description: Consortium of LGBT groups and charities.

Organisation: LGBT Labour

Address: PO Box 306, London, N5 2SY

Phone: 07092 332 676

Email: info@lgbtlabour.org.uk

Service Description: Labour Campaign for Lesbian and Gay Rights

Organisation: DELGA

Address: 77 Thorpe Road, Forest Gate, London, E7 9EA

Email: secretary@delga.org.uk

Web Address: <http://delga.org.uk>

Service Description: Lib Dem Campaign for Lesbian and Gay Rights.

Support groups

Organisation: FFLAG (Friends and Families of Lesbians and Gays)

Address: 7 York Court, Wilder Street, Bristol, BS2 8HQ

Phone: 01179 429 311

Email: info@fflag.org.uk

Web Address: www.fflag.org.uk

Service Description: Charity established to support the friends and families of people who identify as lesbian, gay and bisexual.

Organisation: Straight Spouse Network

Web Address: www.straightspouse.org

Service Description: A network set up to connect straight spouses of LGBT partners with one another, and to provide resources to help them deal with the many issues their situation may raise.

Organisation: Broken Rainbow

Phone: Helpline: 08452 60 44 60 Office: 08452 60 55 60

Email: mail@broken-rainbow.org.uk

Web Address: www.broken-rainbow.org.uk

Service Description: Support service for LGBT people who experience domestic violence.

Organisation: Silence is not Golden

Phone: 01904 727 800

Web Address: www.silenceisnotgolden.org

Service Description: Web-based resource for those who have experienced homophobic hate crime.

Young people

Organisation: EACH -- Educational Action Challenging Homophobia

Primary Contact:

Address: 42 Triangle West, Clifton, Bristol, BS8 1ES

Phone: Actionline for young people uk-wide: Monday to Friday, 10 am to 4pm --
0808 1000 143 Office: 0117 946 7607

Email: info@eachaction.org.uk

Web Address: [0808 1000 143](tel:08081000143) Mon-Fri 10am-4pm

Service Description: Charity set up to challenge homophobia. Offers training and consultancy, and runs an action line for people to report incidents of homophobic bullying.

Organisation: Schools Out

Phone: 020 7635 0576 (female helpline) 01582 451 424 (male helpline)

Email: secretary@schools-out.org.uk

Web Address: <http://www.schools-out.org.uk/>

Service Description: A research and campaign group working towards equality in education for LGBT people.

Spiritual Support

Organisation: Imaan

Address: PO Box 5369, London W1A 6SD

Phone: 07849 170793 and 07951 770735

Email: info@imaan.org.uk

Web Address: www.imaan.org.uk

Service Description: A UK-based social support group for Muslim lesbian, gay, bisexual, transgender, those questioning their sexuality or gender identity, and their friends and supporters.

Organisation: Kiss

Primary Contact: Parminder at Naz Project London

Phone: 020 8741 1879

Web Address: www.planetkiss.org.uk

Service Description: Social support group made up of women who identify as

lesbian, bisexual or queer and are of South Asian, Middle Eastern or North African descent. Some have been 'out' for a long time whilst others are just 'coming out'. The women meet up once a month in London.

Organisation: Muslim Gay Men

Web Address: <http://groups.yahoo.com/group/muslimgaymen>

Service Description: Discussion, information and support resource for believing Muslim gay men around the globe.

Organisation: Muslim Youth Helpline

Address:

Phone: Mon-Fri 6pm-12am, Sat-Sun 12pm-12am -- 0808 808 2008

Email: help@myh.org.uk

Web Address: www.myh.org.uk/index.htm

Service Description:

Organisation: Safra Project

Address: PO Box 45079, London N4 3YD

Email: info@safraproject.org

Web Address: www.safraproject.org

Service Description: A resource project working on issues relating to lesbian, bisexual, trans, queer and questioning women who identify as Muslim religiously and/or culturally. Safra Social Group meets monthly in the UK – check website events notice for dates and venues.

Organisation: Gay Middle-East (GME)

Web Address: www.gaymiddleeast.com

Service Description: Full of news and information on LGBT issues in the countries of the Middle East.

Organisation: Huriyah/Freedom

Web Address: <http://huriyahmag.com>

Service Description: Online magazine for LGBT Muslims, which includes articles, advice, book reviews, links and more.

