

'All of our journeys are like completely individual and unique and beautiful in their own way.'



Transitions

Exploring peoples' experience of being on the gender identity clinic waiting list

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healthwatch
Essex

Acknowledgements

We would like to express our special thanks and gratitude to everyone who spoke out and shared their story for this project through the survey and interview process, and to the participant that gave an insight into their life through photovoice. We recognise that some of these experiences were difficult to discuss and share, so our participants' generosity is very much appreciated. Thank you to the organisations who also supported this research.

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The report does not always make for easy reading. However, we hope that it helps provide a view into the lived experiences of transgender and non-binary people, and the impact that the extended waiting times are having on their lives.

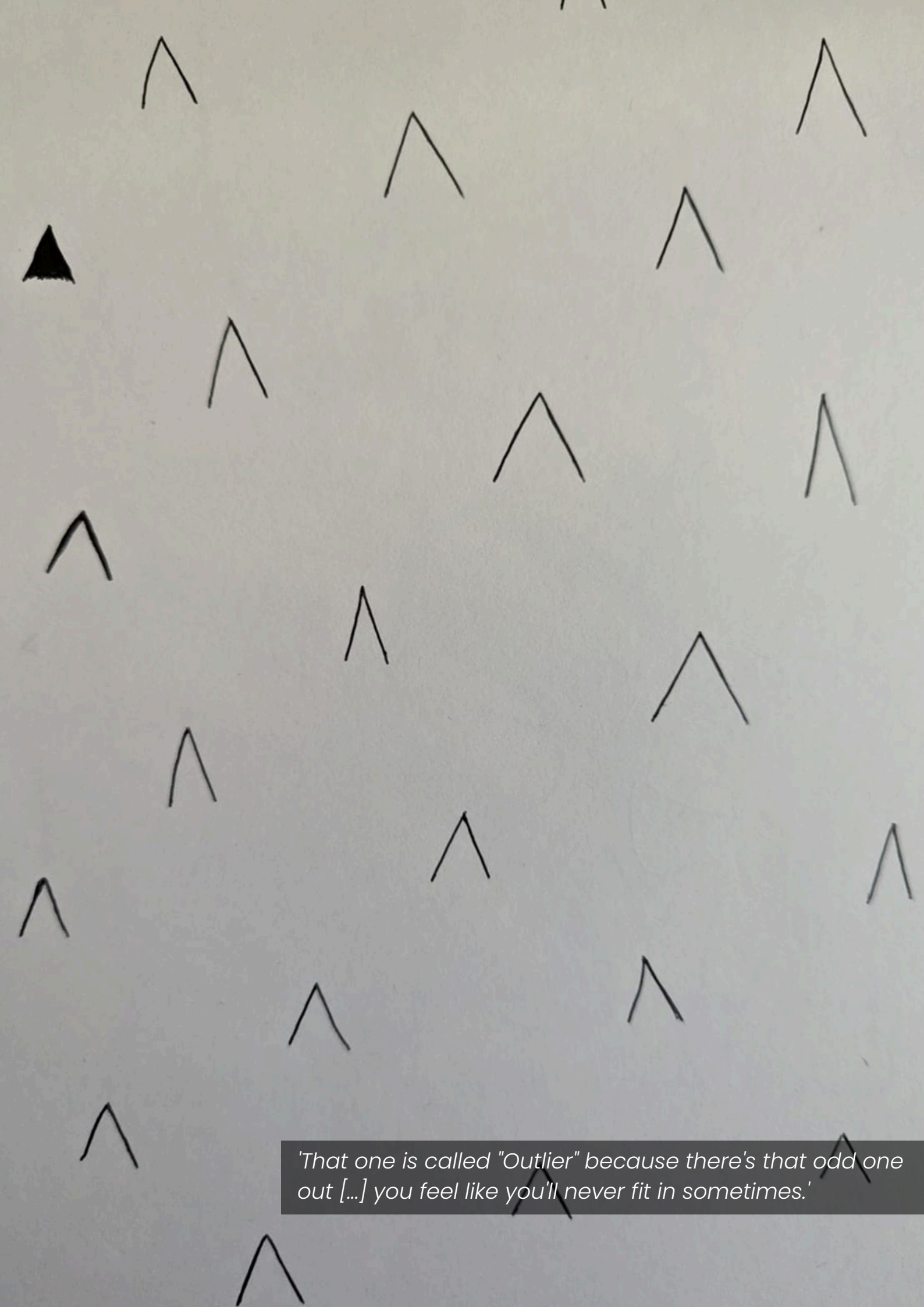
You can find an accompanying zine showcasing the photovoice images shared by a participant here -

<https://healthwatchessex.org.uk/library/transitions/>. The photovoice images have been used on the front cover and to separate chapters throughout the report.

Trigger warning: The content of this report may be emotionally challenging or distressing as it reflects the very real issues that people face when waiting for gender-affirming care in Essex. Topics discussed include gender dysphoria, mental health concerns, suicidal ideation, and social isolation. If you are affected by any of these issues, you can find a list of resources on p. 8 of the zine linked above.

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'That one is called "Outlier" because there's that odd one out [...] you feel like you'll never fit in sometimes.'

Introduction

Understanding gender identity, transgender people, and transitioning

Gender identity refers to how we see ourselves in terms of gender. Transgender is a broad term that can be used to describe people whose gender identity is different from the gender they were assigned when they were born. The 2021 census revealed that 262,000 people in England and Wales identify as a gender different to their sex registered at birth (ONS, 2021).¹ Trans² will be used throughout the report as an umbrella term referring to a diverse range of identities within the gender identity spectrum.

Transitioning refers to the steps a trans person may take to live in the gender with which they identify. It's important to note that each person's transition is unique and personal to them; hence they will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Social transitioning might also involve affirming gender through things such as telling friends and family, changing name and/or pronouns, and dressing to match their gender identity.

Some trans people will experience "gender dysphoria", a sense of unease regarding the mismatch between assigned sex and gender identity (Diagnostic and Statistical Manual of Mental Disorders, DSM-5). This may influence their decision around how they want to transition. Whilst not all trans people choose to access medical interventions to transition, for some medical intervention is important to affirm their gender.

¹These figures have been disputed by some researchers due to the wording of the question on gender identity in the 2021 census (Biggs, 2024). However, it is the first time it has been collected in the UK and as such there is no other data.

² This refers to a diverse range of identities within the gender identity spectrum that share a common denominator in being non-cisgender gender identities. These might include but are not limited to: transgender, transsexual, genderqueer, genderfluid, non-binary, genderless, agender, non-gendered, third gender, two-spirit, bigender, and trans man and trans woman.

In the UK, adults who seek help with their gender identify are supported by a set of specialist centres, often known as gender identity clinics (GICs) or Gender Dysphoria Clinics (GDCs) (NHS England, 2020). These clinics offer medical services like hormone medications and surgeries as well as psychological support. The commissioning of these services is undertaken nationally by NHS England. In the last few years, there have also been several pilot schemes run by different organisations within NHS England. The purpose of these schemes is to reduce the waiting lists and to explore a more holistic and comprehensive model of how gender clinics can potentially function in the future (Gender Construction Kit, undated). The closest clinic for Essex remains in London. However, people can choose which clinic they would prefer to refer to.

Accessing gender services

Those that seek the support of gender services face significant barriers to accessing treatment, including lengthy waiting times that stretch into years. One study of 202 trans participants showed that 32% waited up to three years to access GIC services and 10% waited more than three years (Ellis et al, 2015). Since then, demand for services has continued to grow at a significant rate, with referrals increasing across all clinics.

The Tavistock and Portman Clinic in London last reported 15,928 people on their waiting list (Tavistock and Portman NHS Foundation Trust, 2024).³ The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment. Despite this, the waiting times for GICs can be around 5 years, from referral to first appointment. As a result, in December 2023 the Tavistock and Portman Clinic reported seeing patients that had been first referred to the service in December 2018.

³ Data reflects the number of people on the Tavistock and Portman Clinic's waiting list as of August 2024. The Clinic qualified that this number is 'provisional and may change as the data is validated' (Tavistock and Portman NHS Foundation Trust, 2024).

In the National LGBT Survey, trans respondents were asked about their experience of accessing gender identity services (Government Equalities Office, 2018). Half (50%) of trans men and 43% of trans women respondents had accessed gender identity services in the past year. A further 16% of trans men and 15% of trans women had tried but were unsuccessful. Only 7% of non-binary respondents had accessed the services, with a further 6% trying. Of all trans respondents who had accessed or tried to access services, 80% said that access had not been easy, and 68% said that the waiting lists had been too long. The impact of this meant that 16% of respondents who had started or completed transitioning had travelled outside the UK to pay for healthcare or medical treatment and a further 50% said they were considering it. The main reason given is that gender identity service waiting lists were too long (73%).

Similarly, Bachmann & Gooch (2018) found three in five trans people who had undergone, or were currently undergoing, medical intervention for their transition were unsatisfied with the time it took to get an appointment. Subsequently 11% had travelled abroad for medical treatment to alter their physical appearance, including the potentially dangerous activity of buying hormones over the internet from other countries.

Waiting experiences

The COVID-19 pandemic highlighted severe issues around long waiting lists for medical treatments. Waiting lists have been associated with negative psychological and physiological responses such as anxiety and stress. When the wait experienced is uncertain, unexpected, and longer, this can exacerbate these symptoms.

Research on patients waiting for organ transplants has revealed that they experience higher levels of anxiety and depression compared to the general population. Furthermore, the duration of their wait significantly impacts their emotional wellbeing (Vermeulen, et al, 2005). Patients awaiting procedures like coronary artery bypass surgery often describe their lives as being “on hold” and

unable to make future plans (Fitzsimons, Parahoo, and Stringer, 2000). In both these studies, the uncontrollable nature of waiting for healthcare treatment exacerbated negative emotions including anger, frustration, fear, stress, anxiety, and depression, as well as reduced self-esteem. These emotions tended to intensify the longer they waited.

This affect is comparable for those awaiting mental health treatment. Punton, Dodd, & McNeill (2022) explored young adults' personal experiences of delays accessing mental health services. They found that delays in treatment aggravated existing mental and physical health symptoms and attempts to cope with these long waits ranged from adaptive to maladaptive strategies.

These studies show that the patient experience of waiting for diagnosis, surgery, or treatment impacts on quality of life, stress and ability to cope. Those waiting for gender identity clinics tend to wait much longer than other patient groups so the impact on their lives can be immense.

