healthwatch Suffolk



Response to the House of Commons Women and Equalities Committee Health and Social Care and LGBT Communities Inquiry

(Presentation of evidence)

Published October 2018

Introduction

Existing evidence shows that health outcomes are generally worse for LGBT people than for the rest of the population.

A recent survey by the Government of 108,000 LGBT people found that many had difficulties accessing healthcare services, some had experienced inappropriate questioning and curiosity from healthcare staff, and that many feel their specific needs are not taken into account in their care.

- At least 16% of the respondents to that survey had a negative experience of accessing public health services because of their sexual orientation, and 38% because of their gender identity;
- 72% of LGBT people who had accessed or tried to access mental health services reported that it had not been easy. Fifty one per cent said they had to wait too long, 27% were worried, anxious or embarrassed about going, and 16% said their GP was not supportive;
- Twenty one per cent of asexual people have had a negative experience of healthcare in the past year, as have 40% of trans people, with over a third saying that accessing sexual health services is "not easy";
- Nearly half of bisexual people say they have never been out to anyone in a care setting, and 67% have never disclosed their sexuality to a healthcare professional;
- Nearly a quarter (23%) say that being out in a care setting has had a negative effect on their care.

The House of Commons Women and Equalities Committee (appointed to examine the Government's performance on equalities issues) launched an inquiry to consider whether provision is adequate, whether discrimination is still occurring, and what more needs to be done to improve access to health and social care.

This report is a presentation of the evidence Healthwatch Suffolk submitted to this national inquiry. It is based on data extracted from three main sources.

These are:

- A short survey we created specifically to inform this inquiry (61 responses).
- Data from our "My Health, Our Future" project exploring the mental health and emotional wellbeing of children and young people across Suffolk (over 500 responses).
- Feedback from our engagement with the Outreach Youth Trans Support Group.

Healthwatch Suffolk will share this briefing with the leaders of health and

social care services and commissioners (e.g. Clinical Commissioning Groups and Suffolk County Council) in Suffolk to encourage learning and influence positive change locally.

Thank you to every person that took the time to feedback on their experiences about this important subject.



Executive summary

The short survey

- A number of individuals shared positive experiences of services and, often, the subject of their sexuality is not a factor within their care.
- It is evident that many have experienced inequality, hostility, stigma and heteronormativity within services. This has been a barrier to receiving care that meets their needs.
- Access to appropriate care that is specific to the needs of LGBTQ+ people is an issue and there is variation between services (e.g. GP approaches to the management of hormone levels).

My Health, Our Future – Exploring the emotional health and wellbeing of young people in Suffolk

Healthwatch Suffolk "My Health, Our Future" data indicates that, when compared to their non-LGBTQ+ peers, LGBTQ+ young people:

- experience lower levels of wellbeing
- worry more about their body image
- are more likely to have self-harmed
- experience more online bullying
- spend more time using electronic screens & social media
- are more likely to have tried drugs or alcohol

Engagement with the Outreach Youth Trans Support Group

Young people and their families offered the following insights:

- Mental Health services should understand that problems with mental health may not all be rooted in being transgender – Generalised support may also be needed.
- Many GPs are not equipped to support young transgender individuals. Children and young people who are questioning their gender or going through a transition, need access to a GP trained specifically to support them.
- Schools play a key role in looking after the wellbeing of young transgender people and more focus is needed in this area.

The short survey

Between 1st September and 27th September 2018, responses were sought to a short survey. It consisted of a single free text question and several demographic questions, the responses to which are summarised below.

The survey was promoted online and on social media platforms. It was also distributed to voluntary networks and professional networks (e.g. the East Suffolk and North Essex NHS Foundation Trust LGBT Network).

A total of 61 responses were received.

Respondent sexual orientation

Respondents were asked to indicate their sexual orientation. Their responses are recorded in graph one below.

Ten respondents responded to the "other" category, with additional responses stated as follows - "Queer" (2), "Transvestite" (1), "M2F Trans Woman" (1), "Pansexual" (3), "Omnisexual" (2) and "I don't know yet" (1).