Organisation: My Out Spirit

Web Address: www.myoutspirit.com

Service Description: Many LGBT people are spiritual, conscious, and compassionate. MyOutSpirit is an online community that lets all these people tell their stories and connect with each other.

Organisation: Changing Attitude

Web Address: <http://www.changingattitude.org.uk/home/home.asp>

Service Description: Working for gay, lesbian, bisexual & transgender affirmation within the Anglican community.

Organisation: Quaker Lesbian and Gay Fellowship

Web Address: www.qlgf.org.uk

Service Description: Would like all Quakers to be aware of issues raised by LGB and transgendered rights and responsibilities. Working towards the adoption of non-discriminatory policies and attitudes.

Organisation: Nehirim

Web Address: www.nehirim.org

Service Description: GLBT Jewish Culture and Spirituality creates authentic spiritual community for GLBT Jews, partners, and allies. Innovative programming, builds community, and offers authentic, life-affirming spiritual paths for Jewish members of sexual or gender minorities.

Appendix 3: Transgender support organisations

http://www.pcsproud.org.uk/refs_transgender_links.html

THE GENDER TRUST	
PO Box 3192 Brighton BN1 3WR Telephone: 01273 234024 E. Mail: gentrust@mistral.co.uk Website: www.gendertrust.com	Gender Trust offers help and support to adults who are transsexual, gender dysphoric or transgenderist.
PRESS FOR CHANGE	
Press For Change, BM Network, LONDON WC1N 3XX Website: www.pfc.org.uk	PfC is a political campaigning organisation - the trans equivalent to Stonewall.
DEPEND	
BM Depend LONDON WC1N 3XX E. Mail: info@depend.org.uk Website: www.depend.org.uk	Depend is a support network linking friends and families of transsexual people.
MERMAIDS	
BM Mermaids LONDON WC1N 3XX Helpline: 07020 935066 Mon - Fri: 12 noon - 9:00pm E. Mail: mermaids@freeuk.com Website: www.mermaids.freeuk.com	Mermaids is a support organisation for children and teenagers with gender identity problems, their families, friends, carers or professional organisations.
Women of the Beaumont Society (WOBS)	
Website: www.members.aol.com/wobsuk	A help and support group for the parents, partners and families of TV and TS people.

Gender Identity Research and Education Society (GIRES)	
'Malverley' The Warren Ashstead Surrey KT21 2SP Telephone: 01372 801554	An information resource with information for families of TS people.
Beaumont Society	
27 Old Gloucester Street LONDON WC1N 3XX Website: www.beaumontsociety.org.uk	A help and support group for TV/TS people
FTM Network	
BM Network LONDON WC1N 3XX Helpline number: 0161 4321915 Wed 8:00pm - 10.30 p.m.	A help and support group for Female to Male TS's.
Looking Glass Society	
PO Box 68 Exeter EX4 1YN Website: www.looking-glass.greenend.org.uk	A TV/TS information resource.
The UK Intersex Association	
Website: www.ukia.co.uk	An education and support association for intersexual people.

Appendix 4: End notes and resources

Guidance for schools can be obtained at: <http://www.schools-out.org.uk/classroom/wp-content/uploads/2011/06/DCSF-Homophobic-Bullying.pdf>
<http://www.gires.org.uk/assets/Schools/TransphobicBullying.pdf> (contains information that would be useful for colleges and universities also)

Latest guidance:

<http://media.education.gov.uk/assets/files/pdf/p/preventing%20and%20tackling%20bullying%20advice%20for%20school%20leaders%20and%20governing%20bodies.pdf>

Evaluation of effectiveness of strategies to prevent bullying in schools:
<https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR098.pdf>

Guidance for colleges, which covers homophobic/transphobic and other forms of 'hate' bullying: http://www.abatoolsforschools.org.uk/pdf/Safe_from_Bullying-FE.pdf

Sexuality and learning disabilities, helpful research for people with learning disabilities and people supporting them
<http://www.bristol.ac.uk/norahfry/research/completed-projects/challenging.pdf>

Universities - Stonewall checklist

<http://www.gaybydegree.org.uk/index.php?dir=university&task=view-detail&uniId=20>

No Health Without Mental Health: cross government strategy

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124006.pdf