Impact of lengthy waiting times

There is limited information on the impact of prolonged waiting times to see a gender specialist on an individual's quality of life. However, it is well-documented that transgender individuals face a disproportionate burden of mental health issues compared to the cisgender population (Downing & Przedworski, 2018). These challenges arise from various social stressors, including stigma, discrimination, and inequalities, which significantly contribute to mental health problems among transgender people (Valentine & Shipherd, 2012).

Some people experience gender dysphoria which, when left untreated, can lead to a sense of unease or dissatisfaction, causing severe emotional and psychological distress (Cooper, Russell, Mandy & Butler, 2020). In the long term, this can increase suicidal behaviour. One study found 48% of trans young people had made at least one suicide attempt in their lives, compared to 26% of cisgender young people (Nodin, Peel, Rivers, & Tyler, 2015).

Waiting and its impact on wellbeing is increasingly being considered in relation to children and young people wishing to access children's gender identity development services (GIDS) in the UK (Rickett, Johnson, Ingle, & Reynolds, 2021; Carlile, 2020; McKay, Kennedy, Wright, & Young, 2022). The emotional toll of waiting has led to some teenagers experiencing mental health struggles, feeling anxious and unable to visualise a future within their current bodies. Extended waiting periods lead to self-harm and suicidal thoughts among some individuals, showcasing the urgent need for timely access to gender support (McKay et al, 2022).

Similarly, White et al., (2023) found that long waiting times for GICs are perceived as a significant risk factor for poor mental health. Participants on waiting lists reported experiencing stress, hopelessness, anger, suicidality, and chronic stress-related physical health conditions. Lack of clear communication about waiting times and uncertainty about referral lists contributed to feelings of hopelessness.

The lack of communication during this waiting time has been found to be particularly disconcerting. Harrison, Jacobs & Parke's (2020) study on the lived experience of transgender adults with gender dysphoria found that participants would like increased contact between clients and GICs during the waiting period. This would help them to feel more valued and supported whilst under the care of the NHS.

This lengthy wait can cause significant stress and impact on people's lives. It prevents many trans people from accessing the timely support they need. Understanding and addressing these concerns is critical to providing high quality care and reducing health inequalities.

Waiting times and the law

Despite the explicit protection against discrimination provided by The Equality Act (2010), the UK Parliament's Women and Equalities Committee (2016) raised significant concerns regarding access to GICs and essential care for trans

individuals. According to their findings, the NHS was falling short of its obligations under the 2010 Equality Act. At the time of the report, waiting times for trans-related services were approximately 12 to 18 months. Unfortunately, in the years following the report, these waiting times have continued to increase.

Moreover, there is an argument that these inequitable delays are unlawful and constitute direct discrimination. In November 2022, teenagers AA and AK and adults Alexander Harvey and Eva Echo brought a case against the NHS Commissioning Board at the Royal Courts of Justice. The case argued that NHS England was failing to meet a duty to ensure 92% of patients referred for non-urgent care start treatment within 18 weeks and that the delays faced by trans people were longer than for other types of NHS treatment because of discrimination. However, the judgment concluded that even though there are clearly disproportionate waiting times for trans healthcare, this does not qualify as discriminatory, and NHS England is taking actions to not be in active breach of its legal duties (AA & others -v- NHS Commissioning Board, 2023).

Systemic discrimination

It is pertinent to acknowledge that during the course of this project, the trans community faced significant challenges. Recent political and media debate around transgender issues such as the Scottish Gender Recognition Reform Bill, has become increasingly polarised. Notably, a survey found that whilst the country is becoming more liberal overall, in the case of transgender people, the recent public debate about the law on gender recognition appears to have resulted in attitudes becoming less liberal than they were just a few years ago (NatCen, British Social Attitudes Survey, 2023). This is having a negative impact on the trans community.

Hate crime is a name for abuse, violence or intimidation targeting someone just because of who they are. Statistics show that transgender people are more likely to experience threats of physical or sexual harassment or violence, compared to the rest of the LGBT community (Government Equalities Office, 2018).

In 2022–2023, there were a staggering 4,732 hate crimes reported against transgender people – a rise of 11% on the previous year (Home Office, 2023). This is put down to transgender issues being discussed by politicians, the media and on social media, as well as better identification and recording of these crimes. This discourse is becoming increasingly toxic, and overtly debates trans people’s right to live their lives freely.

As such, this timely project aimed to understand the lived experiences of people who are seeking or have sought support from a GIC, and to amplify their voice to raise awareness of these issues.

Report overview

The following chapter outlines the approach taken to recruit the research sample and to collect and analyse the data. The second chapter contains an in-depth examination of the study’s findings. The third chapter provides a discussion of the report. This discussion outlines how our study contributes to existing research. In the conclusion, we summarise the key messages and recommendations, discuss the limitations of the study, and outline opportunities for further research.



'That's a picture of binders [...] I just wear them so that I can feel like my clothes can sit comfortably and I can feel more confident.'

Methodology

In this section we outline the methods, recruitment strategies, sample, and the approach taken to analysis. We utilised both qualitative and quantitative methods, using a two-phased approach to carry out a survey, and then individual interviews and a photovoice interview.

Phase 1: Survey

From July to December 2023, we ran a short online survey asking trans people about their experiences accessing gender identity services. It aimed to gain an insight into people's experience of being referred to the GIC, the impact of waiting times and useful support mechanisms people access during this time.

Recruitment

Following ethics approval from the Research Governance Board at Essex County Council, we began recruitment for the study. The survey used convenience sampling and was distributed widely across our networks and organisations working with LGBTQIA+ communities.

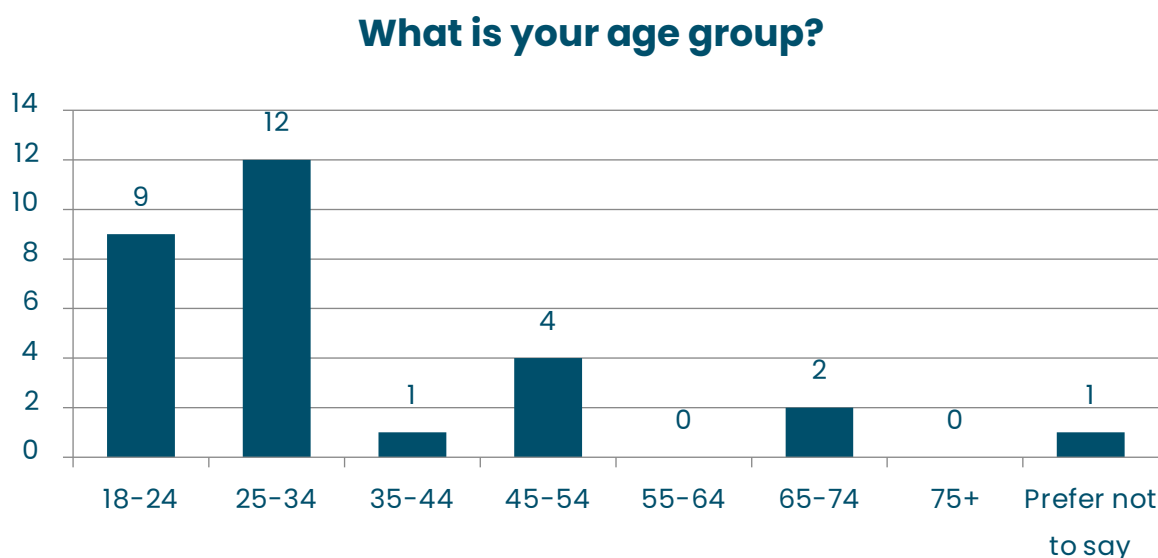
An overview of the study was circulated via email to organisations in the UK. Organisations targeted included those that supported trans people specifically (e.g. TransActual, Transpire Southend, TransLucent, GIRES), those which supported trans people but with a broader LGBT remit (e.g. The Outhouse, Essex LGBTQ+ Alliance, Thurrock LGBTQ Network), LGBT-friendly organisations (e.g. Unison, University of Essex), and organisations with more indirect links to the trans community (e.g. Tendring Wellbeing and Intervention Services). We also attended Pride events across the county to spread awareness of the project using flyers and to show our allyship to the community. The study was further promoted on Healthwatch Essex's social media channels and on those of community partners.

We engaged with the widest possible cross-section of community groups and national organisations to ensure that we reached those that are/have been on the GIC waiting list from Essex.

Participants

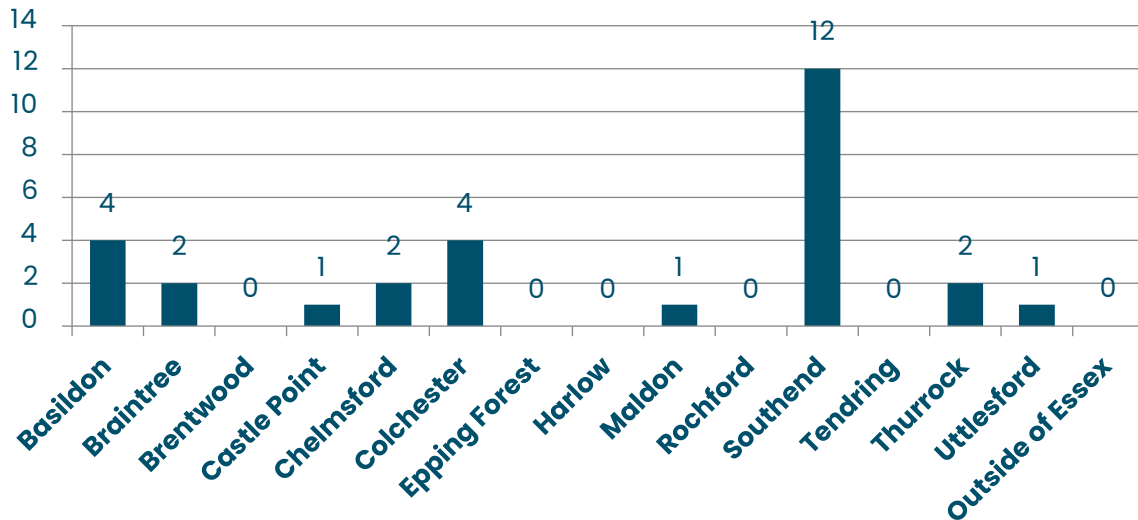
The final sample comprised of 29 responses, although not every participant completed all the questions.

