North Yorkshire

Improving Health and Social Care Together

LGBTQ+ people's experience of using health and social care services in North Yorkshire

A Focus On Mental Health

June 2020

Contents

Executive summary 4
Key findings from our survey 4
Who are Healthwatch? 6
Healthwatch North Yorkshire 6
Healthwatch England 6
What we aimed to find out 7
Background 7
Purpose 7
Objectives 7
The big picture: What do we already know from existing research and evidence? 8
Key findings from large-scale existing research 9
What we did 13
Methodology 13
Questionnaire 13
Interviews 13
Outreach Activities 14
Mental health prevalence 15
Findings 19
LGBTQ+ Questionnaires 19
Disclosing LGBT identity 19
What's your experience? 21
What works well? 25
What doesn't work well? 27
How could mental health support be improved for the LGBTQ+ community in North Yorkshire? 31
How could services be improved in general? 34
LGBTQ+ allies questionnaire 37
Pride events feedback 37
Interviews 39
Patient journeys 39
Experiences of access to mental health support 40
What did initial access look like and where did you go? Barriers and facilitators 41
Experiences of access to LGBTQ+ support and mental health 44

What did initial access look like and where did you go? Barriers and facilitators 47

Ageing care 50

Rurality 52

Gender identity clinics 52

We asked: When it comes to disclosing your LGBTQ+ identity, what constitutes ‘relevant’ for you? 55

We asked: What are your thoughts on LGBTQ+ specific mental health services? 56

We asked: How can equality be achieved? 57

Next Steps 60

Our recommendations 60

Responses from providers and commissioners 62

Acknowledgements 66

Demographics 67

LGBTQ+ questionnaire 67

LGBTQ+ interviews 71

LGBTQ+ allies’ questionnaire 72

References 75

Useful signposting 77

Glossary of Terms 77

Contact us 78

Executive summary

Research has shown that significant health disparities exist for individuals identifying as LGBTQ+. We wanted to find out what these inequalities look like for North Yorkshire's LGBTQ+ community. We asked what works well and what can be improved, with a particular focus on mental health care. More than 200 people shared their views with us through our survey using questionnaires, interviews and outreach activities.

Key findings from our survey

- Most respondents felt they were open about their LGBTQ+ status when visiting a health or social care professional. Some felt this is integral to their identity, but some feared negative reactions or questioned the relevance of disclosing.
- Most felt respected and comfortable using services after disclosing their LGBTQ+ identity and trust staff. But most did not feel services and staff were able to support LGBTQ+ specific needs or gender identity needs.
- Most had experienced heteronormative assumptions in health and social care settings, and others had more negative experiences in relation to their LGBTQ+ identity.
- Accounts of more detailed patient experiences highlighted potential facilitators and barriers to access which apply to staff, services and systems. These were:
- Use of appropriate language
- Supportive, friendly, accepting staff
- Being able to support and recognise specific LGBTQ+ needs
- Availability of support and professional knowledge of them for signposting purposes (including LGBTQ+ specific and non-specific availability)
- Treatment or support that worked to improve health
- Recognition and inclusion of family and partners of choice in care
- Respondents gave recommendations for improvements for general service as well as mental health services in particular. For both, comments related to reducing inequalities and making services more inclusive through:
- Better training (including LGBTQ+ specific and mental health in general)
- Availability and provision of services (including LGBTQ+ specific and mental health)
- Visibility and promotion of LGBTQ+ mental health needs
- Joined-up working
- Better waiting times or quicker access routes

- Better or increased information available
- Strategic and service-level improvements such as policies and more effective contract monitoring to ensure more inclusivity is achieved

Many of these findings are consistent with existing national and global research into LGBTQ+ experiences of health and social care services, which suggests services still need to respond to all these findings and implement impactful changes to combat these inequalities.

As with most of Healthwatch North Yorkshire's projects, a key difference at local level is the impact of rurality and lack of transport on accessing services, especially those which are already difficult to access or scarcely available.

Who are Healthwatch?

Healthwatch North Yorkshire

There is a local Healthwatch in every area of England. We are the independent champion for people using local health and social care services across North Yorkshire (county council boundaries). We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

In summary - Local Healthwatch is here to:

- help people find out about local health and social care services
- listen to what people think of services
- help improve the quality of services by letting those running services and the government know what people want from care
- encourage people running services to involve people in changes to care.

Healthwatch England

We are the independent national champion for people who use health and social care services. We're here to make sure that those running services, and the government, put people at the heart of care.

We support local Healthwatch to find out what people want and to advocate for services that meet local communities' needs. Healthwatch around the country act as our eyes and ears on the ground, letting us know how people's care could be improved.

Our sole purpose is to help make care better for people. We have the power to make sure their voices are heard.

In summary - Healthwatch England is here to:

- help local Healthwatch do their job – to listen to people, and to make people's views of services heard
- help improve the quality of services by letting the government and those running services know what people want from care
- encourage people running services to involve people in changes to care

What we aimed to find out

Background

Healthwatch North Yorkshire (HWNY) already have a wealth of expertise in events, focus groups and engagement management and enjoy good working relationships with many organisations and individuals across the county. In December 2018, we met with North Yorkshire County Council (NYCC) adult social care and Public Health to discuss the approach needed to reach out to the adult LGBTQ+ community. There is a great deal of good work done regarding LGBTQ+ young people across the region, with Stonewall ranking North Yorkshire County Council as number 1 in their Education Equality Index 2019, but early discussion has indicated a gap in terms of communication with LGBTQ+ adults. Although inclusivity is written into NYCC provider contracts, NYCC wanted to understand in more depth how effective this was at meeting the LGBTQ+ community's needs.

We used the term **LGBTQ+** as an umbrella term where respondents could be from any minority sexual orientation (such as asexual or pansexual) or gender identity (such as non-binary, questioning or genderqueer).

For help with other terms used throughout this report, please see our Glossary of Terms section for links to existing LGBTQ+ based glossaries

Purpose

It is well documented that LGBTQ+ people are statistically more likely to experience additional health inequalities compared with their heterosexual counterparts: they are more likely to smoke, more likely to use drugs, more likely to be at risk from alcohol-related behaviours, have poorer mental health, have a higher risk of attempted suicide, are less likely to participate in sports and are more likely to experience eating disorders.

We were approached by NYCC who requested a piece of research to increase understanding of the experiences and needs of the LGBTQ+ community when accessing mental health support. NYCC would like the research to inform the implementation of 'Hope, Control and Choice', the North Yorkshire Mental Health Strategy and the mental health section of the Joint Strategic Needs Assessment.

As the lead organisation for this project, it was decided that HWNY would construct and carry out a survey engaging LGBTQ+ people to tell us about their mental health issues and experiences of accessing mental health services. This report can then provide a snapshot of those experiences as well as potential barriers and enablers to access. In our experience, we know that this learning could be applied to other services, so we also decided to ask about experiences of health and social care services more broadly.

Objectives

HWNY will work closely with NYCC and mutual partners in order to strengthen the LGBTQ+ voice across commissioner and provider organisations as well as being a critical friend to support system change and understanding.

The big picture: What do we already know from existing research and evidence?

LGBTQ+ people have the same health and social care needs as the rest of the population, but often receive a very different level of care and service.

Despite progressive law changes and increasing social acceptance, research has shown that LGBTQ+ people continue to face inequalities both nationally and globally. Some of these inequalities have led to disparities in health outcomes and greater inequalities of health satisfaction for LGBT communities in comparison to the rest of the population. For example, it shows that LGBTQ+ people are more likely than non-LGBTQ+ populations to experience mental health problems, smoke, use drugs and alcohol, live with long-term conditions, have suicidal ideations and have eating disorders. Other minority identity factors can increase the prevalence of inequalities such as age, being from a minority ethnic group or having a disability. Some studies show further disparities of prevalence within the LGBTQ+ community itself, and there is a distinct lack of evidence on issues which affect trans people.

Some explanations range from indirect disadvantages such as poor inclusivity and relate to professionals' lack of awareness, where others allude to direct stigma and discrimination. Investigations into disclosure of gender identity and sexual orientation have led to debates about barriers or facilitators to this and debates about whether disclosure can improve access and positive experiences. Some studies highlight that a lack of robust data collection on LGBTQ+ people means that these disparities can't truly be represented, understood or improved. We have included key findings on the next page but you can find links to the full research articles in our references section. We have used these to inform our subsequent survey.

Other local Healthwatch have also reported on LGBTQ+ people's experiences of the health and social care system in their respective locations.

However, there is very little local research which demonstrates what health inequalities look like for North Yorkshire. So what does the situation look like here in our county for our LGBTQ+ communities and how can it be improved?

Key findings from large-scale existing research

Stonewall's (2018) survey asked more than 5,000 LGBT people about their experiences of mental health and wellbeing when accessing healthcare services and found that:

- Half of LGBT people (52 per cent) experienced depression in the last year, with another 10 per cent saying they think they might have experienced depression.
- One in seven LGBT people (14 per cent) avoid seeking healthcare for fear of discrimination from staff.
- One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- One in five LGBT people (19 per cent) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40 per cent of bi men and 29 per cent of bi women.
- One in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they're LGBT.

Additionally, their (2015) survey of 3,001 health and social care staff found that:

- Bullying and discrimination - LGBT staff and patients continue to experience discrimination, abuse and bullying.
- Failure to support LGBT patients - There is a lack of confidence among health and social care staff, including those most relevant health and social care practitioners with direct responsibility for patient care, in their ability to understand and meet the needs of LGBT patients and service users.
- Afraid to speak up - Many health and social care staff say they don't feel able to challenge discriminatory language and behaviour from their colleagues or patients.
- Unequipped to challenge prejudice - A quarter (25 per cent) of staff have never received any equality and diversity training, and those who have often report that the training did not include important issues in caring for LGBT patients and service users.
- Support for LGBT equality - Health and social care staff believe that health and social care services could and should be doing more for LGBT equality.

NEISR's (2016) systematic literature review of 102 published and unpublished documents from 2008 onwards shows that across nine policy areas, a lack of representative quantitative research data precludes a comprehensive and reliable assessment of the extent of disadvantage for LGB&T people in the UK. Within health they found:

- Evidence continued to show higher rates of mental health problems amongst LGB people, compared with heterosexual people. The evidence was weak on differences between lesbians, gay men and bisexual people. Mental health problems included attempted suicide, self-harm, anxiety and depression, but extended to probably psychosis, obsessive compulsive disorders (OCD) and phobias. There was evidence that discrimination in society contributed to the higher incidence of mental health problems among LGB people. Mental health services were most often perceived to be discriminatory by LGB people.
- LGB&T people's experience of health provision is less good compared with heterosexual people's and cisgender people's experiences, and, where needs differ between LGB&T and other people, there are gaps in NHS staff's knowledge and provision.
- Dissatisfaction with health services is higher amongst LGB people than heterosexual people. Experience of discrimination (including lack of recognition of one's partner; reaction to a patient saying they are LGB), invisibility of LGB people and information on their health needs and lack of knowledge on LGB health needs contribute to this. A minority of LGB people are reluctant to be open about their sexual orientation in a health context, which can exacerbate problems in securing appropriate treatment.
- For transgender people, research evidence on health inequalities was lacking. However, what evidence there was tended to show similar problems to those experienced by LGB people, but experienced by a much higher percentage.
- The evidence pointed to some improvements which might be made in respect of gender identity clinics to improve patient satisfaction. There was evidence of long waiting times in first referral to gender identity clinics as impacting on mental health. Reducing waiting times was therefore identified as beneficial.
- There is a gap in research into how better to reduce homophobia and heteronormativity in the delivery of health services.

LGBT Foundation's (2017) survey of 328 LGBT people's experience of using primary care services found that:

- LGB and T people who disclosed their sexual orientation or trans status to their GP were more likely to feel their GP met their health needs as an LGBT person than patients who did not disclose.
- Across all primary care services just over half (53.4%) of people had a positive or very positive response when they disclosed their sexual orientation and just under half (44.4%) had a positive or very positive response when they disclosed their trans status.
- 62% of the suggestions made by LGBT people on how services could improve experiences for LGBT patients mentioned visibility; they wanted to see LGBT literature and posters, a Pride in Practice award and acknowledgement of non-binary identities when registering and signing in for appointments.

The National LGBT Survey (2019) received over 108,000 responses and found that:

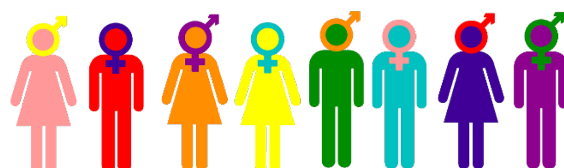
- 80% of survey respondents had accessed, or tried to access, public healthcare services in the 12 months preceding the survey.
- 40% of trans respondents who had accessed or tried to access public healthcare services reported having experienced at least one of a range of negative experiences because of their gender identity in the 12 months preceding the survey. 21% of trans respondents reported that their specific needs had been ignored or not taken into account, 18% had avoided treatment for fear of a negative reaction and 18% had received inappropriate curiosity. Moreover, 7% had to change their GP, and 7% had faced unwanted pressure or being forced to undergo a medical or psychological test.
- 87% of cisgender respondents who had accessed or tried to access public healthcare services had not faced any such negative experiences due to their sexual orientation in the 12 months preceding the survey.
- 54% of respondents with a minority sexual orientation had disclosed or discussed their sexual orientation with healthcare staff in the 12 months preceding the survey. The main reasons for not having done so were that they had not thought it was relevant (84%) and that they had feared a negative reaction (14%). Of those who had disclosed or discussed their sexual orientation, 73% said it had no effect on their care, 18% said it had a positive effect and 9% said it had a negative effect.

