

# **The experiences of LGBTQI+ residents when accessing Islington services including health, care and housing**



## **Healthwatch Islington**

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

[\*\*www.healthwatchislington.co.uk\*\*](http://www.healthwatchislington.co.uk)

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# Introduction

The All Age Mental Health Partnership Board had identified a gap in knowledge around the experiences of LGBTQI+ residents accessing mental health support. As such the Integrated Care Board asked Healthwatch Islington to seek out these experiences in our Community Research and Support project 2022/23.

We approached Islington Mind as a local organisation providing mental health support and offering a specific service for LGBTQI+ residents, Outcome. Mind and Healthwatch have worked closer together co-chairing the All Age Mental Health Partnership Board's Inequalities Workstream where the data gap had been identified.

Outcome is a part-time LGBTQI+ only community mental health space, run by and for LGBTQI+ people. Its main aim is to provide a safe, supportive, and therapeutic environment for LGBTQI+ people experiencing difficulties with their mental health. There are also regular opportunities for therapies, learning new skills, and taking part in community events. Outcome is open two days a week and our priority is maintaining a safe and supportive drop-in space and doing essential signposting for clients. Outcome specialises in LGBTQI+ mental health support and does extensive referring and signposting for a wide variety of issues. In Outcome's own service user feedback clients report valuing the space as place of safety wherein they can seek support from staff and volunteers who identify as LGBTQI+ on a broad range of issues. For example, Outcome hosts a monthly pop-up sexual health clinic in collaboration with the NHS – clients repeatedly express that they value the opportunity to engage with generic services within specialist projects, particularly around issues such as chem sex and sex work.

From initial conversations with clients Mind noted that residents didn't just want to talk about their experiences of accessing mental health services but of accessing all services that can impact their wellbeing including physical health, mental health, social care and housing. Healthwatch Islington has a role in influencing health and social care provision but not housing. However, we agreed with clients to include housing in the hope of raising any concerns at the Fairer Together Partnership Board and Community Partnership Board, both of which cover all aspects of life in Islington.

**Anonymity:** We will refer to clients as 'they' and refer to 'gender identity/ orientation' together to limit the chances of feedback identifying anyone who took part. We will talk about service users comments in relation to each service without linking feedback across services or to equality monitoring data in case this could also inadvertently identify someone.

# Who we spoke to

We spoke to 22 residents. 2 were carers, and 15 had a long-term health condition.

## Gender, age, orientation and ethnicity data

Male	Female	Female & Male	Did not respond	Total
14	5	1	2	22

18-24	25-49	50-64	65-79	Did not respond	Total
1	7	9	3	2	22

Bisexual	Gay	Lesbian	Did not respond	Total
6	11	3	2	22

Ethnicity	
Asian	1
Black	2
White	10
Mixed/Multiple ethnic groups	3
Not known*	6
Total	22

\* Some respondents disclosed their nationality as British but did not state their ethnic background.

# Our findings

## Key themes

1. Visibility can be important in making residents feel welcome across services

"I am openly LGBTQI+ and feel seen. The GP refers to my partner with the right gender... The receptionists are very nice and know I am LGBTQI+ I feel very comfortable there."

2. Wider societal discrimination impacts on residents' confidence to be open with healthcare, social care and housing colleagues.

"This [being visible] is a huge relief having been badly bullied at school and experienced a lot of homophobia meaning I felt I had to be hidden and ashamed."

3. The way we access many public services (particularly primary health care) has changed, but the changes need to be more clearly communicated to patients and may need to be adapted to improve accessibility. This is reiterated in other Healthwatch work.

## GP services

20 of the 22 respondents gave feedback on GP services. There were issues with booking appointments; phoning the practice taking too long, reception insisting on the use of e-consult, complicated triage processes exacerbating anxiety and obtaining an appointment being 'exhausting'.

"The protocol of having to call at 8 in the morning is inconvenient and inflexible."

"It's uncomfortable having to disclose with receptionist more than you want to get an appointment, when these are things they would want to discuss with GP."