Around 72% of all the people we spoke to were aged 18-34, over 40% of these were aged 25-34 ($n=12$).



The respondents came from across Essex, although 40% listed Southend. This is likely to be because the local support group Transpire shared details of the survey to their networks.

Where in Essex do you live?



As the chart shows, despite a good range across Essex, there are areas where we did not manage to recruit participants.

Analysis

We performed descriptive statistical analysis to help understand people's experiences of being referred to the GIC and how they experienced the wait. The findings from the survey data were further examined during the individual interviews with a small number of participants.

Phase 2: Interviews/Photovoice

The second phase of data collection was designed using photo-interviewing. Photo-interviewing is the generic term that refers to the data collection strategy of using photographs as stimuli during a research interview (Hurworth, 2003). Sometimes the researcher creates or finds images to use, or study participants take photos that show or represent aspects of the research topic. This approach is called photovoice, which prioritizes the informant's 'voice' through photos (Wang & Burris, 1994; Oliffe & Bottorff, 2007).

Photovoice is a research method that can help to elicit a deeper understanding of lived experience (Plunkett et al, 2012). Through this, participants will be encouraged to produce photographs that express who they are and how they feel. Through using the qualitative research methodology of photovoice in this study, participants were empowered to tell their story through photography and personal narratives. These photographs were then used during the interview as an aid to facilitate discussion.

A critical part of photovoice research is to raise public awareness and influence policymakers (Wang and Burris, 1994). Traditional ways of disseminating research findings through scientific journals and conferences typically engage academics and some clinicians. Photovoice, however, offers researchers unique opportunities to innovatively message a range of stakeholders including the public and policymakers (Rynes et al., 2001).

Photovoice was selected because it can facilitate the sharing of perspectives in ways that do not rely solely on words. It shifts authority and power from the researchers to participants; beginning the conversation with participants photographing what they believe is most important about their experiences (Catalani & Minkler, 2010; Ferlatte & Oliffe, 2019; Oliffe & Bottorff, 2007). The process of taking photographs can be empowering and transformative (Liebenberg, 2018; Wang & Burris, 1997). Participants gain critical insights about their experiences by taking photographs (Han & Oliffe, 2016; Sitvast, Abma, & Widdershoven Guy, 2010) and can share their stories in a way that brings a sense of safety (Ferlatte & Oliffe, 2019).

Where participants did not feel comfortable participating in photovoice, they were invited to take part in an interview. All interviews explored participants' expression of their gender identity and how this has evolved over time; the GIC process and how they feel the lengthy wait has impacted their wellbeing; and the social support mechanisms that they have accessed during this time.

Recruitment

Interviewees were recruited from those who expressed an interest when completing the survey. Many did not reply to the email inviting them to discuss the opportunity to participate, and others dropped out of participation before the interviews began. It is possible that recent debates around transgender issues may have made participants more reluctant to come forward and speak about their experiences.

Interviews were held from August – December 2023. They were held remotely and lasted between 35 minutes and 1 hour. In total 2.35 hours of data were collected and transcribed verbatim.

Participants

Three participants took part in individual interviews. Two chose not to participate in photovoice as they had been through the GIC and did not feel it was appropriate. One participant was currently on the GIC waiting list and took part in photovoice to represent their experience.

Participants self-identified as: female, trans masculine/nonbinary, and a trans woman. Two participants were aged 25-34, and one was aged 45-54. All three were educated to degree level and were either employed full-time (n=2), or self-employed (n=1). In terms of ethnicity, two participants were British, and one preferred not to answer.

Analysis

Each of the interviews were audio recorded and transcribed verbatim. A thematic analysis, a qualitative method for 'identifying, analysing and reporting patterns (also known as themes) within data' was applied (Braun & Clarke, 2006). Thematic analysis first involves identifying broad or key themes that are emerging from the

data 'coding', and then offering deeper meanings about the 'narrative'. This approach has been chosen as it allows for flexibility in interpreting the data.

Ethics

Ethical approval for this study was granted by Essex County Council in June 2023. High ethical standards were maintained for the duration of this study. All participants were assigned pseudonyms to ensure anonymity and participant details were not shared outside of the Healthwatch Essex research team.



'That is the logo of our support group [...] It's been a really good way for me to cope and meet people that are going through similar experiences.'

Findings

In this section, we present the results obtained from both the survey and the interviews.

Survey

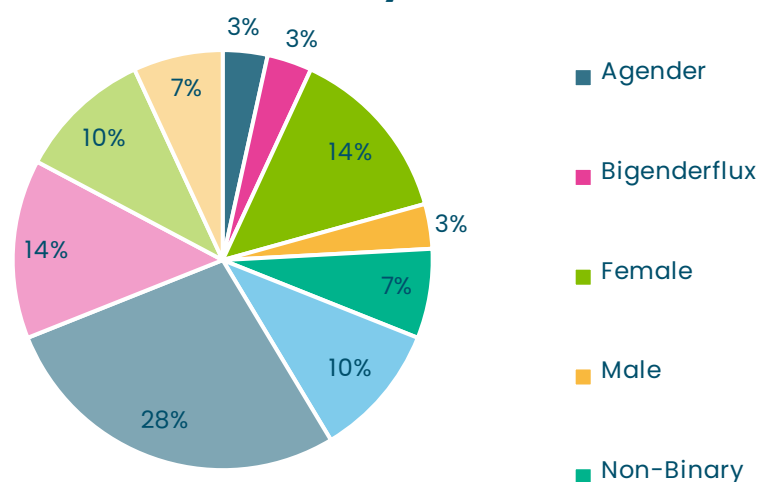
The first part of this chapter provides an analysis of the survey findings.

Gender identity

In our efforts to ensure inclusivity, we designed this question to be as broad as possible. Respondents were given a free-text space to describe their gender. The results revealed a rich diversity of identities, with all respondents identifying as transgender. Out of the twenty-seven people who answered the question:

- 28% identified as trans male/man.
- 14% identified as female.
- 14% identified as trans woman.

How would you describe your gender identity?



Respondents were asked about the onset of their gender identity questioning. They provided free text answers; most chose to answer either by providing an age or a year ($n=27$). Many respondents started questioning their gender around puberty, between the ages of 8 and 14 (48%).

"15 years old when I found out that transgender was a thing, and I didn't have to live in a body that wasn't mine".

"When I hit puberty, I started to experience intense dysphoria and I grew to hate my chest and my physique and almost everything about me, it was mostly with my chest, but I didn't know I had dysphoria at the time".

Three participants (11%) were pre-school age, whilst 26% of respondents were over the age of 14.

"I always wanted to be a boy. But I didn't "question" my identity because I didn't know there was an option to be a boy".

Accessing a GIC

Almost all the participants had accessed or tried to access a gender identity clinic (93%, $n=27$). Of the participants that had not accessed a clinic, one stated *'because I've been unable to find one'*.

Most the participants were initially referred to the London GIC run by the Tavistock and Portman NHS Foundation Trust. Some respondents (26%) have then transferred their care to The East of England Gender service ran by The Nottingham Centre for Transgender Health Network (NCTH). This is one of the pilot schemes designed to see those who have been waiting the longest (Nottingham Centre for Transgender Health, undated).

"Was originally referred to London, but after being on the waiting list for 3 years, East of England Gender Service, partnered with Nottingham contacted me and I transferred my care".

Referral to the GIC

All respondents (n=27) had been referred by their General Practitioners (GPs) rather than via a self-referral. They reported mixed experiences discussing gender identity with their GP. For most, discussing their gender identity with their GP was daunting. They often described it as awkward, uncomfortable, or nerve-wracking.

“It was daunting, and it felt like they didn't really want to take the time to understand. I felt rushed and like I just had to wait and see what would happen. I felt dismissed, and that I had to exaggerate to be taken seriously”.

Some respondents did cite positive interactions with their GPs. These GPs actively listened, provided reassurance, and were realistic about waiting times, which helped put the participants at ease. Interestingly, their GPs' knowledge often stemmed from experience rather than formal education.

“My first GP, who referred me to the clinic, had previously been a mental health professional and had knowledge on trans issues. My current GP uses every pronoun on Earth except for the correct one”.

In contrast, however, there were instances where GPs lacked familiarity with the referral process, leading to errors and delays. In some cases, patients felt compelled to educate their GPs about the necessary steps.

“Very awkward as she had never had a trans patient before, and as I was 17 at the time, she was trying to make a referral to the children's gender clinic instead of the adult one”.

“The referral process was slow and complicated, with the GP first referring me to a mental health team, who had to explain to them that they were supposed to refer me to the gender [identity clinic]”.

Some individuals who had unfavourable encounters experienced delays in getting their referral. These delays were attributed to potential technology issues and problems within the referral process.

“Great care from GIC, however never actually made it onto waiting [list]... GIC never had my name on record, after 9 months of calling to check”.

“Initially tried to get a referral in 2018 but was deterred by GP. Finally referred to London GIC in Sept 2020, but the entire process was farcical with the GIC claiming not to have received my referral but the GP insisting it was sent...complete intransigence & total lack of communication by the London GIC”.

For some the experience with their GP was negative enough to discourage them from getting a referral to the GIC. This left one individual feeling they had no choice but to see a different GP in order to get referred:

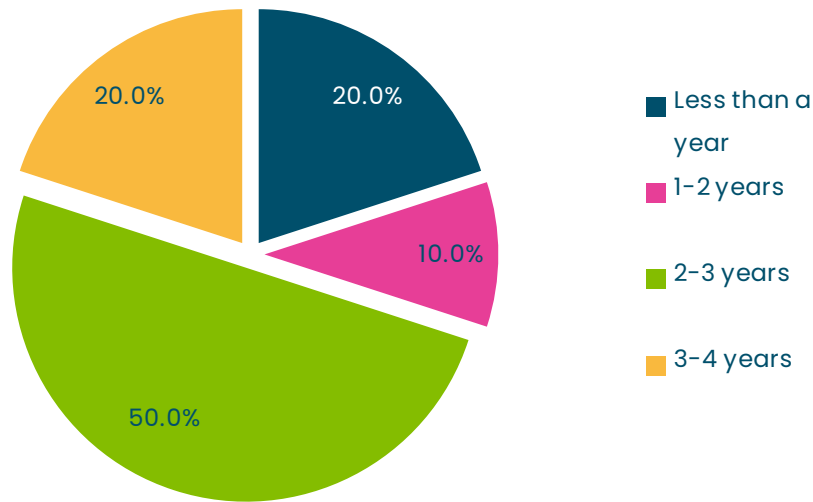
“Pretty awful, they hadn't had a trans patient before and was thoroughly disinterested and I had to see a different GP at my surgery to get referred”.