- 24% of respondents had accessed mental health services in the 12 months preceding the survey, while 8% had tried to access them but had been unsuccessful. 72% of those who had accessed or tried to access mental health services reported that it had not been easy (scoring ease of access as 1, 2 or 3 out of 5). 51% of those who had accessed or tried to access them said the wait had been too long, 27% had been worried, anxious or embarrassed about going, and 16% said their GP had not been supportive.
- 27% of respondents had accessed sexual health services in the 12 months preceding the survey, while 2% had tried to access them but had been unsuccessful. In contrast to mental health services, 74% of those who had accessed or tried to access sexual health services said that accessing them had been easy (scoring ease of access as 4 or 5 out of 5). 13% of those who had accessed or tried to access them, however, reported not having been able to go at a convenient time, and 13% also said the wait had been too long. Trans respondents were notably more likely to report feeling worried, anxious or embarrassed about going to sexual health services (14%) than cisgender respondents (6%).
- Overall, respondents had experienced better access and experiences in relation to sexual health services than mental health services.

In a parliamentary report by the Women and Equalities Committee they found:

- LGBT people are being let down in health and social care, by structures and services that are not inclusive or designed with them in mind, and by a lack of leadership in Government, NHS and social services.
- Too often LGBT people are expected to fit into systems that assume they are straight and cisgender. But the Committee has found that deep inequalities exist in health outcomes for these communities and that treating them “the same” as non-LGBT people will not address these poor outcomes.

See our References section for links to these publications



What we did

Methodology

We ran a survey to gather an understanding of LGBTQ+ people's experiences of health and social care services in North Yorkshire, including questions about what works well and what can be improved. Our survey included a questionnaire, interviews and outreach activities.

Questionnaire

This was promoted and available online as well as in paper-based formats at our various outreach events. We had 243 responses to our survey which ran from June-October 2019. 213 of these were valid – meaning they consented to Healthwatch using their responses, and they either identified as LGBTQ+ (174/82%) or were allies of the LGBTQ+ community (39/18%).

We recognise these are different perspectives and as such the survey was split into two pathways - one for those who identified as LGBTQ+ where questions were asked about their experiences; and one for those who did not identify but were allies of the LGBTQ+ community, where we asked about any experiences they heard from members of the community. While perhaps not as useful as hearing first-hand experiences, we felt that listening to allies was an important attempt to get some views from parents, friends or family of those who may not be able to share views with us themselves. Respondents were not required to answer every question so percentages in the findings section are based on the total responses to each question.

In the demographic monitoring section of the questionnaire, we used an open question asking people to describe their gender identity and gender orientation in their own terms as well as asking a closed question about whether their gender identity was different to the sex they were assigned at birth. You can see more in the demographic section of this paper. The demographics section was optional and not completed by every participant.

We also asked for location details in the demographic monitoring section of the questionnaire and it became clear that some respondents did not live within our remit of North Yorkshire County Council boundaries. We adapted the questionnaire to more prominently make clear that the research applies to North Yorkshire. However, we have decided to include the 23 responses that were technically out of our area because they all lived within close proximity to the region and so it is highly possible they may access services within our boundaries.

We also asked respondents if they were happy to be contacted for a focus group or an interview.

Interviews

In December 2019, we carried out six one-to-one semi structured telephone interviews to focus more specifically on LGBTQ+ people's experiences of using mental health services in North Yorkshire. We did some preliminary survey analysis before designing questions

for the interviews, in order to fill in any gaps in findings. Interviews lasted between 15 minutes and one hour, averaging at around 30minutes.

Interviews were chosen, rather than focus groups, due to practical limitations such as the locational spread of consenting individuals. We also felt that, due to the personal nature of the topics, participants would feel more comfortable discussing on a one-to-one basis which would increase the validity of our findings. Additionally, more people consented to interviews than focus groups.

We selected participants from the survey who had consented to be involved in interviews. We began using stratified random sampling techniques based on gender identity and sexual orientation. However, due to lack of responses, we resorted to quota sampling as we contacted 15 people which resulted in six interviews. However, the demographic spread of these remained quite varied.

The telephone calls were recorded, following consent to do so, and transcribed for analysis.

Outreach Activities

We also attended some Pride events where we asked members of the public "*Have Your Say: What would you do to Improve Mental Health Services for LGBTQ+ people?*". We also took our questionnaires out to our various outreach events.

Mental health prevalence

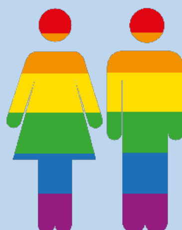
Sexual orientation and gender reassignment (at any stage of the transitioning process) are a protected characteristic under the Equality Act 2010, which means public services are required to consider the needs of different groups who might use that service and commit themselves to tackling inequality. Despite this, proving compliance is difficult due to, as research has shown, a lack of monitoring information available in health and social care settings.

Therefore, it's difficult to measure what mental health issues are affecting the LGBTQ+ population in North Yorkshire. To give us an indication, we asked LGBTQ+ respondents to our survey if they consider themselves to have a mental health issue. 37% (65/174) answered 'yes' and 49 people commented with further detail.
Of those 49 who disclosed details:

- *42% (21) identified only one mental health issue*
- *57% (28) identified two or more mental health issues*
- *57% (28) mentioned depression*
- *57% (28) mentioned anxiety*
- *20% (10) mentioned PTSD*

Others issues which were mentioned more than once included autism, personality disorders, ADHD, Bipolar disorder, eating disorder and insomnia.

NHS England has worked with LGBT Foundation to produce a Sexual Orientation Monitoring Information Standard (2017) to consistently collect this information across the healthcare system. It's thought that recording sexual orientation will allow policymakers, commissioners and providers to better identify health risks and will help support targeted preventative and early intervention work to address the health inequalities for people who are Lesbian, Gay or Bisexual.



As the main provider of mental health services in North Yorkshire, we asked Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) if they monitor demographic information of their patients, including gender identity and sexual orientation. The following figures include all specialities including adult mental health, mental health services for older people, children and young people's mental health services and learning disabilities services.

As of 20th December 2019, TEWV had 11,992 patients open to services from the North Yorkshire team. Sexual orientation was recorded as:

55.6% were recorded as Heterosexual
1.2% were recorded as Gay/Lesbian
1.0% were recorded as Bisexual
0.3% were recorded as Person asked and does not know
6.3% were recorded as Not age appropriate
1.2% were recorded as Not developmentally appropriate
10.9% were recorded as Not stated (declined)
23.6% were recorded as NULL (not recorded)

Healthwatch North Yorkshire calculated that this equates to 300 people who are LGB or questioning, while it seems that 2,830 people are not being asked about their sexual orientation, which could have an impact on the care they are offered. A large proportion had 'not stated' which may suggest an uninformed understanding of how this information can be used to understand experience and therefore improve services.

We then asked for statistics on gender identity. TEWV told us:
As of 31st December 2019, they had 12,013 patients with an open referral to the North Yorkshire team. The figures include patients who are waiting for their first appointment so the patient might not yet have been asked. Where numbers are low they have been replaced with <0.1% to avoid the data becoming identifiable.

0.1% were recorded as Birthsex Female – gender neutral
<0.1% were recorded as Birthsex Male – gender neutral
58.5% were recorded as Female
<0.1% were recorded as Indeterminate
41% were recorded as Male
<0.1% were recorded as Not Known
0.3% were recorded as Null (Not recorded)

This raises questions about how people who identify as non-binary would be recorded or those who identify as a binary gender which is different to their sex assigned at birth. The Oxford English dictionary defines 'Indeterminate' as 'not exactly known, established, or defined' which would not be inclusive for those who know, are confident and define themselves as non-binary.

However, we were also told that the figures for sexual orientation have been revised following some reporting changes made. Consequently, as at 31st December 2019, sexual orientation stood at:

59.1% were recorded as Heterosexual
6.8% were recorded as Gay/Lesbian
1.2% were recorded as Bisexual
1.4% were recorded as Person asked and does not know
5% were recorded as Not age appropriate
1.2% were recorded as Not developmentally appropriate
11.2% were recorded as Not stated (declined)
14.1% were recorded as NULL (not recorded)

We noted that these figures had changed significantly. As a result of the change in recording, the number of people logged as "Gay/Lesbian" had increased by 673 people, and the number recorded as "Bisexual" had increased by 24 people. In addition, the number of people not being asked or not being recorded had reduced by 1,136, while the number of people not being asked due to their age had reduced by 154.

Action for improvement: Services to collect LGBTQ+ monitoring data and clearly explain the usefulness of this data to service users

“As far as my sexual identity is concerned, positive experience is limited to simply acceptance or indifference”

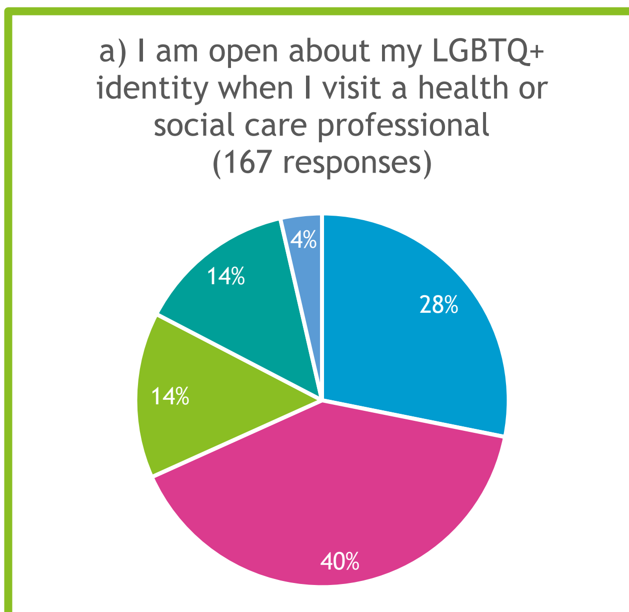
Findings

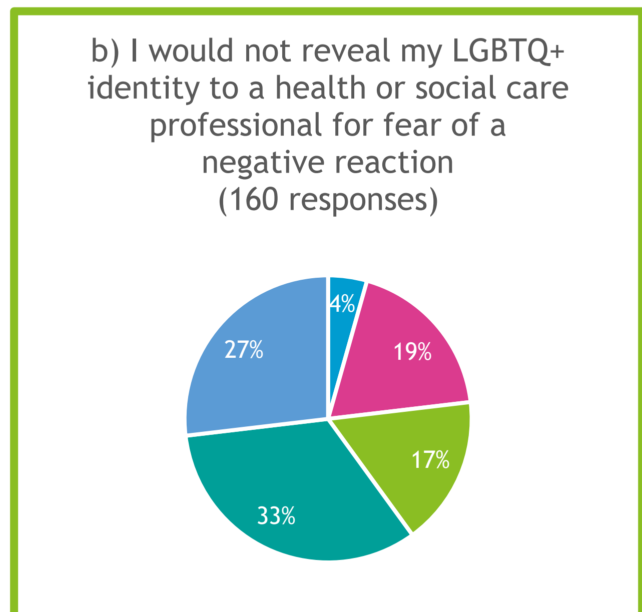
LGBTQ+ Questionnaires

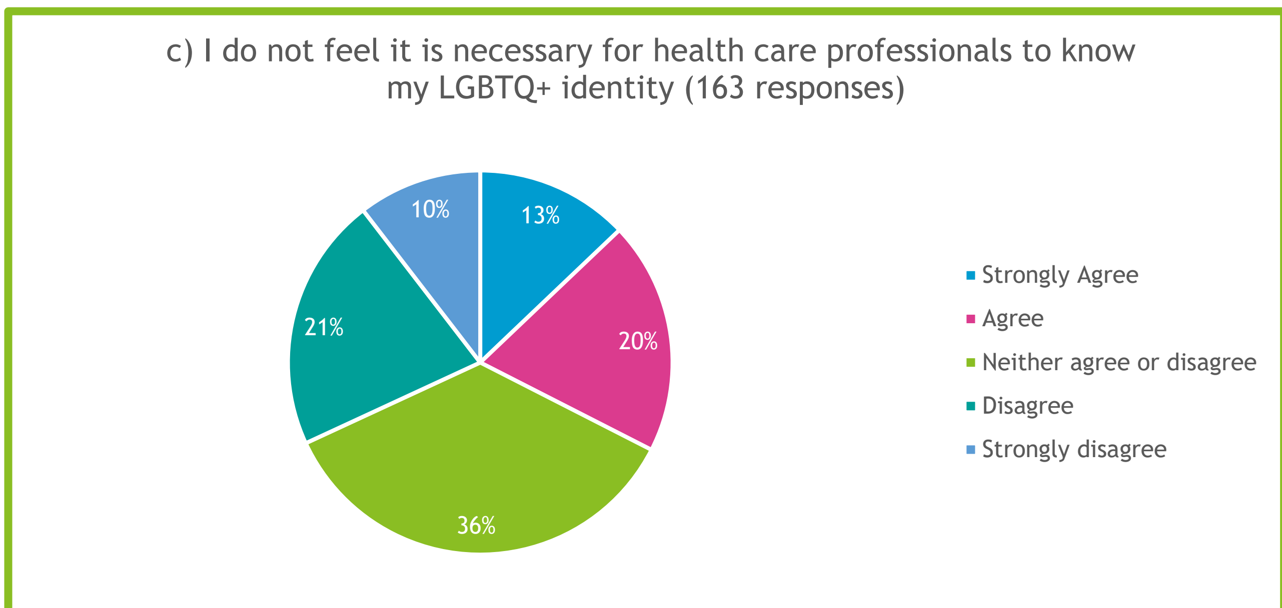
Disclosing LGBT identity

On average, LGBTQ+ respondents who answered were most likely to:

- "Agree" with the statement "I am open about my LGBTQ+ identity when I visit a health or social care professional"
- "Disagree" with the statement "I would not reveal my LGBTQ+ identity to a health or social care professional for fear of a negative reaction"
- "Neither agree or disagree" with the statement "I do not feel it is necessary for health care professionals to know my LGBTQ+ identity"







This seems fairly positive. However, there were still a significant number of people who did not fall into those category averages. 18% (29/167) disagreed or strongly disagreed that they are open about their LGBTQ+ identity with health and social care professionals, and 23% (37/160) said they agreed or strongly agreed that they would not reveal their LGBTQ+ identity to health and social care professionals for fear of negative reaction.