## Access and interactions

Two respondents noted services struggling to get back to pre-pandemic standards, struggling with demand. They also missed face-to-face GP appointments. Another referred to the need to be able to talk about more than one issue in appointments to better connect their mental and physical health. One respondent had now switched to a virtual GP appointments system stating this was easier to access and gave more thorough consultations.

Most reported a good relationship with their GP. One respondent felt their GP could be more compassionate, another felt disappointed that there'd not been a 'motivational' conversation about their long-term physical health condition nor recognition of the interplay between that and their mental health, and one felt frustrated by the need to fight for Diabetes-related footcare whilst being told to manage their Diabetes better. Another wanted improved communication between their GP and pharmacy services. And one respondent was frustrated having been put on medication that made their

mental health condition worse but had changed practices and been supported since. Another felt their GP had supported them really well by talking through a range of mental health support which included medication but gave alternatives too. One respondent who'd recently moved within Islington so had to change practices, was finding the new practice less accessible. They wondered why people remaining in borough couldn't remain at their practice. Another felt left to find their own referrals for mental health and LGBTQI+ support.

Some noted that they now felt less supported by their GPs due to services being stretched or moving practice. This related to times of bereavement or following a serious diagnosis or when raising a concern being left to find out information on alternative support by themselves where it was felt services had previously being in more contact with patients.

### Stating orientation/gender identity

Nine respondents felt that GP's (and other healthcare professionals) were unaware of their orientation/gender identity; five never raised it for fear of judgement or feeling 'closeted' and four said they'd never been asked but would like the opportunity. Five talked about feeling comfortable talking about their gender identity/ orientation with their GP.

Several felt it would be 'nice to be asked', as sometimes assumptions were made whereas staff knowing someone's gender identity/ orientation could facilitate more effective care and support. Five felt that they couldn't talk to their GP or other healthcare professionals about their gender identity/ orientation for fear of being judged.

"There have been occasions when I wanted to disclose my identity to the GP, but I haven't been able to, I feel concerned about how they may respond."

Several felt very able to be out and felt seen, not seeing this as an issue. Hornsey Rise was mentioned as a practice that felt "very inclusive".

It was suggested that asking when people sign up to services might be the easiest way, or at least via a form. Visual cues that services will treat people equally, such as leaflets about LGBTQI+ support, and rainbows displayed in services were suggested as ways of letting service users know there is a commitment to treat them equally. Another wondered what kind of training GPs had on issues of orientation and gender identity. This also raises the question of how regularly any training is updated and how the impact of this training was measured.

"It's as if we become invisible and do not exist after Pride month. There is no visibility at the surgery about LGBTQI+ services. Would value seeing leaflets, perhaps a Rainbow flag sticker, in order to feel safer. And would definitely like to be asked on a form when first registering about her sexual orientation."

## **Dental services**

Four respondents talked about dentistry. There was a feeling that services were going 'down hill', with respondents noting less access to a general polish on the NHS and that if you ever miss an appointment, it's extremely hard to get back into services. One patient had had to put off dental care because of NHS dental charges and was waiting to see whether what they needed was financially viable.

One respondent suggested housing dentists within GP practices to provide more infrastructure and make them easier to access. Whilst Healthwatch is aware that space might not allow, it could still be useful to think about shared support to improve access.

## **Pharmacy**

12 respondents called about pharmacy care. Respondents were very positive about their experiences of these services, finding pharmacy helpful, easy to access, welcoming in terms of knowing their customers and recognising them, in some cases 'inclusive'. Most had longer term relationships with their pharmacists. One respondent wanted to know about the offer. Information was provided. Awareness of the offer comes up as an issue across Healthwatch Islington's work.

## **Sexual health clinics**

Only one respondent talked about sexual health clinics but noted that the clinics they'd used make a point of being very gay friendly and have openly gay staff. The respondent therefore found these services more approachable and goes to them for advice over the GP. They use several and always gets good treatment.