In summary the referral process was a mixed experience with varying outcomes. Some individuals had positive encounters, where their GP had interacted with other trans patients, gained knowledge about the process and facilitated referrals. Unfortunately, this was not universal. Others encountered discouraging GPs who were unfamiliar with the process and made referral errors.

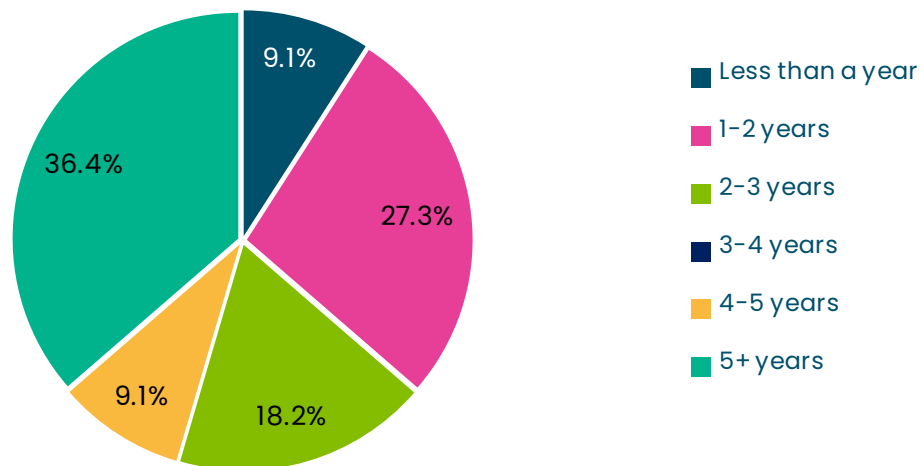
Waiting times

59% (n=16) respondents had had an appointment at a GIC, whilst 41% (n=11) had not yet had their first appointment. Of those still waiting for an appointment, 70% had been waiting for over 2 years. They were then asked how much longer they expect to wait. Almost half (45%) expect to wait four or more years.

Roughly how long have you been waiting for an appointment?



How much longer do you expect to wait?



Based on the analysis of current wait times and anticipated future waiting periods, we have generated an estimate for the total expected wait duration. According to these calculations, individuals are anticipating a waiting period ranging from 3 to 8 years for the GIC. Over 80% of respondents had been aware of the waiting times beforehand. Most of these said that social media and friends had been the source of information.

Communication

Over half of respondents (56%) said they had not been contacted by the clinic whilst on the waiting list. Those that had (44%) received either letter, email or phone correspondence. For some people this correspondence was around acknowledgement of the referral:

"It was an initial acknowledgement of referral. I have since sent emails requesting updates and have received responses".

However, this communication was not consistent. The absence of an acknowledgment that the referral has been received can lead to anxiety and a fear of being overlooked within the system. As one person expressed:

"...I think I chased the referral to determine where it has gone, and then phoned them to check it had been received. I've checked a few times since to make sure they don't lose me in the system as I know this happens".

Treatment and support

Whilst on the waiting list for the GIC, nearly three quarters (73%) of respondents had accessed another treatment or service. Among them, over half had opted to privately access support and treatments through clinics. These private services primarily included access to hormones, therapy and even surgery. Prescribing hormone therapy and monitoring hormone levels were seen as being relatively straightforward care for GPs to provide. However, it was thought that some GPs did not know how to do this and were anxious about prescribing. Remarkably, some individuals went to extreme lengths such as seeking diagnoses abroad or procuring hormones online:

"HRT, initially self-medicating via online, however managed to secure a bridging prescription from my GP. Although I ended up having a major argument almost every 3 months as they kept trying to withdraw it".

Whilst some had successfully arranged shared care agreements with their GP, others also had trouble securing treatment due to reluctance from GPs:

“In my home country...I have only one appointment a year, but if anything was to arise with my healthcare or my hormone levels, I would be in the complete administrative void. My GP refuses to look at anything hormones related”.

Other treatments accessed included hair removal e.g. laser and electrolysis, therapy and counselling, psychological assessment, breast augmentation, hair transplants, vocal surgery, and tracheal shave.

In terms of support, almost 70% sought out support whilst waiting. This manifested both online and in real life, with a strong emphasis on community. Among those who accessed support, 44% had engaged in various forms of therapy.

For some, internet forums provided valuable solace. These platforms allowed them to speak to people who shared similar experiences.

“Community support more than anything. I found friends online who were trans and either going through or had been through similar experiences to my own”.

Additionally, many individuals actively participated in local support groups. These gatherings allowed them to socialise with fellow trans individuals, fostered friendships and provided a sense of belonging. One person shared their involvement:

“I access some Reddit threads to see other people’s experiences of transition from female to male/non-binary and joined a private Transmasculine Facebook group which has great links to information and lots of like-minded people to get advice from. I also became involved with my local trans support group where I’ve made trans friends in real life”.

Individuals accessed many treatment and support options whilst on the waiting list for the GIC. Their journeys often involved persistence, resourcefulness, and a reliance on community.

Suggested improvements

Suggested improvements included more local care, particularly for hormone therapy prescribing and monitoring. The communication from the GIC was most frequently mentioned. Lack of acknowledgement following referral was particularly unnerving, as was the lack of updates on how much longer they may be waiting.

“Much shorter and much better contact. The waiting without knowledge and living in limbo is extremely difficult”.

Those that tried to contact the clinic to ask how much longer they may be waiting found it ‘impossible’ to get through on the phone, and difficult to get an answer.

“By having an idea of what the waiting times would be. Currently, when I reach out to the clinic, I’m told that they cannot give an estimate as to when my appointment may be”.

Several participants said they want waits to be shorter, with some suggesting that more of the process could be done by local clinics and primary care.

“...having local people who can do what the gender clinic does...the first few appointments which are mostly an assessment of mental health, support networks, and making sure that transitioning is the right solution for them...this could be performed by any mental health professional if they were given the proper training. The real dream would be to not need a gender clinic to access medical transitioning...”

Recommendations for improvement focussed on communication from the GIC in terms of referral and updates, shorter waiting times, more primary care support, improved knowledge around referral process and trans support groups.

Interviews

This section outlines the findings from the interviews. The findings have been organised into the following themes: self-discovery, journey beyond the binary, waiting perspectives, and finding community.

Self-discovery

Participants expressed a profound disconnect between their physical bodies and their gender identity. However, they faced societal obstacles that significantly affected their capacity to progress on their personal journey. After a period of denial, participants then described their experience of gender questioning.

Disconnect

The participants described a profound sense of disconnection between their gender identity and their physical body. Lily felt that even at a very young age, she had always been different:

“Dressing and girl clothes, I guess since I was like very young”. Lily, Trans Woman

However, for Mac these feelings happened later, as they felt at a young age you are less likely to notice physical differences in gender:

“...when you're really small gender's just not even a thing. You don't worry about it....I remember being so free because everyone, you know, pretty much everyone looks the same at that age anyway, there's no difference”. Mac, Trans Masc

For Alex, her journey to self-discovery was complicated, negotiating acceptance, but the idea persisted, and the possibility she would eventually transition:

"I knew very early on that it was a journey I'd probably have to make... I first realised...when I was 11 or 12...I didn't think it was a feasible thing for me to think of doing at that stage, although I always, as I say, I always had the idea it was something I'd end up doing weirdly". Alex, Female

During puberty, changes in the body often intensified the dissonance between an individual's gender identity and their physical appearance. Mac experienced this firsthand as their chest began to develop. They recalled:

"...right at the beginning of understanding my own gender identity that I wasn't a girl; I knew like straight away. One of the things that made me realise was that I've always hated my chest". Mac, Trans Masc

Similarly, Lily, a trans woman, disliked the masculine features that emerged during puberty. This misalignment between her identity and appearance had a negative impact on her mental health. She expressed:

"...then I don't know it was just always this real strong, undesired, whatever the opposite of the desire is to. I did not. I didn't want to appear masculine... it's just like life just got a bit worse at puberty and I was like, I don't really get why...I'm just sort of more miserable". Lily, Trans Woman

Clearly, the changes during puberty took a toll on mental wellbeing. During this period, societal and cultural factors often place a strong emphasis on appearance, exacerbating the challenges faced by individuals like Lily.

Obstacles

Our participants' experiences highlighted their struggle for authenticity and alignment between their physical bodies and inner identities. Their ability to act on these feelings was influenced by cultural, social, and political factors. Growing up during earlier eras imposed significant limitations on their ability to express themselves fully. As Mac describes trying to suppress their feelings:

"I've just pushed it all down because I grew up in the 90s when Section 28 was in place". Mac, Trans Masc

Section 28 of the Local Government Act 1988 played a pivotal role in shaping Mac's experiences. This legislation specifically prohibited places like schools and libraries from "promoting homosexuality". As a result, generations of LGBT pupils received limited guidance and support. This had profound consequences including denial of their feelings (Day, 2019). Similarly, Lily described that she was not aware of transgender people and that she would be able to get support. However, after confiding in a friend about her feelings and doing research, she discovered the existence of hormone replacement therapy:

"I think I spent a fair bit of time just sort of researching it and I think he independently also researched it...Eventually one of us...found out that like hormone replacement therapy was a thing...I was very quickly sold...I didn't know you could do that...I didn't know bodies even worked that way". Lily, Trans Woman

Friends were important in supporting Mac when they came out. Mac described how family were less understanding when it came to changing their pronouns and name as they came from older generations:

"Friends have been better than family because I guess friends are generally younger and more like, they just get it more and [are] more aware of everything...It's not as long that you know, like their habits aren't as ingrained with calling me like she/her...so it's easier for them to see me change". Mac, Trans Masc

Societal and cultural barriers prevented or made it harder for participants to be their true selves. Previous generations have been less accepting of transgender people and this has acted as a barrier. Friends often supported participants as they began gender questioning; they were more understanding than family.