When we prompted for further comments, 43 used this opportunity to explain why they feel this way. Generally, those who disagreed or strongly disagreed with statement a) and those who agreed or strongly agreed with statement b), gave explanations based on **previous negative reactions or fear of potential judgements**, and the effect that might have on their care. Overall, 19% (8/43) had a fear of potential judgement and 16% (7/43) told us their fears were based on personal experience of previous negative reactions.

I have a severe chronic illness and am therefore very reliant on my doctor and my provider of specialist services. It's too important to risk setting them against me by revealing something that's really no business of theirs anyway.

Many healthcare professionals have put down my identity if I mentioned it at any point, or I had to educate them which made me feel like the adult even though I was the one who needed help.

I have [a health issue] which is a 'woman's condition' - disclosing that I am non-binary and don't identify as a woman would risk my opinions being discredited and ignored by the woman's health specialist at the hospital, so I have pretended to be a cis woman when attending check-ups and operations.

When it comes to disclosing LGBTQ+ identity, 42% (18/43) stated that it would depend if it was relevant or required, but many did not qualify this with what they would consider required or relevant. 12% (5/43) stated that it may be **relevant** if related to sexual activity or sexual health and 12% (5/43) felt that being trans was a relevant reason for them to disclose.

14% (6/43) of comments indicated that their LGBTQ+ identity is not relevant, whereas 9% (4/43) stated that their **LGBTQ+ identity is integral to who they are** and important to be taken into consideration. 14% (6/43) stated they would disclose their identity if they trusted the individual health care professional and they felt comfortable to do so.

Depends on who the health professional is and whether it is relevant that I am trans. Most of the time it is even though it is more likely to be an admin issue or pronoun/title issue.

I think my lesbian identity is core to who I am and to my health and wellbeing. But I don't always bring it up - sometimes it's not relevant. Even when I do I find it is often forgotten.

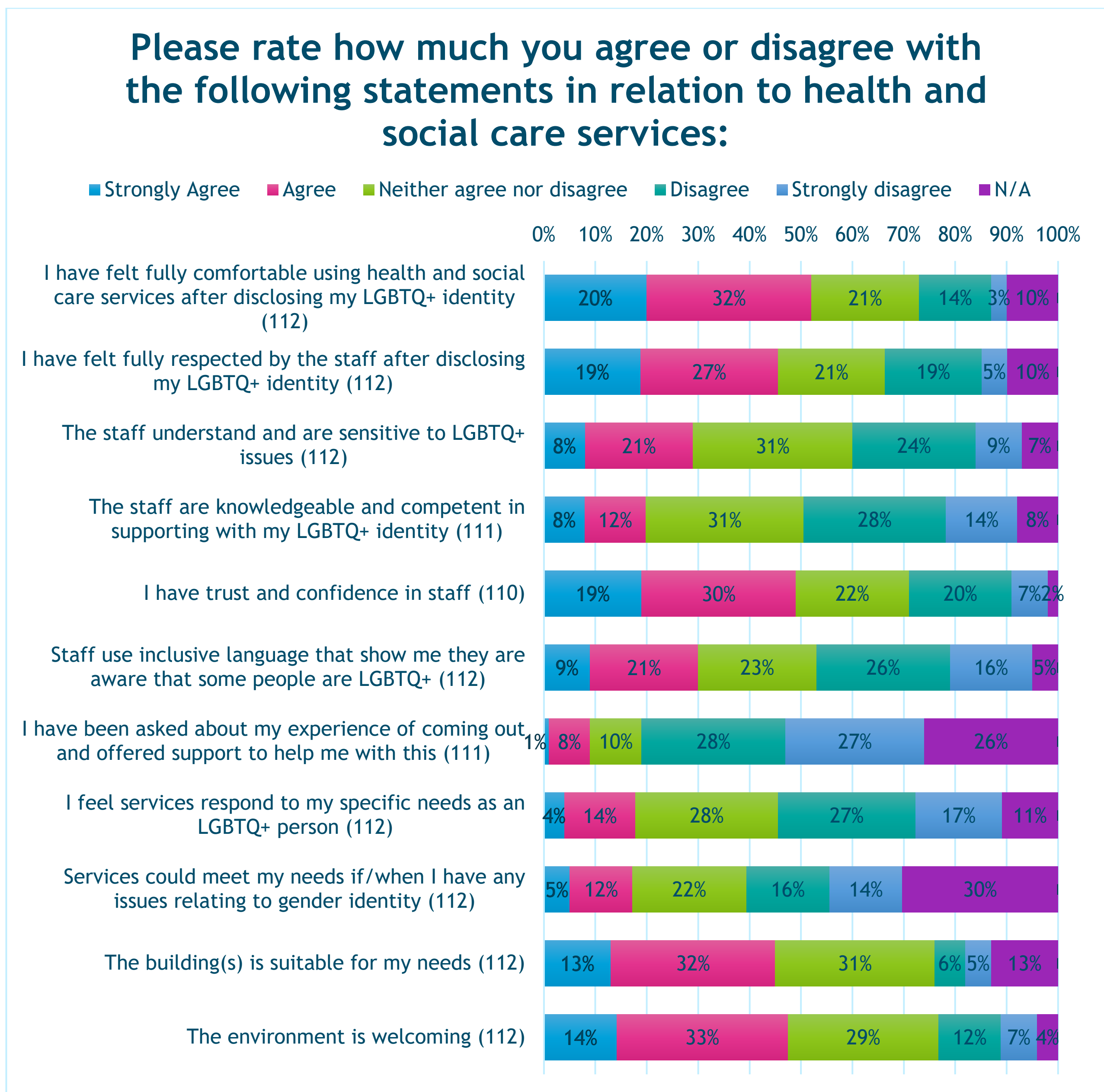
I often have to out myself when conversations become intense about "what kind of protection are you using?", or "are you sure you're not pregnant?". As a gay woman, I am always sure that I'm not pregnant.

I reveal it when necessary, as being trans can change how certain issues need to be approached. However, I have had invasive and inappropriate questions from GPs as a result of disclosing my trans status.

Action for improvement: Services to better explain and promote how disclosing LGBTQ+ identity can improve experience. This requires respecting that patients may have had previous negative experiences, and reducing negative reactions that LGBTQ+ people face in health and social care settings

What's your experience?

To give further context, we asked questions about respondents' experiences. We gave some positive statements, which were based on existing evidence, and asked respondents to rate them using a Likert scale. Here are the responses we received:



Based on a weighted average, people were most likely to 'agree' or 'strongly agree' that they felt fully comfortable using health and social care services after disclosing their LGBTQ+ identity. This was closely followed by feeling fully respected by staff after disclosing, though it is important to note that this could be skewed if only answered by people who have disclosed in situations where they felt comfortable as we included a "not applicable" option for those who have not disclosed or those who do not use services. People were also fairly likely to 'agree' or 'strongly agree' that they had trust and confidence in staff.

People were most likely to 'disagree' or 'strongly disagree' that they have been asked about their experience of coming out and offered support with this. This perhaps suggests more could be done by health and social care services in North Yorkshire to signpost people to support or more to acknowledge the impact that coming out could have on someone.

It's interesting that a large number of people felt this statement was not applicable to them despite identifying as LGBTQ+. Again, this may be skewed by people who have not yet experienced coming out so they haven't been offered support. It's possible some felt they are already well supported with coming out and therefore the support of health and social care services is not applicable to them. However, there is a possibility that respondents don't believe health and social care service can support with coming out and this may be why they feel it's not applicable.

A large number of people gave lower ratings for statements about services being able to respond to their specific needs as an LGBTQ+ person, being able to meet needs relating to gender identity and staff being knowledgeable and competent in supporting LGBTQ+ identities.

Further comments suggested that these experiences vary from service to service, which suggests that LGBTQ+ people experience treatment and care that is not uniform when accessing help in North Yorkshire. The examples given included positive and negative experiences at mental health services, sexual health clinics and GPs. Dependent factors were use of **appropriate language** and pronouns, educated **understanding** of LGBTQ+ issues and general level of **care available, w**hereas misuse of language or lack of understanding and availability were barriers.

Most services make no effort to change their support pattern to account for the differing needs of users, never mind taking the effort to avoid misgendering, or avoiding other homophobic and transphobic language and behaviours.

Hospitals (doctor surgeries etc) should be an approachable place, but in the main I have mostly not found this to be the case. There are one or two exceptions of course, and some brilliant staff. But the experiences from the not so open-minded staff sadly tarnish the good.

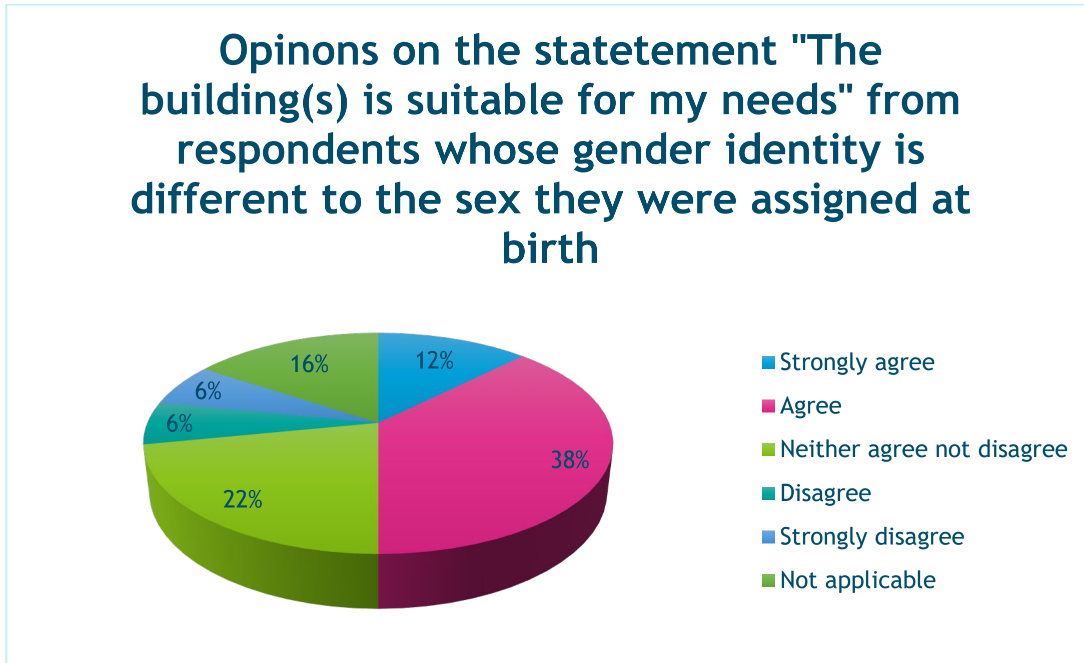
One person noted how their experience of health and social care has been impacted on due to a **lack of LGBTQ+ specific support services in North Yorkshire.**

There is no local support for the LGBT within easy reach for me. And none in any trans specific issues. Due to this I have not been managed correctly and have developed [a

condition] after years of not having [the right hormone treatment] due to the fact my doctors and I were unaware that I needed to be checked on annually. There is absolutely no after care support of any kind for trans people to help us readjust if/when we have surgery.

There really isn't much offered at all in the county, certainly not enough to warrant this survey.

Half of respondents whose gender identity has changed from birth either 'agreed' or 'strongly agreed' that buildings are suitable to their needs.