Respondent age

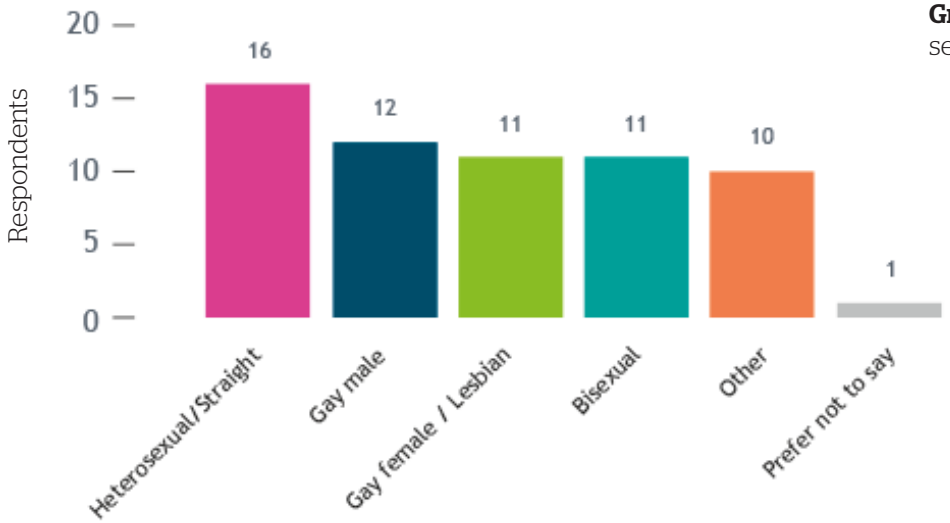
Respondents were asked to indicate their age. Their responses are recorded within graph two below on page 4.

Respondent gender

Respondents were asked to indicate their gender. 16 (26%) respondents were male, 37 (60%) were female, two (3%) indicated that they were trans male and three (5%) indicated that they were trans female.

Three individuals described their gender in their own way with additional responses as follows:

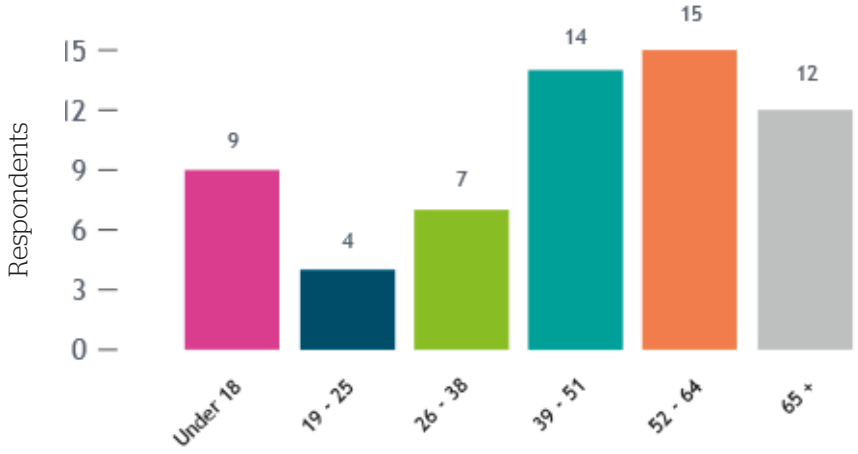
- Demigirl (1)
- Non-Binary (2)



Graph 1: Respondent sexual orientation.



Graph 2: Respondent age.



Respondent ethnicity

Respondents were asked to describe their ethnicity. 82% of respondents reported their ethnicity as "white British". Other responses included:

- White Italian (1)
- White German (1)
- Caucasian (2)
- British (3)
- White, not British (1)
- Mixed white Asian (2)

Free-text responses

Respondents were asked to describe their experiences within NHS or social care services. Several key themes were identified and these are summarised in table one below. Mentions within some themes may be positive, neutral or negative in sentiment.