Gender questioning

Following a period of denial, participants engaged in gender questioning at different stages in their life to see where they best fit on the gender identity spectrum. Alex described using the internet:

"I realised that online would be a good place to start experimenting with presenting myself as my perceived actual gender, and so I did that in sort of more and more contexts". Alex, Female

Similarly, Mac came to the realisation that they were trans through the help of art therapy, using collage to realise what self-image they preferred:

"[I] carried on with my art therapy...[my art therapist] knew I had body issues...I'd had eating issues before...we basically did a collage of pictures I liked...so I put this picture of this boy. He had like a flat chest, and she was like...'What draws you to that one?' I was like...It's just really nice...looking at those photos of yeah, that's how I wanna look, and I'm trans and stuff". Mac, Trans Masc

The sense of disconnect between their gender and body was overwhelming for the participants as they had to negotiate societal obstacles before exploring their identity through gender questioning.

Journey beyond the binary

It was evident from the interviews that people's transition journeys involved more than the clinical side of the GIC. Participants described accessing – or waiting to access – GIC services as a small part of a larger journey. The theme of 'journey beyond the binary' describes participants' experiences talking to and being referred by their GP, as well as the holistic approach they took to gender affirming care and support.

Referral

Participants described seeing various specialists for gender-affirming care. For Alex and Mac, therapy supported them throughout this journey:

"...a proper mental health nurse who'd retired and was doing this privately... He had a wide experience of people, and it was really good to have that because I could, I could sort of, try these concepts of people against myself where which of these is most like me". Alex, Female

This allowed them to explore their feelings until the point they felt ready to speak to their GP and begin the referral process. The participant had differing experiences with their GP. Mac found the process daunting. However, they felt that it was easier to broach the topic because they had previously spoken to their GP about mental health issues, in part because of their gender incongruence:

"...how do you sort of start something like that?...I think it made it easier because I've already talked to him about really awkward stuff, like mental health, and being suicidal, so it was easy to link it to that which...It was a big part of it". Mac, Trans Masc

When Lily spoke to her GP, she felt dismissed, and she ended up taking the private route due to a perceived lack of support from the NHS:

"I did initially try to go through the NHS...but they were very much like takes a long time... I don't know if they necessarily said don't bother, but I just sort of got the impression...these guys aren't giving me much of anything...I came to them [with a] specific problem, and they just sort of fobbed me off". Lily, Trans Woman.

This perceived lack of support impacted her journey. In contrast, Alex found her GP to be supportive and experienced. They gave her valuable advice on next steps:

"I thought to myself, I haven't decided that I want to sort of go through the GIC system yet, but I will go and see my GP and see what she has to say about it. Because she was a very experienced GP...I was fairly sure she

would have dealt with somebody else who was trying to do the same thing before. And turned out she had, three people...So that was encouraging for a start". Alex, Female

There were mixed experiences of talking to their GP about gender identity, with some showing a lack of knowledge around the process whilst others had gained knowledge through experience with other patients.

Gender affirming

This holistic journey involved more than the clinical journey alone. Beyond receiving referrals to clinics, participants shared their experiences with other gender-affirming care services. This comprehensive approach highlights the availability of various services aimed at enhancing trans people's everyday lives. Lily, for instance, accessed voice training and laser hair removal as part of her transition journey. She explained:

"My transition journey is essentially just me taking hormones and wearing different clothes...I did a tiny bit of voice training with the private guys...The NHS is also funding for laser hair removal...with the original clinic I just got on hormones and that was it...It's only it's only more recently I've been like maybe I can do more things". Lily, Trans Woman

While not everyone will want or require hair removal, it is a common step for some people when transitioning. Hair reduction on the facial area can help to achieve a gender affirming physical appearance:

"...2 years of facial electron laser, which was really good because the facial hair had been and it was like the head hair problem. It was holding me back. I wasn't able to look the way I wanted". Alex, Female

Procedures like hair removal play a crucial role in supporting transgender and gender-diverse individuals on their journey toward self-affirmation and wellbeing. In the run up to the GIC, Alex also describes seeing someone to support her with clothing and makeup:

"...to see what could be done in a practical sense. So I learned...how to do makeup...I began to sort of acquire clothing so I could present myself in a... crossover way...it was very interesting to see how much I could get away with...nobody could come up to me and say, 'why? Why are you wearing women's clothes?'". Alex, Female

Alex began to include items of women's clothing in her wardrobe to develop a more androgenous style. She also sought advice about getting a wig to suit her style:

"Where there's a really good wigs supplier...it's not a very glamorous thing to have to wear a wig...obviously they'd seen lots of trans clients, and I was so pleased they helped me to choose wigs that fitted with my sort of neutral to feminine presentation". Alex, Female

Mac, who identifies as trans masculine, grappled with discomfort related to their body. To alleviate this unease, they turned to binders:

"Just wear them so that I can feel like my clothes can sit comfortably and can feel more confident...obviously like my whole wardrobe is changing... although these are safer than like the old school ways...they still can cause pain, and if you wear them for too long then you can actually damage your ribs and stuff...it's like balancing the physical potential pain or like the risk with your mental health". Mac, Trans Masculine

Similarly, it was important for individuals to explore or make changes to their voice and communication congruent with their sense of self. Some participants achieved this through speech and language therapy:

"...arranged locally, like through Essex NHS and I had an excellent speech therapist who I saw for about a year. And as soon as I began to make an effort with that, I began to get results. It was the hardest thing I've ever learned to do...but being able to being able to have a voice that suits the rest of my appearances has been really, really pleasing". Alex, Female

There are many services that exist to enhance the everyday lives of trans people so that they feel more comfortable being themselves. Items such as binders and wigs help trans individuals to feel more at ease with their appearance. Participants described how some of the items, like binders, are uncomfortable to wear. However, they balance this discomfort with the need to feel affirmed in their gender. Clothing, hair removal, wigs, and speech therapy are used to affirm their gender presentation in others' eyes, as well as their own.

During this extensive process, changing their name was a significant step for participants. For one participant, this meant selecting a gender-neutral name — a choice that allowed for flexibility while also aligning with their affirmed gender:

"...at that point I had changed my name to a gender-neutral name...but I changed my name without changing my gender...and that was very congruent, that really sat well with me. I thought this is much nicer. I don't have this sort of longer man's name that I've previously had not liked. And I have this nice, sporty name which suits me much better. And is potentially a female name if I want to take my transition forward". Alex, Female

Similarly, Mac, a transgender man, found comfort in people using a nickname rather than their more feminine-sounding full name. Consequently, they chose to change their name to one that felt more congruent:

"Then it was just like telling people and change my name to [Mac] cause before it was like a female name that begins with a [M], which so it's a fairly easy thing cause some people called me as a nickname and I'd always loved when they did that, but I didn't know why?" Mac, Trans Masc

As each participant embarked on their own distinct journey using different services, they encountered affirming moments where it felt congruent. These milestones motivated them to persevere further:

"For me, it really is as "simple" as feeling right/wrong in my own body. Changes such as pronouns, manner of dress, formal name change etc

came in very gradually and just kept feeling right so I kept going". Lily, Trans Woman

Throughout this process, gender identity can shift as an individual feels more congruent in their appearance. It can feel akin to going through developmental stages again:

"Brave boys ask for help, I'm a brave boy. Yeah, I like being called boy rather than man. Or, well, I. It's. Yeah, I'm still figuring out. I originally identified as nonbinary transmasculine. But the more I transition like, the more male it feels. So I don't really relate to the word man. I feel like I need to have my boyhood first". Mac, Trans Masc

Mac shared these reflections when describing an image that they had provided as part of the photovoice activity. In the image, Mac had propped open a notebook where they had written the message 'Brave boys ask for help, I'm a brave boy' in large capital letters and placed it alongside a flute of champagne or prosecco (see Appendix: Image 1).

The participants had differing views around when their transition journey would end. Both Alex and Mac felt that surgery was an important part of gender-affirming care:

"I will ask for a referral for top surgery and even before I knew well, like right at the beginning of understanding my own gender identity that I wasn't a girl [...] I've always hated my chest. And so that's one of the things that I can't wait for". Mac, Trans Masc

For Alex the decision around surgery was essential to complete herself and feel gender affirmed:

"[...] the last stage on the journey with the GIC was to be referred for surgery, if that was what I wanted...I want[ed] to be referred for surgery then, because I want to be completely who I've began to be now". Alex, Female

This practical and psychological support helped them in their gradual journey of gender-affirming care. The moments experienced within this highlight the congruence that they felt, and the need to persevere. The ultimate end point varied between participants, with some strongly wanting surgery. However, this was not universal. Throughout this narrative, it is important to remember that everyone's path is different, and there's no singular way to experience being transgender.

Waiting perspectives

The experiences shared by participants highlight both the challenges that they faced and coping mechanisms that they adopted during the waiting period. These varied between participants, who internalised this wait differently and experienced different parts of the process.

Internalisation

Some participants likened the GIC process to a 'treadmill' or 'conveyor belt'. For Alex this caused some reticence towards starting the clinical process of gender-affirming care:

"I wasn't sure at that point I wanted to go straight onto the sort of GIC treadmill." Alex, Female

Alex and Lily, having both been through the process some time ago, encountered shorter waiting times. However, Lily attempted to rationalize the two-year wait she would have faced. She assumed that being trans is rare, which might explain the underfunding and the extended waiting period:

"...at the time I thought fair enough [...] this was 10 years ago [...] I was like, I've never heard of this condition. I'm not surprised it's underfunded to the point it takes two years to get seen, and I thought hopefully... In the future when

we devote more resources to it, as it becomes a more understood thing...

But the waiting list is just sort of gone up and up". Lily, Trans Woman

Furthermore, Lily anticipated that greater awareness and less misunderstanding would lead to increased funding and resources to support others. However, Mac, currently on the waiting list, has already endured a two-year wait. They expressed the emotional weight of being on the list, and how the process can evoke feelings of hopelessness.