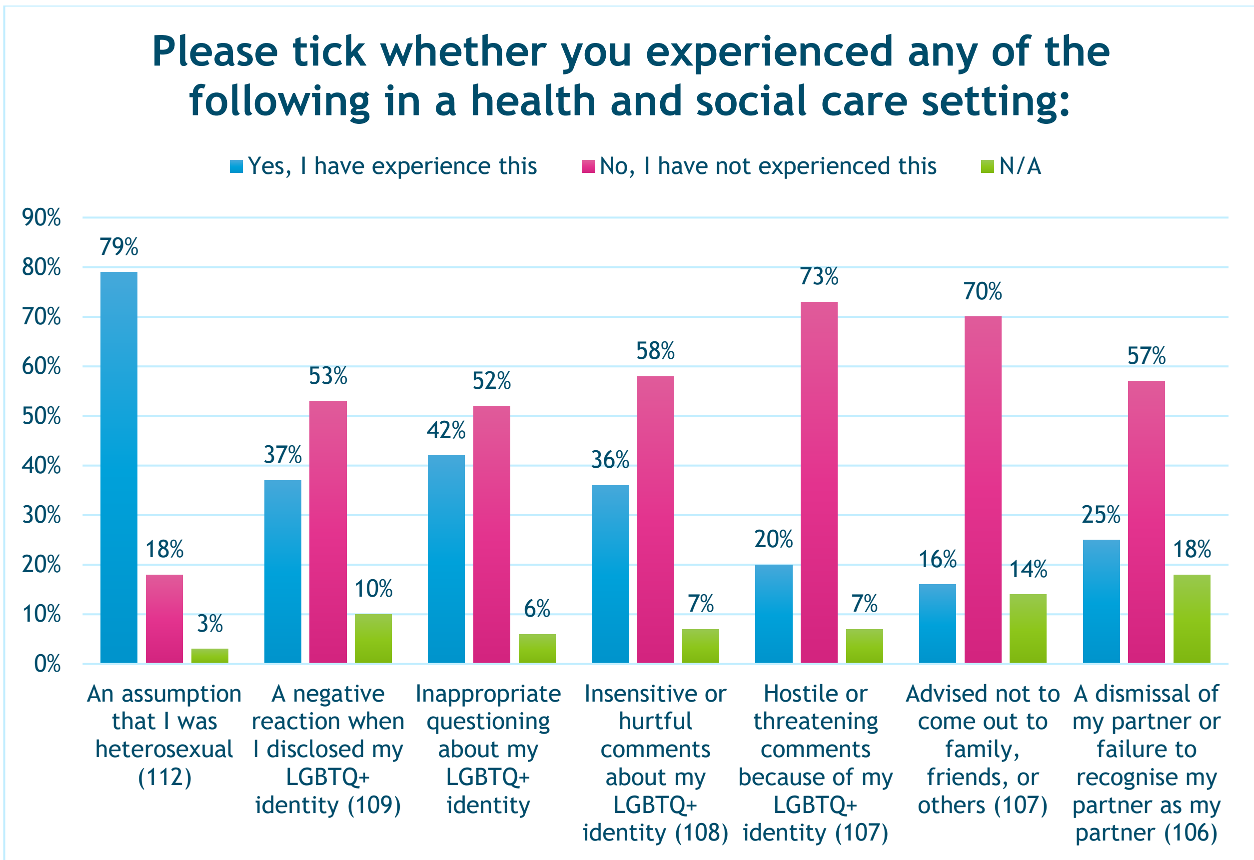


Action for improvement: Improve availability of support within health and social care settings for LGBT needs. Improve signposting to support for coming out and LGBT support groups

Next, we provided some negative statements, based on existing evidence, and asked people if these were something they had experienced.

Disappointingly, most respondents (79%) had experienced an assumption that they were heterosexual, despite only two respondents identifying this way.

In all other categories people were more likely not to have experienced them than to have experienced them. While this is somewhat reassuring, **more than a third had experienced a negative reaction, inappropriate questioning and insensitive or hurtful comments about their LGBTQ+ identity**. A fifth had experiences hostile or threatening comments and 16% were advised not to come out to family and friends. A quarter had experienced a dismissal of their partner or failure to acknowledge their partner as such. While 11 had not experienced any of the above, eight people had experienced all of the above. This confirms that some of the previously mentioned fears of negative reactions are based and founded in reality.



Some gave more details of their experience:

Staff need much more education on how to deal with LGBTQ issues. I've been advised against coming out, told "you could just try being 'normal'" (ie not trans), told to "deal with your real problems" when I've asked to be recognised as non-binary in a hospital setting.

My partner and I had to attend a GP surgery to have an HIV test before we were allowed to have a mortgage. The middle-aged female staff (three of them) were peering around the office door and sniggering at us because we were clearly gay to be having this test. The entire experience was humiliating.

I have never received anything explicitly negative - more assumptions that I'm straight followed by awkwardness, and then I'm not totally comfortable that they're able to support me as an individual.

When my wife went into hospital for her op I was made to wait and not being with her this caused me so much upset.

Action for improvement: Avoid misgendering, use inclusive language. Be aware that patients may have had previous negative experiences and try to mitigate further instances. Enable patients to feel supported with complaints of this nature.

What works well?

We wanted to understand what works well for LGBTQ+ people using health and social care services so we asked respondents to share with us any positive experiences they've had. Many people simply shared a service where they have had a positive experience, but others went into more detail about why their experience was made positive.

Of the 92 comments we received, the following services were highlighted:

- 34% (31/92) related to their GP
- 22% (20/92) related to mental health services, counselling or therapy
- 10% (9/92) related to hospitals or hospital services
- 8% (7/92) related to sexual health services
- 8% (7/92) related to LGBTQ+ specific services
- 5% (5/92) related to GIC services
- 5% (5/92) related to IVF services or fertility clinics
- 3% (3/92) related to dentist
- 2% (2/92) related to opticians
- 2% (2/92) related to physio
- 2% (2/92) related to smear tests
- 2% (2/92) related to Young People's support services
- Other services included ambulance, sleep services, housing services, adult education services, social care, blood donation, HIV care team, community service, public health services.

While this could suggest that GPs are more likely to provide a positive patient experience, it is likely that the larger numbers are due to increased probability of people using these services in the first place.

Nonetheless, 12% (11/92) said that all or most of their experiences at health and social care services have been positive or that they've never had a negative experience, yet 8% (7/92) said they have had none or very few positive experiences.

When looking at more detail about why experiences were positive, 32% (29/92) attributed this to **professionals and services being particularly supportive and understanding of LGBTQ+ issues**. A further 3% (3/92) specifically mentioned using the correct pronouns, in person and in written letters, were important to their positive experiences.

My therapist is happy with my identity and I am comfortable talking about it. She uses the right name and pronouns.

When going for my Smear Test, the nurse was very understanding about the difference in LGBT sex and how that could affect the success of my smear.

Mental health assessor had heard of Asexuality and was supportive of my idea to start a family alone when the time came.

My GP in the past has been refreshingly open and honest in asking about my sexuality in regards to issues where that may be useful (like talking about a hepatitis vaccination). I regularly use an [LGBTQ+ specific service] who do fantastic work, and it's nice to speak to someone who understands sexual health stuff from the perspective of a gay man.

21% (19/92) said not having to face judgement or discrimination was what made their experiences positive. This include people saying they were treated '*like everyone else*', '*equally*' or '*as an individual*'. One person pointed out:

As far as my sexual identity is concerned, positive experience is limited to simply acceptance or indifference

20% (18/92) related their positive experience to staff and services that were **generally friendly, supportive or helpful**, and did not particularly relate to specific LGBTQ+ issues. Once again, this demonstrates the importance of staff attitudes when it comes to patient experience. Having **treatment that worked** or when their health was improved as a result of using the service was significant for 9% (8/92).

13% (12/92) noted that professionals and services who are **knowledgeable about other support services and refer or signpost** service users to other support. This sometimes included **referrals** to LGBTQ+ specific support but also more generalised extra support. Along a similar theme of extra support, another 9% (8/92) suggested that recognition and inclusion of their families made them feel more supported and added to their positive experience.

They've supported me well and my family because our family is full of LGBT+ people, so the HSC services support us all with it.

Pain management clinic - my partner accompanied me and they were wonderful with her.

I have had to use the ambulance service a couple of times due to anxiety and they've been very inclusive, ensuring my wife could come with me and I felt very supported. I have a brilliant GP as well and he has always made me feel very positive in relation to my wife.

A couple of people told us their experiences which covered a few of the above themes.

I only came out fairly recently and was very anxious about telling my family so I got in touch with [an adult mental health support organisation] who put me in contact with my local office. Had a really good chat with a [person] from their phone support line who was also [LGBTQ+]. A support worker came to see me a couple of weeks later. We met a few times just talking through what my worries were and we put a plan together to help manage my anxiety. Probably the best experience was [them] helping me to sit down and tell my mum and dad which in the end, was absolutely fine. I got matched up with a volunteer for a couple of months who helped me get out and about more and to try the [LGBTQ+ specific] support group amongst a few other groups. I found the whole service really positive and everyone I met was empathetic and really took my concerns seriously.

My last GP was very supportive when I first told him I was exploring that I might be trans. Knew about [LGBTQ+ specific] services, gave me info and also did an initial introduction to them for me for counselling. Clinical psychologist very open to letting me explore my gender identity with her. (I was already seeing her when the trans topic came up). She did some research for me on books and websites. Was particular in making sure when writing letters that she had the pronouns correct and that the typists had got it right (which they didn't usually). Current GP was helpful when it came to changing my name and title on the surgery system … I never felt that anyone had an issue of my being trans. A consultant I was seeing… immediately I asked if the wards were gender specific (I am only socially transitioned, not physical) so couldn't pass on a [gender specific] ward, immediately asked the nurse to make sure I was booked into a side room.

Action for improvement: Continue to provide supportive staff. Increase their awareness of LGBTQ+ support. Increase availability and signposting/referrals to support

What doesn't work well?

We also asked participants to share any negative experiences they've had of health and social care services.

Of the 90 comments we received, the following services were highlighted:

- 26% (23/90) related to their GP
- 19% (17/90) related to mental health services, counselling or therapy
- 10% (9/90) related to hospitals or hospital services
- 4% (4/90) related to the Gender Identity Clinic
- 4% (4/90) related to community support services
- 3% (3/90) related to sexual health
- 3% (3/90) related to education settings
- 3% (2/90) related to social care
- 2% (2/90) related to blood donation services
- Other services included job centre, ambulance service, pharmacy service and specialist services.

Once again, the larger numbers are likely due to increased probability of people using these services in the first place rather than prevalence of negativity.

28% (25/90) stated that they have not had any negative experiences. However, the majority (58% - 52/90) gave details of their negative experiences which were specifically related their LGBTQ+ identity. Once again, these instances of discrimination legitimise and justify earlier themes of fear of a negative reaction.

19% (17/90) attributed all or part of their negative experience to the **heteronormative** nature of the service and **misgendering** of patients. Some involved individual staff using **incorrect pronouns or incorrect assumptions** about partners, sexuality or gender, but others alluded to a wider, embedded institutionalised failure to include LGBTQ+ identities in other ways such as forms, processes and procedures. 8% (7/90) described **having to out themselves when asked questions about medication** they were on or why they didn't need procedures such as for sexual health and pregnancy.

…On another occasion visited secondary care and was asked to complete forms for my then civil partner - documentation only related to straight relationships…

Assuming I am using medication such as birth control for reproductive purposes...

Having to explain regarding our children that they have 2 mothers.

Difficulties identifying as next of kin when partner an inpatient at [Hospital].

Continuously misgendered in letters and stuff even after stating my pronouns, otherwise ignored when it comes to orientation/gender.

..My wife was forced to have a pregnancy test when she presented with stomach pains, despite the fact she has never had intercourse with a man in her life. It's often presumed by medical professionals I'm heterosexual. There should be no presumptions.

…I asked my doctor how I could openly change my gender on my documentation, and he told me I couldn't, since non-binary identities are not recognised by law. This means I can't access any gender identity support. I also have problems finding non-binary or non-gendered spaces (such as toilets), so have to consistently misgender myself.

Being refused to give blood because of my sexuality. When completing dental health forms I am asked if blood donation has ever been refused and my dentist then asked me about this so I had to elaborate.

Where the above seems to suggest a certain systematic ignorance, 14% (13/90) shared experiences where they had not been **taken seriously or not believed** when disclosing their identity.

They asked if I was sexually active and I said that I'm lesbian but the GP said that I could still find a man despite me saying I was gay.

I've had a negative experience with an art therapist who said "isn't this gender stuff just a phase" when I was telling him about being trans and wasn't taken seriously.

In general people still tend to believe that my Asexuality is a result of Anxiety and Depression and once I'm cured I'll want sex.

My psychiatrist told me he didn't believe in gender identity disorder.

8% (8/90) shared more **actively negative reactions** when disclosing their LGBTQ+ identity.

[Counsellor] said she felt homosexuality was wrong. I complained to [the provider who referred me] but nothing seemed to happen. ….At Hospital – other patients constantly

homophobic - referred to my [female] partner as 'he' - made homophobic comments on and on and on. No one talked to her. Staff said it was nothing to do with them.

I've had doctors/nurses laugh at my LGBTQ+ status before, and made sexist/transphobic comments. Been told "You do know you're missing a uterus" by an ultrasound operator. Overheard "Is that a boy/girl in cubicle" in A&E.

We were asked to sit on different sofas and not hold hands as the people around us felt uncomfortable.

A local LGBT charity I tried to volunteer with turned me away. The explanation….was "you've had the op, you're not one of us anymore" [they] preceded to look at me like dirt and sneer. [They] hadn't even asked me my sexuality. I feel sorry for any trans youths who turned there for support to be met with someone like that.

30% (27/90) felt that services they use were **not knowledgeable about LGBTQ+ specific health needs** or lacked enough understanding which contributed to them having a negative experience. This also included a lack of signposting support.

My mental health support officer told me that being transgender was "a problem she wasn't equipped to deal with, so we'll have to leave it"….

I had a GP appointment where I was asked various questions about my menstrual cycle due to [a condition]. I tried to explain that I didn't want to go on any contraceptive because I'm in the process of waiting for Hormone Replacement Therapy as a trans male and didn't want to complicate the process with other hormone treatment. The GP glossed over what I had mentioned and didn't seem to know how to respond and just moved onto the next question which made me feel embarrassed for bringing it up.

I was also only given advice about protecting myself from pregnancy, and not anything relating to same-sex relationships.

When I advised my health care professional about being bisexual, she was really good but advised that there were no bi-specific resources locally that she could get hold of or advise me about. There were resources for other identities.

I asked for help with my child's mental wellbeing from the local prevention team, as their [other parent] is has not been accepting of my child's gender identity. They were not helpful…..I found out that the social care team have had no training on trans kids and gender identity.

I do sometimes feel like I have to tone myself down when dealing with certain people - not that I think they're homophobic but more that they wouldn't understand certain things related to my sexuality.