In total, 39 responses were attributed to individuals (public) and eight responses were attributed to professionals.

Table 1: Table of themes (Free text responses).

Theme	Description	Mentions
Experience - Positive	This is a generic theme, which has been used capture feedback that is positive about an individual's experiences of NHS or social care services. Feedback is also included where there is an indicated absence of any adverse experience.	15

Example feedback: "total excellence" "I am lucky enough to be able to say that my GP has no issues with my being gay, and when it is relevant I can discuss related matters with him..."		
Inequality	Feedback that describes any form of unfairness or difference in how an individual has been treated compared with what might reasonably be expected of services.	13
Example feedback: "There is still a considerable amount of unintended homophobia within healthcare in Suffolk, whether that is professional to professional or in attitudes of service users towards staff, or of staff towards service users..." "My main wish for my healthcare and that of others would be to have the ability to donate blood. I am HIV negative and free of STDs... As things stand I feel ostracised by the current ban." "...CCG Fertility policy - why should I have to pay and demonstrate IUI (Intrauterine insemination) prior to treatment when a heterosexual couple can simply say yes they meet the criteria? No one asks them to prove it..."		
Stigma	Feedback that indicates the presence or fear of unfair or unjustified beliefs.	12
Example feedback: " I'm Gay. But have to lie about it. Because there are several people who hate gay people. I'm afraid if i reveal I'm gay. My job here will become very difficult..." "My GP has bibles in the waiting room and a large sign in his consulting room inviting patients to ' Pray with me if it's bad news ' As a gay man I feel very anxious my doctor is a practising Christian. I feel inhibited and frightened to discuss health issues concerned with my sexuality." "I'm too scared to talk to a professional about my mental health due to the fact I may be speaking to someone homophobic/transphobic and they will treat me differently due to that."		

Assumptions and Heteronormativity	Circumstances where professionals have made some form of pre-judgment about the person's sexual orientation or gender identity. This includes where others have considered heterosexuality as the individuals default sexual orientation (e.g. assumptions that an individual's partner should be of the opposite sex).	10
Example feedback: "It can be awkward to get past the sexually active but not using contraception. Doctors and nurses tend to assume you're straight." "...Assumptions still made in every service that your Partner is male and acting surprised when this is not the case. Being spoken to at wife's appointments simply because I am more feminine..." "... I've met with doctors and nurses who assume that male homosexuality is about promiscuity and that we are all accepting of open discussion of sexual practices. So many misunderstandings..." "Assumption that your sexual partners are of the opposite sex... Loses trust straight away." "...When seeing a locum with our son but without my wife, he asked what my 'husband' did for work. I stated that my 'wife' did... He then said 'oh so you are the husband'. Then proceeded to tell me that our son could legally find his father when he is older. He knew nothing about us. It was a very horrible situation..."		
Access and/or delays to care (waiting)	Feedback that describes people's experiences of accessing health or social care services. This is inclusive of references to waiting for a service.	8


"Over the years I have met with open hostility and clear prejudice especially from GPs and GP practice staff."

<table>
<tr><td colspan="3">Example feedback:

“I am not aware of any services that service users with a learning disability are able to access in order to explore or discuss their sexuality...”

“...Many GPs still won’t refer to GIC on first presentation... General treatment is highly variable... In terms of hormone monitoring, my doctors listened and were receptive to my needs. Doctors at a different practice would not accept that I had experience and knowledge about my own treatment and refused any alteration to hormone prescriptions (if required by blood tests) without GIC approval, despite the result being the same - raise/lower dose as needed, check bloods in 8 weeks (which I had in writing from the GIC).”