"I mean it's a heavy weight to like be on the waiting list and you know not be able to proceed with...your journey". Mac, Trans Masc

Because of the impact that the extended wait was having on Mac, a friend offered to pay for their hormones privately:

"...my friend actually paid for me to go privately to get started on hormones because it was, I just couldn't wait any longer at that point. And she just wanted me to be happy..." Mac, Trans Masc

Alex tried to maintain a positive outlook during the waiting period. She rationalised the waiting differently by focusing on the overall process and her own comfort. Despite not having been seen by the GIC yet, accessing support was crucial for her feeling acknowledged and regular sessions with a therapist allowed Alex to feel like she was moving forward:

"But yes, I was determined not to be someone who was completely obsessed with waiting and and the only thing I was worried about was that I might get forgotten about, and, like, never seen, but because I was, I was having my sessions with [a therapist] regularly I was moving forward, even though I wasn't, hadn't been seen yet". Alex, Female

In contrast, Mac felt that they needed gender-affirming care to move forwards. They found the lack of acknowledgement from the GIC difficult and isolating:

"And the fact you know like because they don't contact you, you don't acknowledge you. That is that that makes you feel lonely because you're

like, well, they do. They don't actually care, do they? Am I just? I'm just a number somewhere far down this really, really, long list. So yeah, loneliness".
Mac, Trans Masc

The participants internalised the waiting process. For Alex and Lily, they expressed feeling lucky that they had been through the GIC process longer ago before the waiting times became even worse. For Mac, the current waiting list has impacted their mental health and led to feelings of isolation and loneliness.

The process

Linked to imagery of a conveyor belt, both Alex and Lily expressed that once in the process, the waiting between appointments felt more manageable. Lily aptly described it:

"...cause the balls moving as soon as the ball's moving it kind of stays moving right?" Lily, Trans Woman

Participants must meet clinic expectations to continue their journey, without further delay. Lily's experience exemplifies this. After switching from private to NHS care, she faced a hurdle as she couldn't access hormones until legally changing her name. Despite her personal indifference to the name change, meeting the clinic's criteria was necessary for hormone prescription:

"...when I switched finally from the private route to the NHS route. They would not give me hormones until I changed my name legally...I personally wasn't bothered about it...everyone calls me that and it's just sort of easier to not bother". Lily, Trans Woman

Alex paused before contacting her GP about the hormone prescription. Because of the slow nature of the GIC, this then turned into a delay:

"I finally got a prescription for oestrogen...But for some reason I didn't do anything about it until like 3 months had gone by...And because of the slow

speed with which this GIC works, that turned into quite a long pause". Alex, Female

Alex chose to wait and get accustomed to the effects of hormones before pursuing surgery:

"...in those days, because the wait for surgery was shorter, it wasn't quite so important to get on the [list]..." Alex, Female

She describes not being in rush, despite the assumption that everyone would want to be rushed through:

"...then I just I was quite happy to wait, I wasn't in a hurry, I wasn't sort of crossing days off the calendar and thinking 'when are they going to get in touch with me'". Alex, Female

In summary, the GIC process involves lengthy waiting, coping strategies, and meeting clinic requirements. These requirements don't always align with individual needs and goals, highlighting the complexities of the clinic's approach.

Finding community

Finding a supportive community was deemed important to building resilience whilst on the waiting list for GIC services. Online forums allow trans people to connect with others who share similar journeys. These spaces offer a sense of solidarity and provide a safe haven for discussing appointments, venting frustrations, and seeking advice. All of the participants spoke about their involvement in online forums. For Alex, it was aspiring to see others that had gone through the same journey:

"...interacting with people who were like me...And it was benefiting from people's examples...There were a couple of trans women there who I like aspired to be like them". Alex, Female

These spaces also allow for people to share their experiences of services and find solidarity and encouragement:

"...talking to like-minded people...I would go on there and like vent about how crap my appointment was". Mac, Trans Masc

The internet allows for anonymity, which is crucial for those who fear abuse or discrimination. It's a place where people can explore their identities, ask questions, and learn without revealing their real names. It was deemed important that these online groups provided a 'safe space' for trans people:

"So online wise is like the main one is called TMS, a UK transmasculine support something and you have it's like...a very private group... transmasculine people, that includes non-binary in in the UK that's really helpful because they've got like resources...I don't actually ask any questions on there, but I just read everyone else's and most of the time...and that's obviously quite comforting to know that people were asking the same stuff as well". Mac, Trans Masc

Whilst the internet provided an important source of community and information, one participant acknowledged the negative side of the internet. She felt less inclined to recommend the internet to trans people due to the current political and media climate. Instead, she recognised the added value of a real-life community and genuine connections:

"I would definitely do what I did not do well, actually, I suppose I did. I would seek out some sort of community to talk to it. It could be a real-life community. That's probably what I would recommend because I feel the Internet is...it's just a different place than it was 10 years ago. I think it's harder to find a small safe community that you can do stuff like that without fearing for your you know, security..." Lily, Trans Woman

As the internet landscape changes, finding a local support group or attending events can provide the human touch that online spaces sometimes lack.

"...support group for trans people locally...that's been a really good way for me to cope and like, meet people that are going through similar experiences and just yeah, learn from them. Just be with be with people that understand. That's community...". Mac, Trans Masc

For Mac it becomes a lifeline for being on the GIC waiting list – a way to navigate the complexities of life, especially during challenging times:

"...being with people that like you is really important. It's a part of surviving, getting through it". Mac, Trans Masc

Finding community is important in the current climate. Transgender individuals often find themselves caught in debates, policy changes, and media storms. Their existence becomes a talking point, and it's unsettling.

"...it doesn't feel good to become like a political football. It feels very strange. And very much from nowhere". Lily, Trans Woman

Mac also felt that in the current climate it was important to look for positive things and not just focus on the negatives:

"... finding the light in the darkness so it can be dark, you know when you're struggling, especially in the current...the way things are in the rhetoric about trans people at the moment in the UK. So, you have to look for the light in the dark". Mac, Trans Masc

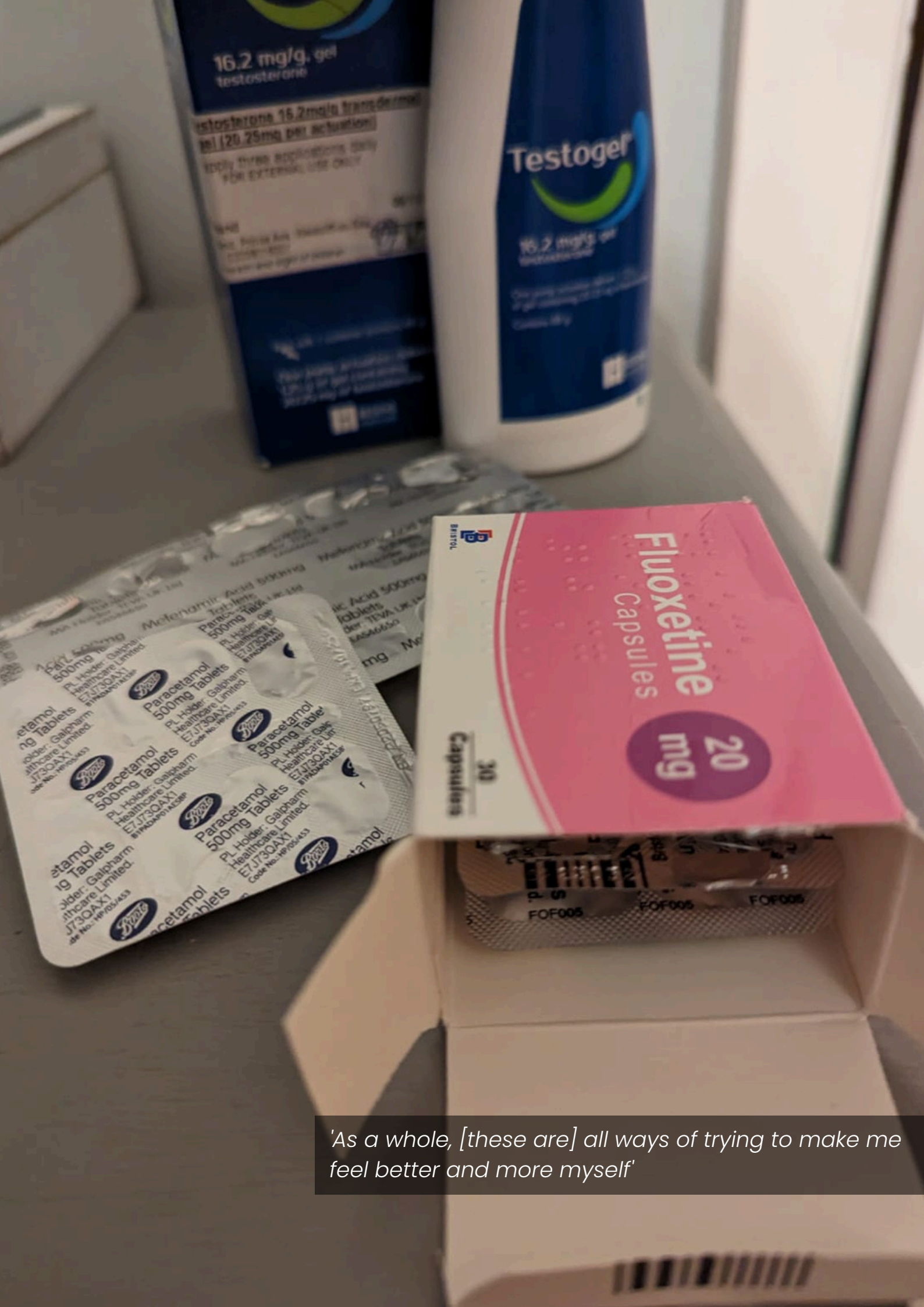
They shared these reflections in relation to one of the photovoice images that they provided. The image depicted a nighttime seascape, where moonlight broke through the clouds and lit up the water on the horizon (See Appendix: Image 2).

Seeking solace in community conversations becomes essential. Talking to others who share similar experiences provides validation and clarity.

"...especially climate towards trans people, is a bit weird right now and it sort of made me go like, huh? I need to go talk to more people about this because I'm sort of going crazy in my own head...there's been like a lot of

bad headlines this year that are just like I don't know, would have made my life a lot more difficult." Lily, Trans Woman

In summary, both online and real-life communities contribute significantly to the wellbeing of transgender individuals. They serve as a powerful tool offering support, information, representation, and a space to express their authentic selves. Balancing the benefits of the internet with the need for authentic connections is essential.



'As a whole, [these are] all ways of trying to make me feel better and more myself'

Discussion

This study sought to understand people's experiences transitioning and being on the gender identity clinic (GIC) waiting list. The mixed method approach has helped to explore experiences of gender identity, the transition journey, and the impact of GIC waiting times on people's everyday lives, shedding light on the multifaceted journey of transgender individuals.