Mental health services place my difficulties down to my identity, they also don't understand that being transgender isn't a sexuality.

There are many. An example is when I presented.. with severe malaise and stomach pain. I attended with my wife. He said, "this can't be pelvic inflammatory disease because you're a lesbian and they don't have penetrative sex".. We were too shocked and I was too

ill to spend the limited time educating him. It was a totally irrelevant thing to say and completely inaccurate.

Not particularly negative but the GP didn't really seem to understand mental health and certainly didn't have any knowledge or empathy on how coming out in later life led to depression.

13% gave reasons for negative experiences which were not explicitly related to their LGBTQ+ status, such as long waiting times for general appointments, lack of available support services, poor care, poor communication or treatment that didn't work for them.

***IN FOCUS*: Transgender-specific issues**

While Gender Identity Clinics were only specifically mentioned a few times throughout all responses, this is significant for the number of transgender people in our survey who may be using the service. It's important to note that the negative experiences disclosed were due to long waiting times for an initial appointment as well as long waits between ongoing appointments. There were no comments to suggest that negative experiences here were linked to the key themes of discrimination, heteronormativity or a lack of knowledge. Positive comments related to GPs being able to refer quickly.

Very long waiting lists for referral to… Gender Identity Service (2 years) for assessment. There is a 12-month waiting list between the first and second assessment appointment and probably another 1-2 years before surgery can be obtained.

The gender identity clinics aren't doing enough to support those waiting to be seen or communicating with us enough and a lot of us feel like they've forgotten about us.

Once again, some people gave longer accounts which highlight a few of these key themes across their patient journey.

Where to start? Ambulance crews referring to me as "he, she, it, whatever" when I corrected them for calling me 'he' instead of 'she'. A different ambulance crew who literally wouldn't touch me as if I were a 4th century leper! Being misgendered by multiple health care professionals ALL (and I mean all) the time. One time a Ward Sister was with me and she said if she hadn't witnessed it she just wouldn't have believed it. Being 'messed about' by hospital staff for no reason. I had [a professional] refuse to treat me when he realised I was trans! He kept asking why I was on [a medication] and when I told him stormed off, threw his papers down at the main desk, and wandered off. Another [professional] then had to come over and deal with me! Yes this was in North Yorkshire in the last few years. Mental Health places passing me round like a hot potato as they don't know what to do with a trans person - like we're some sort of new species. The NHS system insisting I have to have a new NHS number - causing old information to disappear - such as with the mental health services. This caused me to wait 12 months longer for treatment as they didn't realise I'd had previous suicide attempts and thus didn't give me the attention I actually needed. Pharmacies not having HRT available when I ask for it, yet if my cis gender friend rang up they mysteriously did! I could go on, but I think you get the picture.

There have been issues with pronouns by the GPs as they forget. Not helped that I had asked for they/them. Sometimes this gets into letters, but it is getting better and I will accept he/him. A nurse who was doing a full blood count, which included testosterone, rang the hospital to query a particular test and told them she had 'a lady with her'. This is probably the most common frustration I experience that even though people use they/them or he/him, they still use female descriptors when talking about me in the third person to others. Currently experiencing high anxiety as there has been a distinct lack of communication and duty of care around shared care between [professionals] who agreed I could go on testosterone as bridging hormones whilst waiting for GIC appointment…There was no clarity between them as to who was doing monitoring tests (including safety checks)..appeared to have no experience of working with trans patients on testosterone, as [they] kept calling them steroids and then correcting [themselves]. [They] were unable/unwilling to answer any questions I had about side effects I was experiencing…I have supplied GP with material on what should be happening as advised by the GMC for GPs and also info from the LGBTQ Foundation on the prescribing of hormones but it doesn't always get read! Very long waiting lists for referral to … Gender Identity Service (2 years) for assessment. There is a 12-month waiting list between the first and second assessment appointment and probably another 1-2 years before surgery can be obtained. An art group for people with mental health issues that I attend have no knowledge whatsoever about transgender. I have experienced the same with a depression peer support group.

Action for improvement: Avoid heteronormative assumptions. Take people seriously and believe them when disclosing LGBTQ+ status. Eradicate negative reactions and increase LGBTQ+ knowledge base. Improve waiting times (particularly for GIC) communication and treatment

How could mental health support be improved for the LGBTQ+ community in North Yorkshire?

76 people gave responses to this question. More than half (41/76) of these respondents identified as having a mental health issue, 26% (20/76) identified as not having a mental health issue and the rest either preferred not to say (7/76) or did not give an answer (8/76).

While some (7/76) told us they didn’t have any recommendations for improvement, others had ideas about how support could be more made more accessible by being inclusive. However, there were differing key themes on how this could be achieved.

36% (27/76) thought **better staff training** would result in improvements for patients. The majority (23/27) of these felt that LGBTQ+ specific training was required to promote awareness, understanding and acceptance, and links to LGBTQ+ specific mental health issues which may be relevant. Others (4/27) felt that general mental health training was needed to improve care, listening and understanding.

I have had multiple appointments with GPs in relation to mental health. In each case, my issues at the time were given a single cause (work-related stress) without any consideration given to general lifestyle. I believe that a large part of my stress resulted from suppressing my identity in my previous environment, and it's something that could be considered respectfully asking about in cases of stress, anxiety and depression.

ACE and trauma informed which it isn't at the moment.

There needs to be more people who work in mental health services who are knowledgeable about LGBTQ+ issues or are part of the LGBTQ+ community itself as some support I would require mental health wise it would be very beneficial to have that. Also for people who are less knowledgeable to get training and not to air unhelpful views like 'gender being a phase' in therapy settings. To also accept people's identities and not make them feel bad for being themselves.

36% (27/76) felt that having **services available** to access in the first place could be improved. Many of these (17/27) told us they did not know about LGBTQ+ specific support for mental health issues or that there were very few in the area and wanted more availability. Others were not specific about services but felt that more mental health services in general were needed.

Perhaps trying to create social groups that are easily accessible for like-minded people to get together in their local communities rather than sending them straight to professionals to talk about, sometimes people that have only just come out or identified themselves as LGBTQ+ don't know anyone else in their immediate friendship group who identify as this, so meeting people like this in a friendly place could help!

I believe the support in place is good, but the accessibility and continued support is lacking. Gaining support is difficult, but having continued support and not looking at the link is harder.

On a similar note, 12% (9) felt that **visibility** or **promotion of LGBTQ+ mental health** needed to improved and advertising of those support services which are inclusive. 11% (8/76) felt that there needed to **better joined-up working** between services with more effective signposting to LGBTQ+ specific support.

During my two years of regularly seeing a physiotherapist through an NHS mental health service I gained a lot more confidence and reassurance of my gender identity. I found it to be a very positive experience where I felt respected and that they genuinely cared. What matters the most is staff within the service being accepting, not making a big deal out of a patient's LGBT+ identity and offering/providing support as they would with anything else.

More knowledge! Health professionals I talk to don't know anything so I don't have anywhere I can turn to get help (as a [young adult] non-binary individual).

13% (10/76) told us that **waiting times** were too long for mental health services, with people waiting more than a year for appointments or assessments.

The waiting list is so long that any serious problem would escalate severely before treatment would begin. The length of the waiting list prevents me from using this service.

12% (9/76) told us that more **strategic or service-level improvements** needed to be made such as changing policies or contracts and more efficient monitoring of these to ensure LGBTQ+ identities are recognised and supported to improve health equality.

Have specific policies in place and ensure that they are enforced. Have a specific contact for LGBTQ+ issues which deals with them promptly and WELL.

Clear posters, signage showing LGBT support in health centres, funding for LGBT pride groups / specific counselling services. Better tools for practitioners to combat prejudice and intolerance, those who incite violence should be held accountable.

Some gave longer answers which cover several of the key themes.

I think the support has to be really personal as we might be facing some similar issues but my experience dealing with sexuality is going to be very different to someone else's. I've had support from a couple of charities…. and found them so valuable as I didn't feel rushed or pressured and it did take me quite a long time to be really open and honest about how bad my depression had got. There seems to be a lot of support for very young people but there's still plenty of people who are struggling with sexuality at all times of life and it was so important to talk to someone who really understood and empathised with what I was going through rather than someone trying to "cure" my issues.

All mental health support is difficult to access. There is very little in my area that is LGBTQ-specific other than a monthly wellbeing group…that is 15 miles away from where I live. Face-to-face counselling is available in Leeds which is over 40 miles away. It is time limited to up to 8 weeks. …. [An LGBTQ+ charity] have recently started offering counselling online with one counsellor they have, again up to 8 weeks. This service is not well publicised in [my district]. I know what I know because of whom I know. More counselling is needed, particularly for trans people, that is accessible with peer support groups. Currently the nearest Trans peer support group is in Bradford. More development of services in [my district] is needed.

Support officers should have to go through training and education on different genders and sexualities, especially gender identity and transitioning, which is a subject I really could have used support with. I would have also liked the opportunity to access a support officer/therapist who was LGBTQ, so that I could have talked over my problems with someone from my own community who knew what I was talking about and had strategies to help me - instead, I had to keep breaking my therapy session off to talk my therapist through my identity and community, which made our time less valuable. We need better access to resources for LGBTQ people, and mental health services should try to work with local LGBTQ social and support groups they can signpost to as part of therapy. It's important to note that there is a huge difference between someone who is part of a community, and an ally. An ally might have the best will in the world, but they do not have the lived experiences and membership ties that an actual member of the community

will. LGBTQ spaces, particularly those for trans people, are often passed through the grapevine to keep them safe - an ally will not know about them. A queer person will.

Action for improvement: Better training for staff. Increase provision of LGBT mental health support. Promote LGBTQ+ mental health support. Better communication between services. Improve waiting times for mental health services. Make strategic improvements to enhance inclusivity at contract monitoring

How could services be improved in general?

We had 50 responses to this question where people gave us recommendations on how they believe health and social care services can be improved to more effectively serve the LGBTQ+ community in North Yorkshire.

The vast majority of answers were about **training** for professionals, with 46% (23/50) mentioning this. There were suggestions that more or better training would increase awareness and understanding of LGBTQ+ identities and care needs as well as improving language used. It was thought that training would result in better information and accessibility for LGBTQ+ patients.

More training will be helpful for healthcare trans to be more aware of their language to use for everyone not just LGBT.

Educating staff, if they feel comfortable about discussing it then service users will overall feel more comfortable. Normalisation of sexual orientations and taking that into account where relevant just like with anything else a service user discloses. Never making assumptions and just listen, you don't need to know the answer but if you are open to hearing what service users have to say and where possible providing support then that makes so much of an impact.

It needs to be accessible and understood that the needs of LGBT+ people are varied and different. Most doctors have no understanding of our needs. Trans healthcare needs a complete overhaul and expansion. We are left basically a drift if we do not constantly fight and in rural communities our needs are basically ignored.

More provision of general mental health support services and specific LGBTQ+ support services were important for 18% (9/50) of respondents. Many of these respondents highlighted the need for **more or better information** on services available.

I think there needs to be far more available run by non-clinical organisations as often the issues faced are not really health-related and I was certainly more comfortable speaking to people from charities or local community places. Needs to be far more acknowledgement on the differences between people, you're often offered something in a generic support group or social group but I really needed to talk to someone individually, not necessarily for any advice or counselling but someone

unrelated/unconnected to me who I could be really honest with but who brought an independent view to the conversation.

More helpful information around having children in a same-sex couple. More knowledge in how people feel whilst coming out, the feelings and experiences, not having to feel so alone etc.

More information on LGBT activities so doctors can recommend somewhere safe.

24% (12/50) of answers were more generally about **reducing inequalities** or discrimination and improving inclusivity and acceptance. But specific solutions included engaging with other services (4); involving and recognising loves ones (3); faster waiting times (3); top-down policy approaches (3); and employing more LGBTQ+ staff (2).

Make a 'loved ones map'. Include in GDPR to be able to contact and share.

Improve forms that include questions on orientation and gender, expand the options to actually include as much as possible instead of a 'fill in the box' section as that feels dismissive and impersonal. The exception is: include a 'please fill in your pronouns' section, and make sure everyone dealing with said user honours those pronouns.

Make sure policies are reinforced so that staff don't treat patients badly. Legislature is not enough on its own. Do not define a patient by their sexuality unless they specifically request assistance in relation to it.

Once again some longer answers demonstrate several key themes.

Speak to us. Have active LGBT workshops where you speak with us, but speak to ALL letters of the LGBT+ community, not just one. A gay person's needs, experiences and recommendations may differ from a trans person's, and even a trans woman's will differ to a trans man's. What about a feedback system from LGBT patients who wish to participate? using it as an opportunity to train/retrain staff etc. I would rather issues were sorted quickly than have to report them via PALS. Have allies with rainbow badges etc. Go to Pride. Have LGBT issues on your Facebook pages! Have rainbow flags on websites, branding, letterheads along with 'investor in people' icons etc. Trans people have massive suicide rates yet are not given the care we need. Employ trans people as well - the NHS website doesn't recognise transgender people as a protected characteristic and thus we are not guaranteed an interview unlike other minorities protected by the EA2010.

Action for improvement: Improve staff training. Improve provision of mental health services and LGBTQ+ support services with more information.

“He said "*this can't be pelvic inflammatory disease because you're a lesbian and they don't have penetrative sex*". We were too shocked and I was too ill to spend the limited time educating him. It was a totally irrelevant thing to say and completely inaccurate.”