## **Community Healthcare Services**

Only one respondent talked about their physiotherapy. They'd had a very positive experience of this service. In particular they felt they could be open about their identity:

"Receiving treatment from a physio who was an out lesbian made a huge difference... I felt much safer and more able to talk. I felt seen as a gay man when I went to the Centre."

## Secondary care: Services delivered in hospitals

Eight respondents talked about hospital care. Experiences covered University College London Hospital, Whittington Health and Royal Free Hospitals. Experiences were mixed. Several noted that services were clearly under pressure, slow and not always well communicated.

One respondent when in mental health crisis had been told by UCLH staff that they were too busy to see them. The person has been supported to make a complaint so that this can be investigated. Another respondent preferred UCLH to Whittington Health having previously had a poor experience under section at the latter. One respondent had found RFH to be 'very inclusive'.

One respondent noted that telephone appointments don't always save time and money as they can often be 'inconclusive as they depend on client relaying and describe symptoms with no concrete tests or analysis'.

As with primary care, there was a feeling that the LGBTQI+ community could be given greater visibility through ribbons, rainbows and leaflets.

Outcome staff noted that the rainbow flag has now been subsumed within NHS services during the pandemic lockdowns, so it is hard to tell whether someone is LGBTQI+ friendly or pro-NHS. In the context of hospital environments we would recommend more explicit leafletting and signage as well as using up to date progress flags that are fully inclusive.

## Mental Health Services

11 respondents talked about their experience of clinical mental health services.

### Crisis Team

Two respondents had a negative experience of this service, 'not trusting' it, finding it 'unfriendly' and the waiting times long. One felt unable to express their orientation/gender identity in the service and felt that training could help. Another respondent had a positive experience of the care given by this service.

### Community Mental Health Team

One respondent talked about this service calling it a 'perfect service' and very supportive. They have never been asked about their sexual orientation and they would like to be ideally via a tick box form.

### Dartmouth Park

Only one respondent talked about this service. They felt that some staff would benefit from LGBTQI+ awareness training. Another respondent who had been on a ward felt they were discharged with no after care.



### Drayton Park

One respondent talked about this service. They'd found it helpful but had not been allowed to stay for as long as they needed and felt that they'd been given no after care.

### Better Lives

Only one respondent talked about this service. They felt that some staff would benefit from LGBTQI+ awareness training. They suggested it would be good if some form of support continued even once clients were reducing their consumption to help them maintain this.

### iCope

One respondent had been referred to iCope but then told they were too complex. This has come up in other Healthwatch work and some improved communication to help manage expectations and redirect people for whom this service is not suitable would help. Another respondent had undertaken Cognitive Behavioural Therapy with iCope but not found this helpful. One respondent was not seen in person but given a phone assessment and deemed unsuitable, they found this very distressing and felt the outcome might have been different had they been seen in person.

### Neurodiversity services

Long waits for referral were mentioned as a problem.

### Counselling

One respondent had been referred for counselling but deemed eligible to pay though could not afford it. Mind will follow up to see whether any free-to-access services can be found for this client. One client had accessed a counsellor specialising in support for their ethnic community and had been asked immediately about their orientation/ gender identity which enabled them to feel safe and supported from the start.

## Social and wellbeing support

When asked about accessing mental health support respondents talked about a number of mental health, well-being, social and LGBTQI+-specific support provided within the voluntary sector.

Some respondents noted they were open about their orientation/ gender identity in some services and not in others depending on; their own feelings, relevance to the service, trust, visibility of LGBTQI+ people within the service (staff, literature, other service users etc).

### LGBTQI+ tailored support

Outcome (Islington Mind LGBTQI+ service) and London Friend both LGBTQI+ specific services were described as a positive experience, and a safe space. One respondent had been offered coaching through Mind and got a lot out of the experience. Shout, an LGBTQI+ service similar to the Samaritans was also highlighted as positive.

### LGBTQI+ friendly support

One respondent found their church progressive and supportive and didn't need support from elsewhere as a result. Healthy Minds Healthy Bods a local group offering activities including walking was highlighted as being a very welcoming space for LGBTQI+ residents.