Participants described a period of self-discovery, unravelling their gender identity. This journey extended beyond binary definitions and was unique to the individual. Transition is holistic and involves much more than the obvious medical interventions of hormone therapy and surgery. There were both social and legal implications, from formally changing names and dressing in different ways, through to dealing with the emotional aspects of informing family and friends. Throughout this journey participants experienced moments of affirmation which gave them the drive to continue. Waiting for GIC appointments brought different perspectives. Most grappled with frustration and depression and a lack of contact from the clinic led to a fear of being 'forgotten'. Many sought solace in online communities, while others emphasized the importance of real-life connections. These communities helped during challenging times through shared experiences and building resilience.

This discussion will analyse the key themes from the interviews and bring in the relevant perspectives of survey respondents in relation to self-discovery, journeys beyond the binary, waiting perspectives and finding community.

Self-discovery

The individuals shared their distinct paths toward self-discovery and exploring the disconnect between their body and gender identity. They reflected on how external influences shaped their decision-making. Policies and practices that openly discriminated against the LGBTQ+ community, such as Section 28, had a

significant impact on how our participants felt about themselves when they were growing up. Some participants grappled with denial, attempting to suppress their feelings, while others remained unaware that transitioning was even a possibility. At a 'Shadows of Section 28' event hosted by LGBT Health & Wellbeing in London in February 2020, people who had lived through the introduction of the legislation shared comparable experiences. Tracy, a trans woman and former armed forces medic recalled how Section 28 generated a 'ripple effect of homophobia' that extended beyond education. Tracy was 'forced to hide her identity' and described the 'harassment that she experienced, serving weeks in military prison while under investigation' (LGBT Health & Wellbeing, 2020).

Many survey respondents said this period of self-discovery was initiated during puberty. This was reflected by two of the interviewees, who described how body changes from puberty intensified these feelings of disconnect. This amplified the dissonance that they felt between their gender identity and sex, which in turn often had a detrimental impact on their mental health. Other studies have shown similar themes for gender development, particularly from the perspective of transgender youth. These reveal the intricate interplay between internal processes and external factors. During this period, transgender youth navigate a complex terrain where internal processes (personal feelings, self-discovery) intersect with external elements (family support, societal norms) (Katz-Wise, et al, 2017; Kuper, Wright, & Mustanski, 2018).

Journey beyond the binary

Participants' transition journeys encompassed more than the GIC alone. Most of the survey respondents had accessed another treatment or service whilst on the GIC waiting list. These comprised of various aspects – hormones, clothing, voice training, and more. As a result of the extended waiting lists, some individuals felt forced to access hormones and other treatments privately. One survey respondent even procured hormones online and self-medicated. Those we spoke

to also had differing perspectives around the end of their transition, with surgery being the final point for some but deemed unnecessary for others. Participants' transitions were therefore shaped by personal needs, goals, comfort levels, and access to the personal and financial support of their wider network. All of these aspects demonstrate the uniqueness of individuals, and as such their journeys. Their experiences, choices, and milestones reflect their personal aspirations.

As individuals travelled along their journeys, they experienced moments where they felt congruent. These moments affirmed their decision to continue their journey. Researchers elsewhere have found the close link between congruence, increased self-esteem and a reduction in negative mental health symptoms (Thoma, Jardas, Choukas-Bradley & Salk, 2023). Existing studies have also affirmed how congruence is facilitated by activities and services that extend beyond the clinical. A study by Lee, et al, (2021) demonstrated the associations between gender affirming hair removal and improved mental health outcomes, including decreased psychological distress, past-year smoking, and past-year suicidal ideation.

Across both our survey and interviews, participants highlighted their GPs' varied responses to their requests for referrals to GIC services. GPs who displayed a greater understanding of trans experiences and referral pathways to necessary services had typically supported trans patients in the past. Willis, et al, (2020) found that older trans patients often act as 'reluctant educators' for GPs in primary care settings, as they must educate their health-care providers about their specific needs and experiences related to gender-affirming care. Wright et al. (2021) indicate that there remain significant gaps in GP education on how to treat trans patients. They did highlight how some GPs sought to provide the best care they could by searching out additional information. However, they emphasised that trans people largely require a 'significant amount of knowledge and skill...to effectively navigate care pathways'.

Waiting perspectives

The waiting for the GIC impacted people's transition. The mention of the process being like a 'treadmill' suggests that whilst you're on the process it feels like you're getting nowhere. The findings from the survey suggest people expect to wait up to 8 years or more. Even after the first appointment there can be delays during the process, some of which is caused by stringent criteria set by the clinic. These requirements of the GIC, such as legally changing name, do not always fit the uniqueness of the individual's journey. This sentiment is reiterated by Wright et al. (2021), whose research has emphasised the 'importance for trans people of being treated holistically rather than being reduced to gender identity and expression alone' (p. 8).

Several existing research studies have highlighted how extended waiting times have a hugely negative effect on the wellbeing of people seeking support (Wright et al., 2021). Researching in a Dutch context, van de Grift et al. (2024) have also linked long waiting with 'a range of psychosocial distress, poorer health, increasing healthcare consumption, and increased inequality' for transgender and gender diverse individuals. Psychosocial distress included gender dysphoria, body dissatisfaction, low self-esteem, stress, feelings of inauthenticity, and a lack of self-determination.

Our participants also spoke of the immense mental and physical strain they experienced whilst waiting for clinical support; some described having to repeatedly compartmentalise the feelings associated with waiting so that they did not take over their life. They were obliged to adopt a range of coping strategies to progress through transition, including wearing gender-affirming clothing, obtaining hormones, and celebrating social affirmation.

Community

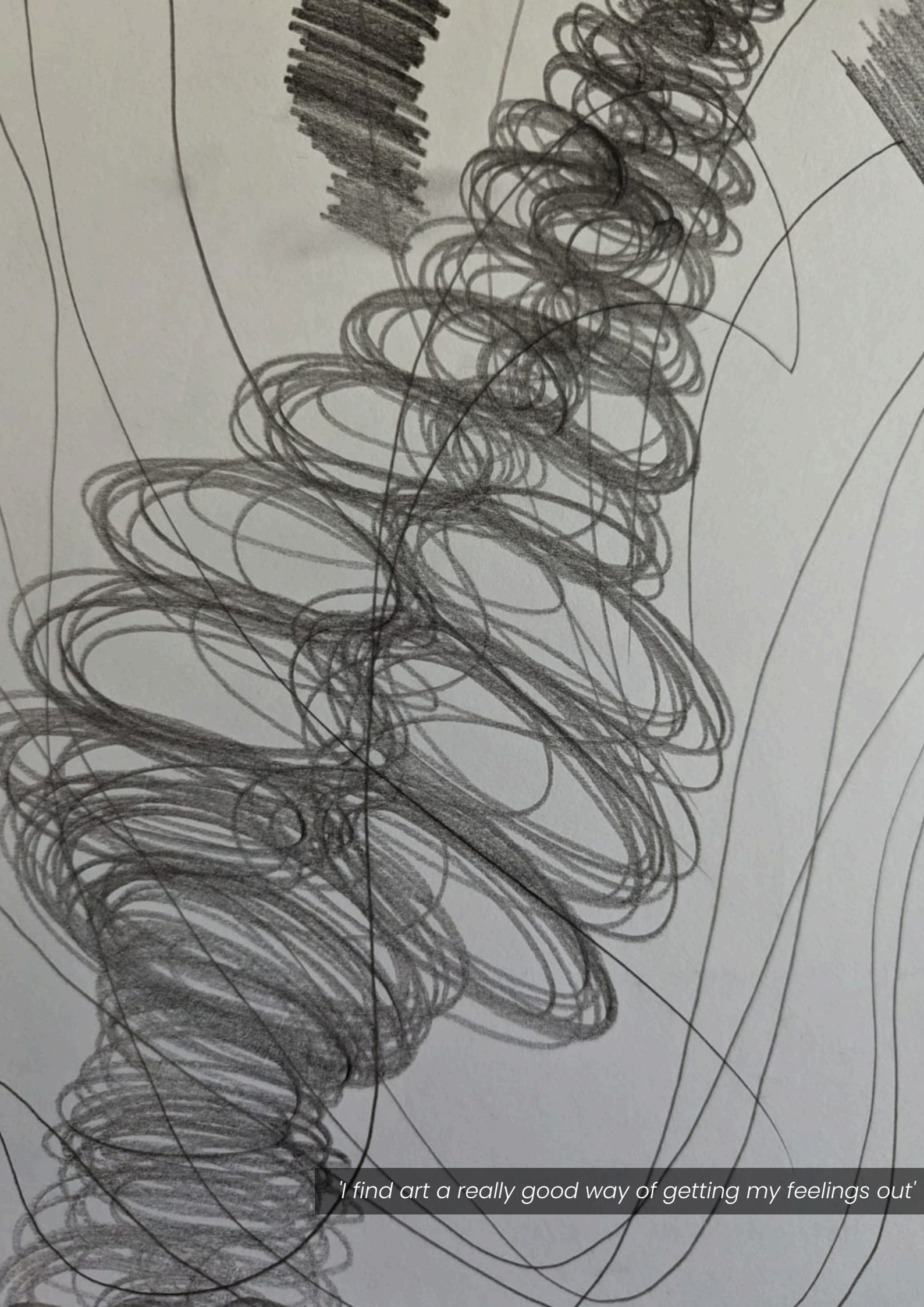
Our participants spoke of the importance of finding supportive communities, both online and in person. Online forums allowed participants like Mac to share

experiences, vent frustrations, seek advice, and simply learn from the lives of others on comparable journeys. Mac shared that being with people who understand is a crucial component of the support that these forums provide. Research elsewhere indicates that community support 'reduces psychological distress related to transphobia and discrimination, and predicts positive mental health and physical health', helping individuals to 'develop greater self-acceptance and congruence' (Pflum et al., 2015).

Community can be a lifeline during challenging times. Minority Stress Theory (Meyer, 2003) refers to the unique burden of mental and physical health issues associated with the cumulative effect of stigma and prejudice faced by minority groups. These stressors vary across different minority communities but contribute to mental health challenges such as anxiety, depression, and suicidal ideation or behaviours. These stressors can be particularly severe for the trans population. Transgender individuals are at a higher risk of homelessness, unemployment, physical and sexual abuse, and discrimination in accessing healthcare compared to the general population. They also face a higher risk of anxiety, depression, self-harm, and suicidal ideation (Bachmann and Gooch, 2019). Structural stigma, such as laws relating to legal gender recognition and societal attitudes toward trans people, also significantly impact their lives. This structural stigma affects access to gender-affirming care, gender identity disclosure in healthcare, and experiences of discrimination in healthcare (Falck & Bränström, 2023).