“My son is a gay trans young man. The biggest issue currently is lack of access to swift endocrinology support. When hormone levels are outside the normal range, our GP has to write to a specialist endocrinologist in London and await a reply. This process typically takes 8 to 12 weeks and in the meantime we have to guess what to change his prescription levels to. There is a potential risk of liver damage by having hormone levels that are too high... We do not understand why an endocrinologist at the local hospital could not be trained to review the blood test results...”</td></tr>
<tr><td>Experience - Negative</td><td>This is a generic theme, which has been used capture feedback that is negative about an individual’s experiences of NHS or social care services.</td><td>7</td></tr>
<tr><td colspan="3">Example feedback:

“Mental health services useless, practically non-existent. No access to Crisis Team... offered phone call “sometime”. It never happened & I don’t know how I’m still here. Ref. to GIC Charing Cross not done or even followed up despite request. No counselling, no CBT, nothing, just pills... Horrendous physical & mental pain, constantly left to my own...”

“I’m transgender... the NHS response is abysmal. Waiting time for female hormones is over a year, there should be a minimum waiting time because of what being trans is like...”</td></tr>
<tr><td>Inappropriate questioning</td><td>Feedback that describes the occurrence of ill-judged or inappropriate questioning by others, including health or social care professionals.</td><td>5</td></tr>
</table>

Example feedback:

"Over the years I have met with open hostility and clear prejudice especially from GPs and GP practice staff. Questions like "are you a homo?" and "I suppose you go to gay saunas?)". Sent by a GP to a sexual health clinic because of a verucca... They gave me a prescription for bazuka (yes, seriously. I had already purchased it but I think they felt compelled to do something)... There is no chance of discussing any concerns with a GP - mine cannot talk about sex without getting so flustered that he has to resort to crude remarks or shuffles around in his chair..."

'My Health, Our Future'

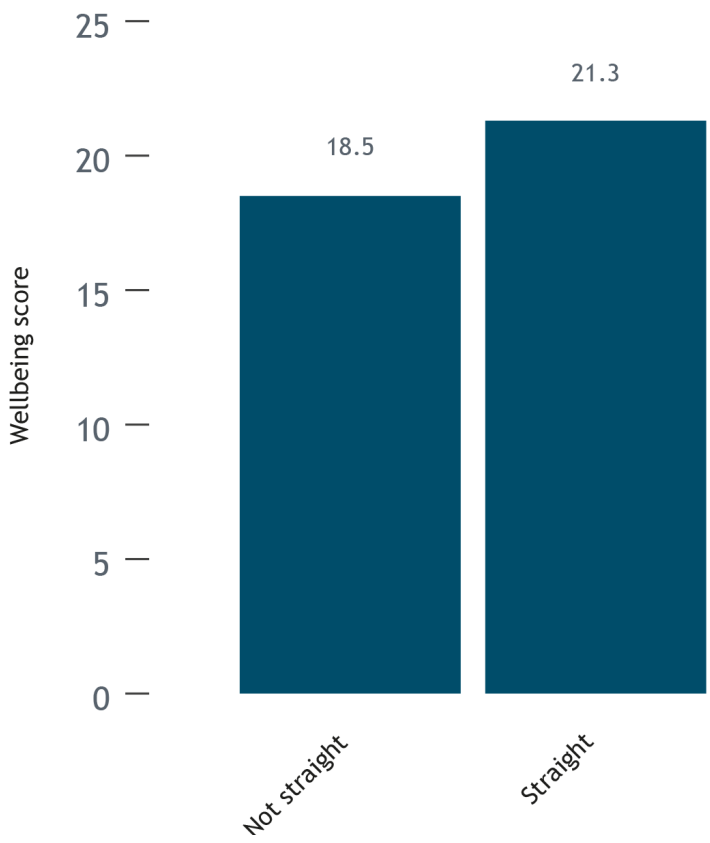
7,088 young people, aged 11 to 19, took part in an online survey about their emotional wellbeing. The data was collected between May and July 2018 and offers commissioners insight into how support could be improved locally.