LGBTQ+ allies questionnaire

There were far fewer responses to this element of our survey. 39 responded but 30 did not answer any of the open-ended questions about experiences they've heard from members of the LGBTQ+ community, limiting their answers to demographic data only. With only 6-8 responses per question, there were not any significant themes to emerge, but all answers did correspond with the key themes identified above from LGBTQ+ individuals. Positive experiences included acceptance, good care or understanding at GPs, community groups and LGBTQ+ specific services. Negative experiences included GPs as well as dementia support, veteran support and CAMHS due to stigma or lack of access and waiting times. Improvements included better training, more acceptance and awareness, more information and provision of services and better joined-up working.

Pride events feedback

We also attended some Pride events in North Yorkshire, York Pride on 8th June 2019 and Harrogate Pride in Diversity on 15th June. At our outreach stalls we asked members of the public "*Have Your Say: What would you do to Improve Mental Health Services for LGBTQ+ people?*". We received 32 comments on our noticeboards and had several conversations with people asking for help or sharing their experience with us. Once again some similar key themes emerged.

LGBTQ+ support - Recognition and understanding of LGBTQ+ identities and needs was key for most people. There were call for more openly LGBTQ+ professionals; fewer assumptions about gender identities, pronouns and sexual orientation; and reducing stigma or discrimination.

Having therapists that are actually from LGBTQ+ community.

Not having to repeat yourself to your GP etc that you are gay (especially sexual clinics).

Availability - The next most common response was for more provision of LGBTQ+ mental health support services or stopping cuts to mental health services. On a similar note, some wanted more streamlined pathways to support and reduced waiting times for diagnosis and treatment. Some wanted more information about what services are available.

Lack of support groups for LGBTQ+ people.

Passed from pillar to post. Reduce waiting list!

A one-stop shop for all mental health support.

More support groups and information for parents and those with unaccepting parents.

Care - Others wanted more care and support from healthcare professionals when they access services.

Train GPs to be compassionate during tough times.

I don't think they listen to us and don't get enough help.

Long-term conditions - An additional theme, which has not yet been highlighted in this report, was a need for holistic and inclusive support for LGBTQ+ people with autism, learning disabilities or physical disabilities. This fits previous themes of inclusivity and treating people as individuals.

Interviews

We spoke to six LGBTQ+ people who had disclosed having mental health issues in order to get a more in-depth understanding of their experience accessing those services in North Yorkshire. They told us about their patient journeys and gave us their views and opinions on questions we asked. Several key themes emerged including some which have already been highlighted through analysis of responses to our questionnaire. It's important to note that many had accessed several types of health and social care services throughout their patient journeys, so discussion was not solely focused on mental health services. Therefore, learning can be applied to many services. Themes we heard included:

- There is a need for more provision locally of LGBTQ+ support as well as mental health support or both combined; and to reduce criteria barriers
- Reduce long waiting lists for services including mental health support, gender identity clinics and physical health appointments
- Staff attitudes can improve experience through empathy, listening and respect
- Reduce experiences of negative reactions and discrimination from services based on their LGBTQ+ identity; through more knowledge and training for services and professionals on both mental health and LGBTQ+ matters
- Avoid miscommunication between multiple services and aim for more joined-up working where mental health needs or LGBTQ+ needs are addressed by services people are already accessing
- There is a need for more representation of LGBTQ+ people in support services, particularly in on promotional material, to demonstrate inclusivity and gain trust

Patient journeys

Interviewees' involvement with services was quite varied as they tried to find different types of support. Some had tried to access formal support but failed due to lack of diagnosis or misdiagnosis, not being referred to extra support from their GP or the absence of support options available to them. Following this lack of initial support, some were able to manage their issues alone using their own support networks and self-management skills. For others, things got worse as we heard examples from people who became suicidal, attempted suicide or had experience of being sectioned. Some sourced help elsewhere, through charities and third-sector support, or by actively contributing to the creation of LGBTQ+ support groups through their own connections.

On the other hand, some had been able to access support but it was not always beneficial. We heard issues including a lack of understanding mental health needs, a lack of understanding LGBTQ+ identity and needs or a lack of understanding the connection between both. Other problems included long waiting times, poor relationships with professionals or poor communication. We did hear some positive elements where support was available and treatment worked, but journeys were often laced with negative experiences too. Often people's past poor experiences seemed to have an effect on their

present expectations; for example, some stopped asking for help because they had been turned away frequently in the past or because previous attempts did not provide any valuable solutions. People with complex issues or multiple needs especially struggled to access support. Having to access different services for each different element of support led some to suggest that support should be more holistic.

While we heard some elements of what works well, we mostly heard about where services can be improved by learning from people's experiences. Consequently, several people told us how they had to make formal complaints about the levels of service they received.

Experiences of access to mental health support

Lack of support

Many people told us there is **no mental health support available** or a lack of mental health support, but further exploration was needed to unpack what this means.

It just feels like the goal post keep changing and I'm not being supported at all.

Trying to get any sort of professional help and input from mental health services, from NYCC, from the doctors, from anyone involved in my case, which is quite a complex one, it feels like nobody cares.

It generally led to conversations about **barriers to access** which included long waiting lists which make services difficult to access; not meeting criteria which is increasingly more narrow or changes; services not being provided locally; or professionals having a lack of knowledge from about what support might be applicable or available. It's possible that people were uninformed or unaware about what is available, but most had made efforts to look for support. A few people told us how they didn't meet the criteria for support and diagnosis so were turned away several times. There were concerns that a lack of help at initial access for low-level support can lead to deterioration. This included support from other services such as social care services as well as mental health services and GP support.

Unfortunately, when I moved here, I have had no access to mental health support whatsoever. Which is quite concerning. But I don't necessarily think that's to do with my sexual orientation or gender identity. I just think I don't meet the criteria anymore as there's different levels [of need] set and I'm quite conscious of that.

What I've noticed more and more is you have to be in complete crisis before you get any support whatsoever and that's the main issue. Because there's no support for early intervention or prevention because you don't meet the criteria which then beats the object of early intervention and prevention. So then the charity sector are the ones then picking that up but then their funding is limited and there is only so many people they can work with as well.

Action for improvement: Improve waiting lists by increasing provision of mental health services and reducing criteria

What did initial access look like and where did you go? Barriers and facilitators

GP route

Most people said they had contacted their GP. Some found this **helpful**, as they were signposted or referred to further support. One person told us about their experience of accessing support when they were younger, but more recently they'd experienced treatment for workplace stress.

So I have used quite a few, well I've used my GP, I've used IAPT over the last year and private counselling as well. I've got a really good GP, he's brilliant. He told me to ring IAPT directly. He offered me CMHT or IAPT, but said that IAPT had a better waiting list in terms of access. It took about a year and a month.

However, things got worse during the wait, and our interviewee told us how **signposting** to available self-help would also have been useful.

Because of the stepped model with IAPT, you have to go through self-help already, so I could have done some of that self-help work, had I known about it, quite early on…that would have been really useful to have at the time I initially contacted.

We heard how a GP could have done more to help as one person told us how they'd accessed their GP several times for help but "*they kept passing it off as stress*" and "*didn't want to diagnose me*". In addition, they told us they that not being able or comfortable talking to family made it more difficult and they could not find any services in North Yorkshire to help either.

I got super suicidal so it wasn't good for me...There were no kind of services reaching out.

Another person told us why they didn't want to access support:

A lot of people have told me to get some mental health support a few times… But the problem I have is I want to join the army and if you've got any diagnosis within the last two years they won't let you in so I kind of need to keep it clear. And I'm worried that if I do go they are going to diagnose me.

This suggests that there is a need for ***mental health support without a diagnosis***, or that listening to patients' fears and desire for a diagnosis could improve the support offered.

> Action for improvement: Improve offer of mental health support without a diagnosis

Sourcing help privately or through third sector

After failing to access, a few people told us that they had sought **private counselling** due to long waiting lists or lack of support. One of our interviewees who had struggled to get a diagnosis from a GP sought help from their out-of-area university counsellor who is "*very adamant that I have anxiety and depression*".

We also heard many examples of people accessing **third-sector organisations** which are not specifically for mental health support but offer support in other ways.

One of the biggest changes I've seen is the churches becoming more accepting of the LGBT community and that's been helpful. People access church support because they can't get public-sector support. The churches play a big role in the community when it comes to support. Some churches do still discriminate, but there's an ongoing conversation and a lot of them are changing.

Sourcing emergency, urgent or crisis support

As a result of the difficulties in accessing mental health support through routine referral routes, we heard concerns and anecdotes of more people accessing **emergency services**. One person was concerned about local reductions to the A&E departments.

Now there's many people who are in mental health crisis who access A&E as first kind of protocol, and I'm quite concerned by that function, that there won't be anywhere to catch people if that makes sense, who are entering crisis. So that's quite concerning. Luckily, I've not had to access the A&E department yet, but you never know do you. If it was for me, it would be my first point of call at the moment. Because like I've said, I've gone through the GP referral system and I wasn't qualified for support.

Action for improvement: Provide more information and clarity on whether urgent treatment centres can provide help in mental health emergencies

Conversely, one person told us how non-health-related emergency services had been helpful to them.

Ok it wasn't North Yorkshire, but once when I was in an abusive relationship. And I went to the police about it and they offered me counselling and they were really good.

Another told us their experience of using the **crisis team** where they had felt let down by them previously following a perceived lack of help. They highlighted the importance of **staff attitudes** and the availability of support or signposting to support.

My doctor keeps saying try and use the crisis team again. Because, basically when things happen, I try them, and usually it just ends up making things worse….I was feeling in a bad way, I was feeling quite vulnerable and risky and whatever, so I rang them. And I spoke to someone. And they just didn't care at all. They were dismissive. Not listening to me. I was saying "I'm not in a good place, I need some assistance". And she was like "well what do you want us to do?". I was like triage, or help, or something! In my head I was thinking your job! And she was like no, we're not going to come out and see you, and we're not going to do this, we're not going to help. I was on the phone with her for about half an hour.

Multiple needs

We heard how access to mental health services can be restricted by using multiple services and competing priorities. Some had **complex health and social care needs** which meant their LGBTQ+ identity was ignored in comparison with other health priorities or disabilities. This suggests that **links between** social care and mental health needs to improve.

I mean with regards to my gender and sexual identity. It's not even considered by people, they don't ask the questions, they don't offer any kind of support regarding it. It's very difficult…there's a whole host of issues on top of my mental health with regard to my gender and my sexual identity which are not even considered. That doesn't even get through the door, if that makes sense. I can't even begin to start talking about all my issues, because they don't even want to see me, because they don't even listen to what you say. It's doesn't matter what I say, nobody is listening. And if they are doing that to someone like me with mental health issues who is LGBT, what are they doing to those people who aren't kicking up a fuss about it? That's what I worry about, what is happening behind closed doors.

I was still seeing [MH support] then for a while because I homeless and I was sofa surfing. So I was still seeing [them] then but then I'd been put with a homeless charity so they place you in a different place every night. And it was really hard for me to get to any appointments because I was moving around so much and would take a suitcase everywhere I went. I'd not made a lot of appointments, so I think [mental health services] discharged me for not engaging, which is fair enough to be honest because I couldn't get there.

On a similar theme, we heard how services which only focus on one particular health issue or solely on physical health can lead to mental health issues being is ignored. For example, one person told us that the main service they access is the HIV clinic and "*that can have quite an impact on your mental health*". They told us how they would like care to be more holistic.

The people at the clinic who deal with me being HIV-positive are really nice. But, have no knowledge about anything to do with [LGBTQ+ people]. They are extremely good when I say I have a health issues or anything like that…But when it comes to mental health, they're very much "is it your HIV thing?" which I can understand. But there's other things that affect your life which can still be impacted by the fact you're HIV+ and the other stuff on top of it. It's not as simple as saying is it that one thing that's getting to you. Because it can be, but if it's mixed up with a load of other stuff that's also going on in your life, or going on with who you are, or your identity, then it gets much more complicated.

Another explained the benefits of holistic treatment where services can address multiple health needs and how this can reduce the amount of different professionals patients have involved in their care. They explained that developing trust and understanding with a professional can take time so using this existing relationship is sometimes the best way to deliver treatment.

With some of it, it is important to have another professional there. But I think if a social worker meets a person or young person and they come out as LGBT and they go alright I'll refer to whoever, that almost sort of says 'I don't know how to deal with it'. They don't know what to say so speak to someone else. It's better that social workers can deliver this kind of thing themselves…. And it's similar in terms of lower-level mental health support and building resilience around mental health support, because I know a lot of them the first thing to do is refer elsewhere. But if it's just lower-level self-harming or they are struggling with resilience, rather than an actual mental health issue. It's better that they get that same support from the same person, rather than having a million and one professionals and going 'oh well I can't talk to this person about this so I'll have to go to the other one, and that one doesn't know about this thing so…' it just adds to more stress.

Action for improvement: Improve links between services to offer more holistic treatment, rather than focusing on single issues

Experiences of access to LGBTQ+ support and mental health

Lack of access to LGBTQ+ community support

It is well known that social connections are important for good mental health. Yet a reoccurring theme was that people told us they there are not enough **LGBTQ+ support groups** or social networks available in their local communities. We heard how this absence of LGBTQ+ support can impact on mental health, especially when access to mental health support is already difficult.

You feel alone because there is no local community. They say representation matters, there is no representation around here, I'm completely alone and it's isolating. So you end up not wanting to go to the GP or the doctors and saying I'm struggling. Because you're like well everyone already thinks I'm weird and strange and things like that, why am I trying to make this worse by doing that?