Initial adaptations of the Minority Stress Model for transgender and gender-nonconforming populations highlight specific distal and proximal minority stress processes. They emphasize the central importance of a social and community support network (both informal and formal) that affirms an individual's gender identity (Hendricks & Testa, 2012). Meyer (2003) suggested that minority group members can access "group-level coping" by engaging with and identifying with other members of their minority group. Social support and connectedness play a significant role in reducing adverse mental health effects (Pflum et al., 2015). In

their 2011 study, Singh, Hays, and Watson explored how trans people experienced their support networks. Participants who felt connected to various communities — such as LGBTQ+, religious, and ethnic groups — highlighted how these networks provided crucial support during times when they felt overwhelmed and less resilient. Having a community to rely on not only encouraged them but also granted them visibility within society. Promoting support and community can help to affirm transgender identity and promote resilience.



'I find art a really good way of getting my feelings out'

Conclusion

In summary, this study explores trans people's intricate and individual journeys of self-discovery, waiting, and community. By analysing interview themes and survey perspectives, we have gained a deeper insight into the experiences of trans individuals whilst waiting for vital gender affirming care. Speaking to participants both during and after being on the GIC waiting demonstrates the need for localised and holistic support. Such support should align clinical treatments with non-clinical activities that enable individuals to foster self-expression through their dress and appearance, and access therapeutic and community support. Drawing on our participants' insights and experiences, we have formulated a series of recommendations, that we will now outline along with the limitations of this study and opportunities for future research.

Recommendations

Although the results of a qualitative study with a limited sample size cannot be broadly applied to an entire population, the insights shared by our participants offer valuable reflections on potential areas for improvement. These observations have been distilled into the following recommendations.

- 1. Mandatory Trans Awareness Training for GPs:** It is crucial to provide compulsory trans awareness training and education for GPs. The findings show GP knowledge about transgender health is inconsistent, often based on individual experience or interest. This can result in referral errors and delays. By enhancing understanding of the referral pathway and providing information on bridging prescriptions for hormones, patient care can be improved.
- 2. Enhanced Support for Transitioning Individuals:** We need to focus on improving access to support for those waiting to transition. This includes raising awareness about available support groups, allowing individuals to connect with their community during this critical phase of their lives, and

signposting people to a range of different services that can provide holistic care (trans-friendly hair and beauty salons, for example).

3. **Effective Communication from GICs:** Gender Identity Clinics should prioritise consistent communication. Acknowledging referrals promptly and providing regular updates on waiting times are essential. Clear communication helps alleviate anxiety and uncertainty for patients.
4. **Informed Consent Model of Care:** Consider adopting an informed consent model for gender-affirming care. This approach empowers individuals to make decisions about their care, regardless of a formal diagnosis of gender dysphoria. With this model, hormones could be made available through GPs, granting more autonomy to patients in their healthcare journey.

Limitations

Despite our best efforts, recruitment for the study was challenging. This difficulty has led to a small sample size and does not reflect the diversity within the transgender community in Essex. Trans people often face barriers to participating in research studies, including stigma, discrimination and fear of disclosure (Owen-Smith, et al, 2016). These factors can deter participation. Given these challenges, it becomes crucial for researchers to build trust with transgender individuals and communities, considering their historical mistreatment and scepticism. As cisgender researchers, embedding ourselves within the community to spread awareness about the project proved to be a difficult task despite our best efforts.

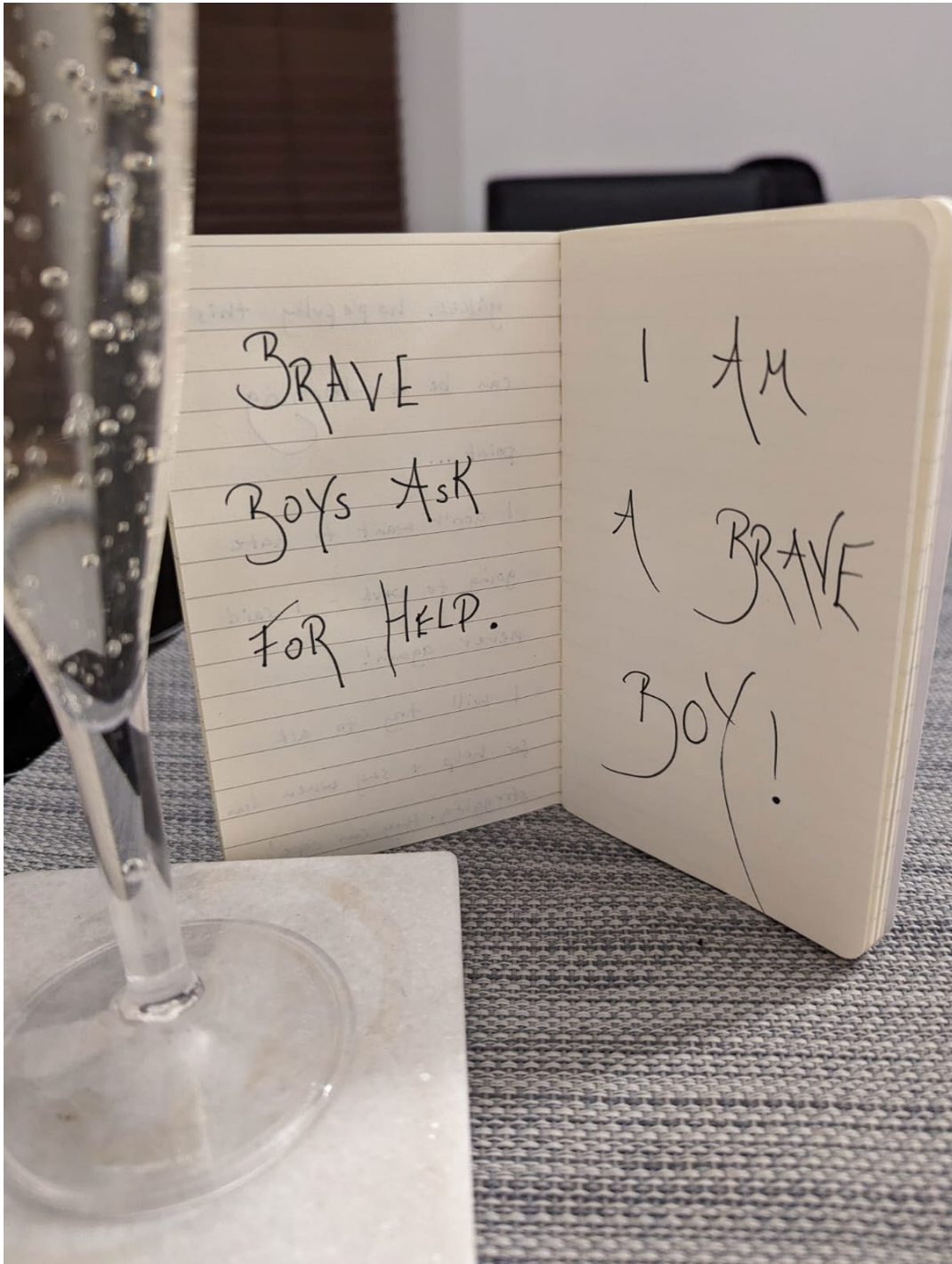
Future Research

Given our limited sample size, we were unable to include a diverse range of participants. In future research, it would be valuable to investigate equality in access to gender-affirming care. This involves analysing disparities related to age, ethnicity, socioeconomic status, and geographic location. Subsequently, exploring strategies to reduce inequalities would be crucial. Additionally, researchers could

propose and evaluate innovative solutions to decrease waiting times. These solutions might involve exploring telehealth services and collaborative care models.

Appendix

Image 1:



Photovoice image provided by participant Mac.

Image 2:



Photovoice image provided by participant Mac.

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Glossary

Agender	People see themselves as neither a man nor a woman, or both. Agender can be viewed as a non-binary gender identity or not having a gender identity at all. People may describe themselves as genderfree or genderless.
Bigenderflux	A multiflux gender where someone experiences two genders that both fluctuate in intensity.
Cis	A person whose gender identity corresponds with the sex registered for them at birth.
Gender diversity	An umbrella term encapsulating gender identities that extend beyond/outside the binary of male and female.
Gender dysphoria	A term used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth.
Gender expression	The way a person communicates gender identity to others through behaviour, clothing, hairstyles, voice or body characteristics.
Gender identity clinic (GIC)	Specialist clinics where people who are changing things linked to their gender may receive a formal diagnosis, psychological support, speech therapy and access to surgeries and hormone medications.
Gender identity	A person's internal sense of being male, female, a combination of both, or neither. Gender identity may or may not correspond to the sex someone was assigned at birth.

Gender reassignment	Another way of describing a person's transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender. This term is considered to be outdated and should be reviewed.
Gender recognition certificate (GRC)	Enables trans people to be legally recognised in their affirmed gender and to be issued with a new birth certificate. Not all trans people will apply for a GRC and you currently have to be over 18 to apply for one in the UK.
Non-binary	Describes people who feel their gender cannot be defined within the margins of gender binary.
Trans	An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms including transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois. Some trans people view 'being trans' as an experience or history, and regard their gender identity as being male, female or non-binary. Other have a strong identification with their trans experience.
Transgender man/trans man	A term used to describe someone who is assigned female at birth but identifies and lives as a man. This is sometimes shortened to trans man, or FTM, an abbreviation for female-to-male.
Transgender woman/trans woman	A term used to describe someone who is assigned male at birth but identifies and lives as a woman. This is sometimes shortened to trans woman, or MTF, an abbreviation for male-to-female.

Transitioning The steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning might also involve things such as telling friends and family, dressing differently, and changing official documents.

Transphobia The rejection of and discrimination against trans identity and a refusal to acknowledge that it is real or valid. Transphobia can take many forms, but can include the fear or dislike of someone based on the fact they are trans or denying someone's gender identity. Transphobia may be targeted at people who are, or who are perceived to be, trans.

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