"Healthy Minds Healthy Bods is a very good group, with good activities like visiting the theatre, museums, walking, socialising safely."

### Universal services

Arsenal in the Community and Single Homeless Project were mentioned by respondents who'd had a positive experience of their services as well as the Samaritans. Two respondents had used Age UK Islington with one respondent, a user of the Carers Hub reporting feeling treated: "as a unique human being and not a robot. They were 'on top of their game' in terms of the service, both in one to one work and in signposting. Very caring... a space where I could start to ask questions". The client found it far easier to navigate the system when they were a full-time carer for their partner because of this support.

## Adult Social Care/ Social work

Four respondents talked about adult social care. Three who had Social Workers found the communication, with calls sometimes not returned, too infrequent to build a relationship. Two had been able to discuss their orientation/ gender identity. One respondent has a Support Worker which they find helpful but find the individual's approach a bit harsh. One respondent's parent had a Care Coordinator who they "hoped would be a centerpiece of supporting my parent to access care but is actually more of a side piece".

## Housing

Our initial aim was to talk to residents specifically about accessing mental health services, and how inclusive these are. After scoping this with respondents they were keen to talk to us about all health and care services. They were also keen to talk about their housing issues and the impact of their housing on their health and well-being. Outcome staff noted that clients often raise housing concerns that are impacting on both their physical and mental health (impact on sleep, lifts being out of order, damp and cold).

15 respondents talked about accessing housing services. One respondent in private rented accommodation didn't access housing services but was grateful for a good relationship with their landlord. Another respondent who was an owner-occupier had tried to access support relating to anti-social behaviour from a neighbouring home regularly rented out for very short-term lets. Respondents had generally had a very

positive or very negative experience.

Peabody were mentioned twice as being supportive, in one case relating to the reporting of a hate crime and in one case for providing a Case Worker who offers daily support.

Several respondents talked about hate crime perpetrated by neighbours. It was felt that providers should ask residents about their orientation to help understand the scale of hate crime committed against LGBTQI+ residents and to inform action. Another resident talked about the repairs team mocking their orientation/gender identity and commenting that 'it isn't right', so the respondent asked the team to leave at which point the worker was threatening. When the respondent reported this to housing they were given a number for Victim Support but didn't feel the matter was taken seriously.

One resident's Housing Support Worker had helped them access a freedom pass, another found their relationship with Islington Council Housing 'friendly, safe and they get things done'. One respondent who'd reported anti-social noise was happy with how efficient the Islington Council housing team had been, copying the respondent into correspondence with the people being noisy, and the noise stopping. They also felt supported by the team when discussing their orientation/ gender identity.

Several respondents had issues with housing provided in poor condition and issues accessing repairs. Two respondents found Islington Council housing unresponsive about repairs, including their heating which for both respondents had not been working through the winter. Both felt 'frightened' about disclosing their orientation/ gender identity to housing colleagues one because of the way they'd been treated and one for fear of how staff might react.

A respondent living in St Mungos accommodation reported being 'very happy with housing, and the support from the team. Open about sexuality, and feel accepted, there are LGBT group meetings there sometimes'. A respondent in Guinness Housing reported their housing was in horrible condition with noisy neighbours and in an area that made them feel it might not be safe to be open about their orientation/ gender identity.

An Islington Council tenant who'd had ongoing issues with noisy neighbours had found engaging with the council's housing team 'a tiring process, as they are not approachable and don't follow up on things', so they'd been trying to do what they can on their own. Another respondent described frustration with the service because you 'can't talk to a human' and felt the service could 'be improved by being put through to a member of staff to talk to on the phone straight away'. The respondent said that due to their mental health, they cannot cope with automated calls and long waits on the phone and they felt put at a disadvantage by this system. A further respondent reported being very happy with the team as they were listened to and moved quickly after facing hate crime due to their orientation/ gender identity. The housing team visited regularly to ensure that the respondent was OK and felt safe. They were 'over the moon' feeling that their harassment had been taken 'very seriously'.



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