I don't feel like I've had much mental health support and I don't really feel like there is any place to go around here for that sort of thing, specifically for LGBT people. Which sounds stupid to say it needs to be specifically for LGBT people, but it's very difficult to talk about certain things to people like your GP or random nurses. Because we all assume they don't necessarily know anything else about your life or how you live life when you're different. And quite a lot of the time that can be intimidating to sort of have to out yourself or have to say "oh I'm struggling with this". And they just sort of stare at you.

I've never really experienced living in a small place before like I have now. And it's just speaking to people who have lived here all their lives, and who have probably come out later in life, and they've said that they found it really difficult and that there's nowhere for people to like meet up or to even get an understanding of what LGBT is.

I suppose there needs to be a bit more provision of social groups and thing for people to do who are LGBT, because it's quite an isolating experience. You can lose family, you can

lose your friends, you can be attacked, so many things can go wrong, and you just want to connect with someone, or connect with a group or something like that.

We asked what could be improved and what sort of support they would like to see in North Yorkshire. Comparisons were drawn with cities which have Pride marches or strong well-known networks. The suggestions were for more local provision of LGBTQ+ groups, increase groups run by LGBTQ+ peers, increase for those aimed at working-age adults, support to increase awareness of these groups through signposting or promotion and having access to online support groups.

Having groups locally would be ideal, and things not always being like let's get drunk, or let's do it in the evening, because I can't do evenings- if you're travelling that far and you don't feel safe on public transport and stuff…. I think there is more now, but I'm in my 30s now, but a lot of it is aimed at Youth or 'let's go and get drunk' things. And I don't want to get drunk because I don't drink, and I'm not young.

There's not much support for adults, it doesn't matter what gender or sexual orientation you are, there's hardly any service for adults between the ages of 18-60. Once you're over 60 there's quite a few older groups, or over 50 maybe groups, but I know when you speak to people over 50 they probably wouldn't access an over-50s group. And I feel there's a massive gap where people aren't getting the support that they need.

I suppose it's about getting word out that it's there as well. In York because York LGBT forum has been there for 10 years, you've got York Pride and you've got LGBT history month, you've got universities that have got their societies, and then you've got some smaller groups too. The support in York is immense. But I am very conscious that York is a city, it's quite centralised, there's 200,000 people. So the proportion is different. Whilst the county is big in terms of population for North Yorkshire, it's very disparate, dispersed. So I think that's a big challenge.

Even if there were online groups, not necessarily an online UK group, but even like a local one, like you can talk to these people.

A social group, run by someone who is LGBT or supported by somebody who is, because you need someone who has experienced these issues to at least kind of be in charge. Because I know a youth group which used to have a straight woman who ran it, who wasn't LGBT. She was a nice enough person, but she just didn't live it so it was just kind of a job to her.

I've been to a couple of LGBT groups when I was a kid but to be honest it was just people sat moaning about how they've been wrongly done by, just made me feel more depressed.

Action for improvement: Increase provision of LGBTQ+ support groups

“I don’t feel binary. But I don’t feel understood.”

What did initial access look like and where did you go? Barriers and facilitators

When it comes to support they could access, we asked what works well and what could be improved, particularly in relation to their LGBTQ+ status.

Information

One told us how access to information was useful for them when other support wasn't available.

I read quite a lot of university books for people supporting LGBT people. I think they were for training psychologists. I just did a lot of Googling with it as well. I'd looked online and I read the entirety of the equality act and then I spoke to the equality act advisors…But I think I'd spoken to someone from Mermaids and someone from Gires as well to get a bit of advice. So they were quite good.

Professionals' attitudes

We heard positive experiences of staff attitudes to LGBTQ+ matters. Being kind, respectful and caring was important and led to positive patient experiences.

It's that sort of blasé, but cheery, 'I've seen this a million times and it doesn't faze me at all' attitude, and it's all nice and normal. Then you can talk about... general life and things and that's lovely and beautiful because it's like they see me as a human person. Not as a thing, or some weird oddity that walked in. They actually just see you as a person and that's what makes you feel nice and human when someone actually see who you really are.

I was assigned [a mental health worker] who saw me roughly every month. He was great, possible one of the best people I've ever met in relation to mental health. I saw him, I got on really well with him and he was really understanding, and he kind of looked out for me and made sure I was stable at the time.

With my counsellor, they don't know that much about this stuff, it was all very new to them. But they still respected me and that's the main thing. They were just nice to me.

We once again heard examples which demonstrated how staff listening can lead to a good experience, especially when families are not accepting of their LGBTQ+ identity.

Well they were seeing me, I think, it was once a week and it was really good…. I got some really good support there. And also obviously, I'm transgender, and they'd been really helpful with that because, especially when they'd spoken to my parents about it with me in the room, my parents had both said that I wasn't …but the CAMHS workers were really supportive of me and stuck up for me and stuff. So they were really good.

On similar note, we heard examples of poor attitudes from professionals which led to negative patient experience and expectations.

There's been load of micro aggressions from people. When I was in the hospital, I could hear the nurses talking about me and they were like "is that a man or a woman" and I've had all sorts of things like that. Which is disheartening, but you kind of get used to it.

I had a GP who was quite surprised that I was married to a woman and we've had quite a few bad experiences in terms of people not taking our word for it, like being forced to have pregnancy test, being asked if we were friends.

Pronouns and language

We heard more experiences of people being misgendered, services not acknowledging choice of pronouns or not respecting pronouns. We heard past experiences of people being announced as the wrong pronoun in supermarket pharmacies and doctors' surgery waiting rooms. This led to feelings of distress and being outed in local communities.

One non-binary person told us that they are out to their counsellor but not their GP. It demonstrates the impact of misgendering on their experience and the lack of understanding from the GP.

I'm like well it's just one thing and then it'll be done with…It will affect me later in the day or week, I'll just be feeling bad because of how they treat me, because they treat me like a woman. And I don't want that, I would rather them know, but it's a bit awkward to bring it up and they usually don't know what to say because they don't know what it means, and then I have to explain it all.

We heard similar experiences of heteronormative assumptions about sexual orientations which can portray a lack of understanding from professionals

My wife went for a scan….and they were like "who are you?" "are you a friend?" and that's just not helpful. So in those kind of cases you just have to say "who are you here with?" you don't have to make any presumptions…. There's just a presumption that you're heterosexual and it's across the world really but in such serious issues as healthcare, it needs to not be presumed. It just makes you feel it's not important and your relationship is not worth the same as somebody who is heterosexual.

Admin and clinical systems

We asked about experiences of changing gender markers on clinical systems and using forms to identify gender variance terms. Some found it fairly straightforward to change their gender marker and had used online support to help do it themselves or the support of gender clinics. But there were some suggestions of further improvements such as giving patient and option and opportunity to identify their gender, having more terms and options available and creating a smoother process for identifying.

The one thing I would like to see brought in, these days, is non-gender-specific pronouns or prefix or gender mark, because there are people out there who are intersex or who are non-binary and it can be distressing if you're pushed into a bracket. I think it's getting more and more important and it should be a lot more free and in control of the people who are actually going through these things.

That's been quite a farce as well. Pre-transition: doctors don't even have an option for a preferred name, and that's not just an LGBT issue, that can be race or whatever. They don't have provisions for preferred names and preferred titles. Which should be a given, it's not really that hard to design an additional box on a piece of software, to store on a

system as what do you want to be called. Because it's quite awkward, if you look female and then it says on the call out screen Mr Butch Jones, and somebody female gets up and goes to the doctors – that's just outed you hasn't it? That was quite difficult back in the day.

Obviously forms should say 'gender' as opposed to 'sex', but quite a lot of the times they don't. And if they say 'sex', they should have another box that says 'yes please'. If they are using that outdated technology, I'm going to make that outdated joke every time!

My gender has been changed on it now, mainly because I kick off a lot. But it's something that I think should automatically happen. Because I know when I was going to the gender identity clinic, after I was going for a while, they sent me a letter saying that I have a new NHS number to go alongside the change of gender, which was good, but it took quite a long bit of time for that to happen.

There were suggestions to have more inclusive options when it comes to emergency contacts and family rights.

I'm not a big fan of that term "next of kin" because that's pretty much meaningless these days. Because you hear stories of people who are married or in a civil partnership or whatever, that they can't even go and see their love in hospital because they are not biologically related and things like that. So that needs to be changed, 'next of kin' needs to be scrapped and it needs to be 'contact person'. And it needs to be whoever the person [patient] nominates, not who they [the services/organisation] think is most appropriate. For example, in my case, if they decided to contact my biological mother, that would be a WRONG move. She doesn't support me in any way shape or form, we've been estranged for years and I do not want her to make any decision involving my health care. It needs to be fixed. It doesn't matter if they are related or not, we have families of choice. We don't have families, most of us.

This included end-of-life care using advanced statements to signify a patient's wishes.

I know of instances where trans people have sadly passed away, but at their funeral their family haven't respected the person's identity and they've gone with their old identity and that kind of stuff….when you're working with end-of-life care staff, I think there needs to be a conversation around wishes and personal wishes and, not necessarily what the family wanted, but what that individual wanted. And so you've got your advanced statements, and things like that, that are really important and affect the LGBT community more.

Action for improvement: Improve clinical systems to include inclusive gender identity and sexual orientation options as well as preferred pronouns and preferred contact person. These should be offered regularly and the process should be smooth

Ageing care

Though none of our respondents were beyond the age bracket of 35-44, we heard concerns for older LGBTQ+ people and their treatment. Some were raising concerns about treatment in care homes, the idea that our needs change so requirement for support increases through ageing and highlighting the reality that many older LGBTQ+ people don't have families to take care of them in the same way that non-LGBQ+ people may have. There were suggestions to improve monitoring of these services, being aware of LGBTQ+ history and improving ways of working with older LGBTQ+.

CQC are the people who are supposed to be safeguarding all this stuff, and if they are too scared to even ask questions about provision of services for LGBT people, it's bad. So how can you trust an organisation like that if they are not looking out for their users/client/customers.

People with dementia and Alzheimer's who are LGBT...because as the dementia [progresses] you may forget that you've come out and then what that kind of impact is going to have on you as an individual and how, as health care workers who are supporting you through dementia, what kind of support are they going to give someone who has maybe lived some of their life as who they are, but then that rolls back and puts them back to a place where they weren't. And in particular with trans people where it's more physically visible, what kind of impact this has. That conversation I feel needs to be had a lot more. There's some training element there that needs to be done with providers.

One of the saddest things I've heard is of an elderly couple, who had to ring the ambulance to call them out. And the man was so worried that they would find they were gay that he removed any pictures of anything that would suggest they were a couple or would suggest that they were gay. Which is bewildering, isn't it? If that's where your head goes to, your partner's not well you've had to call an ambulance and that's where your head goes to next. I think that shows the history of LGBTQ stuff. And I can't stress that enough with the older generation in particular, that their lived experience is going to be very different to my experiences. They are fearful of being outed and what their peers may react like there. So the staff who are managing that need to be very open and pro equality, across all the equalities, so that if they are ever challenged, they know how to tackle it and are able to tackle it to make that person feel safe.

Action for improvement: More effective monitoring of care homes and their inclusive considerations for care.

“I don’t really have any connection to an LGBTQ+ community here”

Rurality

Along with a lack of provision and barriers to access, the rurality of the county makes the impact more difficult for people in North Yorkshire. Most people told us there is not enough support close them, or even in the same district to which they live. Most people have to travel for support whether physical health, mental health, gender clinics or social support.

I've been looking for a mental health support group, with a safe space for LGBT stuff too. But I haven't found one yet. I'm willing to travel to the next town along, but Leeds or York is too far.

I haven't been offered any support for mental health. And I don't feel like if I asked there'd be any difference, or if they'd even know what to do. Because like I said there is no LGBT community here, I can't afford to travel somewhere else to see a counsellor that might understand my life or things I've gone through. And that's not great… Some things are over and hour away and I don't drive. It's just difficult if you don't drive and live in somewhere rural and isolated.

We've got to talk about transport, travel and how people get to places.

The other thing is that the clinics are so spread out. I live in quite a rural area and it would be something I'd rather my GP could do and my GP could then prescribe it. Because I can't afford to be travelling to Leeds.

Action for improvement: Improve travel or local provision of support

Gender identity clinics

While exploring patient journeys, we heard about experiences of gender identity clinics. Whilst this may not directly link to mental health, experiences again show a lack of holistic treatment and suggest more joined-up working between services could be beneficial, especially given the lack of mental health and LGBTQ+ support.

We heard how the assessment can be repetitive, difficult and can take a long time before getting treatment. We heard how delays in processes and poor admin can affect waiting times. We also heard that transfers from the children's clinic to adult clinic meant having to go through two waiting lists.

I visited them for a while and they wanted to monitor me over a couple of months, to really see if I was… "trans enough" I suppose is the right phrase…but they were not very supportive around the use of language and medical terminology, it was quite unhuman, very clinical in their report.

I'd got in there, and it's just like telling your story the same time every time you see them. It's almost like they just want to check that you still feel the same. Like telling them every single time, it just brings things up that you don't want to go into.

The children's clinic helps them change their name and change their gender on things, and help them if there's any problems at school. But I'd already done all of that myself. So it wasn't that sort of thing I wanted help with, I wanted actual medical treatment.

Somehow my name somehow didn't end up on the waiting list. [My worker] sent the referral off about 3 times before they said they had it. And then when they did have it, I was on the waiting list for, I was told it would be up to 2 years or something.

I rang them at least 20 times in the hours it said they were open, and not once did anyone answer the phone.

One person told us how getting a misdiagnosis of a long-term condition had affected their application to the gender identity clinic, as they were discharged while on another long waiting list to get a second opinion. Then they had to go back on a long waiting list for the gender identity clinic when the diagnosis was rectified. During this time their mental health deteriorated.