- 573 (8%) told us that they didn't identify as straight.
- 84 (1.2%) told us that they didn't identify as male or female

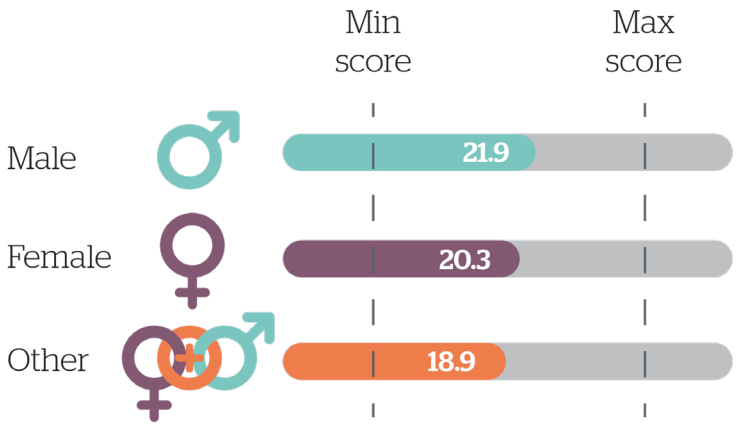
Respondents wellbeing

Wellbeing was measured using the Short Warwick-Edinburgh Emotional Wellbeing Scale (SWEWMBS). Scores can range from 7 to 35. The higher the score, the better the wellbeing.

On average, those respondents who identified as not straight scored lower with regard to their wellbeing than those respondents who said they were straight. See graph three below for more detail.



Graph 3: SWEWMBS score comparison between respondents who identified as straight and those who did not.



Graph 4: Respondent wellbeing by gender.

Gender

On average, those who do not identify as male or female have lower wellbeing than those who do identify as male or female. See graph four above.

Sexuality

Those who don't identify as straight, have poorer wellbeing than those who do identify as straight. The average SWEWMBS score for respondents who said they were straight was 21.3 whereas the average score for those who said they were not sraight was 18.5.

Body Image

Healthwatch Suffolk asked respondents how often they worried about their body image on a scale of 1 – 5 (from 'none of the time' to 'all of the time').

- A higher percentage of those who don't identify as male or female (62%) said they worry about their body image when compared to those who do identify as male or female (76%).
- A higher percentage of those who don't identify as straight (60%) said they worry about their body image when compared to those who do identify as straight (38%).

Respondents who told us they worry about their body image 'most of the time' or 'all of the time', were more likely to have self-harmed.

26% of young people who worry about their body image indicated they have self-harmed, compared to 6% of those who don't worry about their body image.

The following comments, taken from survey responses, provide insight into why LGBTQ+ young people may be more worried about the way they look. The comments suggest that they both struggle with finding their own identity and also with how other people perceive them.

"Everyone laughs at my gender and sexuality."

"I want to look like a boy but I'm scared of being bullied at school."

"I don't like my body appearance. I know im not fat in the slightest but also my sex makes me feel extremely uncomfortable and makes me feel dysphoric because im trans-gender."

"I am transgender and experience gender dysphoria relating to my body, not passing as male and how others view me."

"I feel very dysphoric and uncomfortable in my body."

"I get bullied for the way i look and that i look like a boy and then i get lots of questions..."

"I get stressed about being a girl and feel like it doesn't fit me."

"I just don't feel comfortable in my own body and how others judge me."

Electronic screen-use & social media

Excessive use of electronic screens and social media is associated with poorer wellbeing and a lack of sleep.

43% of young people who said they spend seven hours or more looking at a screen each day identify as a gender other than male or female.

The following feedback from respondents provides insight into why this group may be spending more time online. The internet and social media is used to learn about LGBTQ+ topics, meet other like-minded young people, and to receive support.

"I feel I am able to speak with people online a lot easier than I am face to face."

"Social media gives me a chance to express myself in my own way which can stop me feeling so trapped and I have online friends that help me during a panic attack or when I'm feeling suicidal."

"I find it easier to talk to people online as I'm usually too anxious to approach people in real life, I'm not judged online."

"I can talk to my gay friends."

"I can see other people that have similar feelings so I know I'm not alone."

"Learnt about LGBT+, allowing me to understand myself and come to terms with my sexuality and also realise being LGBT+ is not abnormal."

"Gives LGBT+ people a place to be open if their environment at home is unsafe to do so."

Online Bullying

We asked respondents to tell us whether they had been bullied online within the last two months. A higher percentage of young people who don't identify as straight said they had experienced online bullying than those who identified as straight.

Drugs & Alcohol

We asked respondents whether they had tried drugs or alcohol. The rate of young people wo said they had tried drugs and alcohol was higher amongst those respondents who did not identify as sraight.

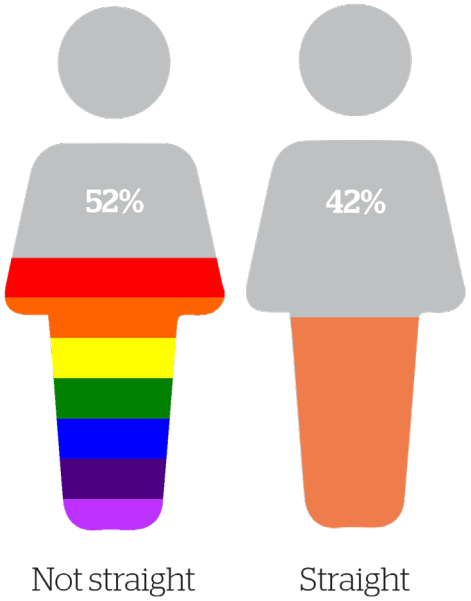
52% of respondents who did not identify as sraight had tried drugs and alcohol compared with 40% of tose respondents who identified as either male or female. However this difference may be atributed to the age of espondents as opposed to their sexuality.

Sexual Health

When asked about who they would talk to if they were concerned about sexual health, young people indicated the following:

- Of those respondents who identified as straight, the majority would choose to talk to their parents (58%).
- Of those respondents who don't identify as straight, a smaller percentage (39%) said they would talk to their parents. Instead, most told us they would prefer to talk to their friends (59%).

Figure 2: Rates of drug and alcohol use amongst respondents who identify as straight or not straight.



Self-harm

Young people were asked about whether they currently self-harm, or whether they had self-harmed since starting school.

- Gender: 50% of young people who don't identify as male or female, told us they have self-harmed. The rate of self-harm was lower in males (10%) and females (17%).
- Sexuality: 40% of young people who don't identify as straight, told us they have self-harmed. The rate of self-

harm was lower in young people who identify as straight (12%).

Healthwatch Suffolk engagement with Youth Trans Support Group

Outreach Youth is a charity that supports and works with LGBTQ+ young people aged under 25 across Suffolk.

In May 2018, Healthwatch Suffolk attended a support group and spoke to the young people and their families about their experiences of NHS healthcare. Those in attendance shared feedback as highlighted below.

Mental Health Services:

Mental Health services should understand that problems with mental health may not all be rooted in transgender. Generalised support may also be needed.

A young person spoke of how no support information was given outside of the transgender topic, despite their mental health concerns not being related to them being transgender

General Practitioners (GPs):

GPs need better training on how to support transgender patients. There needs to be access to a GP trained specifically to support transgender young people.

- GPs are unable to prescribe hormone blockers, meaning monthly trips to the Tavistock Clinic in London to pick up drugs.
- GPs are unfamiliar with the subject and refer to mental health services instead of making proper referrals to the Tavistock Clinic.

Schools

Schools play a role in looking after the wellbeing of young trans individuals. Schools should be pro-active rather than reactive and raise pupils and teachers' transgender awareness.

- Some schools are excellent, other schools lack staff and resources to properly support young people.
- Schools tend to offer the use of a disabled toilet in school time, however some schools have recently installed gender neutral toilets and this was the preferred option of the group.

Thank you to everyone that shared their views with us.



healthwatch Suffolk

We will be making this report publicly available by publishing it on our website and circulating it to the Care Quality Commission, Suffolk Clinical Commissioning Groups and other bodies responsible for monitoring the quality of health and social care in the county.

If you require this report in an alternative format please contact us on 01449 703949 or by email to info@healthwatchsuffolk.co.uk.

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