It took quite a lot of years from actually knowing about myself to actually getting through it all. And throughout that time I was having with a lot of other difficulties with mental health. I was consuming a lot of alcohol and engaging in risky behaviours, you know, lots of things were going wrong, because I was so unhappy. I kept trying to access local services, like the mental health team and they weren't very helpful. They didn't particularly understand LGBT issues, they weren't very compassionate people particularly. So it all started to go wrong at that point

Action for improvement: Improve admin processes, communication and provision of gender identity clinics

We asked our respondent what support was like during the wait, but once again we heard that nothing was offered during this time. This suggests that signposting for support or more provision of support during this time could be beneficial as many felt they were left alone. One person told us that they have chosen to self-medicate during the long wait and do not have any formal options for advice on this.

At the moment the only way I'm accessing hormones is by ordering them off the internet. Obviously ordering them yourself and injecting it yourself is pretty risky. I mean, I know what I'm doing with it and I know how to do it, I've got an awful lot of friends that are medics and they've shown me how to inject stuff safely. It's not a nice thing to do. I'd much rather it was monitored by a doctor because I don't know if I'm taking the right amount and if it's got the right stuff in it. The first time I ordered it I took it to the GP and said can you please make sure this is the right stuff because I'm going to inject it into my leg. And they said that it is the stuff they prescribe. So I was like great, fine. But they've said that they can't monitor my levels and stuff for me because that would be seen as them accepting that I'm doing it, which they can't do that. So I don't know if I'm taking the right amount or if I'm taking the right frequency, I don't know what all my hormone levels are like. So at the end of the day I could be taking too little or too

much, and I have no idea. On top of that I'm having to pay for hormones so when I can't afford them, then I'm screwed and I just end up really down and really upset.

We heard how links between GP's and gender clinics could be improved.

And like I said there's no support, I know it's not mental stuff, but the doctors or GPs don't even realise the things they should keep track of such as your hormone levels.

I understand that they have got to do these assessments because some people change their minds or they kind of fluctuate between what they are identifying as… But again it's one of those things, that it would be better if the professionals that see you more are educated on. Because I know fine well that my GP is the most accepting man I've met in my life, and has been seeing me for years, I come to him and he wouldn't see me as anything other than [my gender identity].

We heard some trans people who wanted more support with weight issues relating to their gender identity and their gender reassignment treatment. We also heard how aftercare support is lacking and how this links to a lack of local LGBTQ+ support. While current aftercare pathways may have improved, perhaps more needs to be done for those who have used gender clinics historically and are now discharged from services.

For me it's specifically trans issues, because I'm post-op now. The strange thing is, there's this weird thing that once you've had surgery, they are kind of just sort of just like "ok you're done now, bye bye", you know, that's it. They don't have to deal with you anymore. But that's not the end of all the stuff that you go through every single day, and living in a society that makes you feel terrible, or general stuff of being trans. I've just been left to sort of float about. Especially in North Yorkshire, there's no LGBT community or support thing here that I'm aware or know of. You're basically just given new bits of a body and you're let to sort it out by yourself. You're going through a major sort of adjustment period in your life and there's no one there to sort of say that's normal or that's ok or how are you feeling? That sort of thing. Are you coping ok with this? How's your first relationship going? …. because that's entertaining!

Action for improvement: Improve aftercare from gender identity clinics. Improve communication between support services and the gender identity clinics before, during treatment and after treatment

We asked: When it comes to disclosing your LGBTQ+ identity, what constitutes 'relevant' for you?

Analysis of the questionnaire responses showed that people felt disclosure was dependent on relevance, but it was difficult to define what this means. So we asked our interviewees for their opinion too. Similarly to the questionnaires, responses were mixed and differed based on services or professional. Reasons for relevance were to do with whether it was integral to who they are and wanting control over the disclosure, but also a need to balance the effect it might have on their treatment with whether it is related to a specific health issue. People who avoided disclosure based their reasons on previous experiences of having to explain and educate professionals on their disclosure, or experiences of stunned reactions where professionals dismissed or avoided addressing the disclosure.

Whenever I see a medical professional, even dentists, basically I just say everything straight out, because if it's going to come up, I'd rather it be in control of it.

Sometimes it's easier to just not say anything, but it is not fun for me.

Others felt disclosure was relevant if gender identity or sexual orientation is affecting their health or mental health, particularly if doctors are needed to make a referral to support. Emphasis was on a direct link to a health concern and the topic of sexual health was once again considered relevant. Many felt that not every health professional needs to know LGBTQ+ identities unless their role relates to a specific health condition. Yet many highlighted LGBTQ+ disclosure to be important despite the relevance of a specific health problem – for example, in relation to wider determinants such as the involvement of partners and family, which might affect care.

I think if your mental health is affected by your sexuality or your gender because you want to change gender, then that is really relevant. But if you're going for a leg operation, then the only time it might be relevant is if your partner comes with you and you actually ask, you know, 'who is this you're bringing?'

It actually can be quite useful for mental health professionals to know… I take a holistic viewpoint and I really believe that our mental health or mental ill health can be caused by all sorts of different factors such as your environment and who you socialise with and the society you live in. So if you live in a place where it's not accepting, to be LGBT, then that can cause mental distress and so on…. It's the wider community and the wider support… If you're single gay man and you get prostate cancer, who's going to look after you? Your family may not because you may have fallen out with them. You've not got a partner. It's very relevant amongst the older LGBT community because about 95% of them don't have children. I think that's a conversation that we're not having but we need to have.

However, staff attitudes and the approach to disclosure was more important for some than relevance. Disclosure was made easier by professionals opening up the conversation to demonstrate understanding and acceptance.

I'm not bothered about disclosing it, but I just wish people would actually ask or check that first. Because actually if you get a really good professional who is very open and

honest, and calm and transparent at the beginning, that I think would create some much better relationships than someone who would presume something or who is slightly full on when they come into contact with someone. So just clearing it up at the start I think and giving someone the opportunity to declare something if they want to, and if they don't, then allowing that to be on table later on as well.

No one whatsoever is going to understand every single gender identity fully because they haven't experienced it and the best thing you can possibly do is ask them about it. Because they are the best person to explain it.

This open approach can give the patient control over their disclosure and avoids patients having to out themselves in unavoidable situations or in order to correct inappropriate presumptions.

When I'd been admitted into hospital, they'd given me one of the wristbands that says your name and stuff and on that wristband it had said [gender assigned at birth] so I really kicked off about it. I wasn't in there to do with anything about my identity... I think at that point then I had to tell people that I was transgender because they were confused as hell, one of the doctors had accidently called me [the incorrect pronoun] and that had really wound me up, and that was because that is what it had said on the system, even though I'd changed my name. So it's not nice when you have to disclose it like that.

One person demonstrated how presumptions can impact patient experience, especially when gender identity is not addressed or disclosed. Their experience shows that encouraging disclosure through open conversation and avoiding presumptions could help professionals to improve patient experience by reframing clinical questions in a way which recognises difficulties and making the patient feel more comfortable.

Being non-binary, like not male or female, it's kind of difficult when it comes to things like "is there a chance you're pregnant?". It's those kind of questions. If there's a physical exam, I already struggle with my body image, so it's very distressing for me. Last time I went about my mental health, they'll usually ask me about things like "how are your periods?" and I get why they are asking me that, but I don't really want to talk about it!...

We asked: What are your thoughts on LGBTQ+ specific mental health services?

From our survey there were mixed views from people who felt inclusion could be improved by having LGBTQ+ specific services and others who felt general services should improve to treat people equally. To explore this further, we asked our interviewees what their thoughts are in relation to LGBTQ+ specific mental health services. Once again, we had mixed views about the pros and cons, but one person summarised both aptly and poignantly.

Right now, I think they should. I do think in general we should aim to have all health services be more inclusive, GPs need to understand more, all health professionals, because… we've all still got to be dealt with at some point by anybody… But I think at the moment, because that's not possible and there's lots of GPs out there who maybe aren't as knowledgeable or aren't trained up, or don't have access to these things.

Then, there does need to be LGBT-specific services. It's kind of like labels, we all want to say we want to live in a world without labels, but at the moment they serve a purpose, they help us describe ourselves and find other people that match us, and it's a lot more comforting to go to somewhere that says this is an LGBT service, and you can be like "hey these people might understand me a bit better" or "aren't going to be staring at me" or "I feel a bit more open to talk through this stuff", than going to a GP who you are just expecting to have no knowledge of you at all. I'm all for LGBT stuff, I think there needs to be inclusion and separation in a weird way.

Other benefits of LGBTQ+ specific services included having a safe space with understanding and free from judgement or the idea that it may be relevant for people who have a mental health need specific to their sexual orientation or gender identity. Others felt that training was needed to improve knowledge for LGBTQ+ needs for all professionals and that waiting lists in general needed to improve.

We asked: How can equality be achieved?

We asked respondents how they think services can be improved to achieve equality. Respect, kindness and empathy were key requirements.

Many suggested that increasing professionals' knowledge and understanding, primarily through training, was a key solution. There were suggestions that improvements can be made to use of language, terminology and pronouns; to knowledge of specific LGBTQ+ health matters including how lifestyles may impact on physical health and mental health; to consider the effect of previous experiences of LGBTQ+ people and have empathy for people with different life experiences. There were suggestions that existing training methods can be improved, perhaps by using LGBTQ+ members of the community to give this training.

Being more knowledgeable and willing to learn. Making sure everyone understands. Even if they don't get it, at least be respectful, that would be nice.

They just don't understand a lot of it and they're quite worried that they are going to offend….They worry they are going to say the wrong thing or use the wrong pronoun and it's all just down to education….people really don't know what to say. I don't think they often realise the gravity of how much it affects someone.

I think something to do with Trans safety, because you can get binders to compress the chest, which are great. But they are also kind of dangerous if you wear them for too long so it might be good for healthcares to know about that, because it's not in their comprehension so far, and if someone says "I'm having trouble breathing" it would be good for them to ask about binders and advices how long you should wear it for.

They'll do some training with them and stuff...when they [trainers] talk about transgender young people or people who are gender variant or anything like that, it's almost like talking about some exotic animal that they'll never see in their lives and they've never met, so it doesn't seem connected. So it's really hard for them to wrap their head around.

One of the first things is making sure that staff understand, never mind training, but understand and have empathy for people who are different and that cuts across everything. But with LGBT it think that's quite important…..there's something about values with staff, and what kind of values they have. There's the element of being trained so you know how to respond to LGBT people.

They should be more educated on these matters, or at least have some sort of awareness on these things, or maybe they need somewhere where they can turn so when they have a patient who is trans or LGBT to make sure they're up to standard and they understand what's going on. Or maybe a set bench marker of how people should be treated. I think that would be great.

Others suggested that representation is important to achieve equality by demonstrating understanding, inclusion and acceptance of LGBTQ+ people through promotional material as well as staff networks.

What I would like is just representation. What would be really lovely, would be to go into the GP's clinic and just see one poster or a leaflet or just something that says LGBT stuff or something to show that just maybe these people understand what you're talking about.

Visibility and having signs that you are LGBT-friendly can really help. There isn't much visibility in terms of social groups.

To have LGBT champions within the hospitals. In York teaching hospital they have an LGBT staff network, and they will go round and speak to LGBT patients in particular if they are alone (and if they've already self-disclosed they are LGBT). Then they're offered that such and such a person is here if you need to talk about LGBT stuff. Some of them aren't LGBT, but it's just giving them that sense of security that something is there and that there is someone to talk to. But I think that might be quite helpful in North Yorkshire too, in terms of hospital care.

Action for improvement: Improve staff training for LGBTQ+ and mental health. Increase LGBTQ+ visibility in mental health

“What I will say is, I’ve actually seen changes, and there’s been a lot of good changes. People have felt more supported than ever before, but there’s still a long way to go”

Next Steps

We have heard many LGBTQ+ people's experiences of using health and social care services, particularly with regard to mental health care. The perceived lack of access to both mental health support and to an LGBTQ+ community have been highlighted at great lengths.

The number of personal stories we've heard demonstrate that barriers to access and instances of discrimination throughout the patient journey are not 'one-off incidents'. They are collectively representative of a wider problem. Many of these past experiences contribute to fears of judgment and poor expectation of services. LGBTQ+ people cannot expect to feel truly accepted or treated equally while discrimination and inequalities still exist in services.

However, we have also heard how using inclusive language, showing empathy and having knowledge of LGBTQ+ specific mental health issues can result in positive patient experiences.

Many of our findings about LGBTQ+ people's experiences in North Yorkshire are reflective of national and global findings when it comes to healthcare. One key difference is that the rurality of the county means that support is even more difficult to access. Though this is consistent with previous key findings from Healthwatch North Yorkshire projects (see our published reports).

Our recommendations

There have been many suggestions for improvements throughout our investigation as follows:

- All services to collect LGBTQ+ demographic data as part of their contract monitoring and clearly explain the usefulness of this data to staff and service users
- Services to better explain and promote how disclosing LGBTQ+ identity can improve experience
- Improve availability of support groups and signposting available within health and social care settings for LGBT needs
- Avoid misgendering, use inclusive language. Enable patients to feel supported with complaints of this nature
- Increase staff training and awareness of LGBTQ+ support
- Avoid heteronormative assumptions. Take people seriously and eradicate negative reactions due to lack of awareness
- Improve waiting times (particularly for GIC) communication and treatment

- Increase provision of LGBT mental health support including improved waiting times and better communication between services to reduce inequalities across the system
- Improve a broader offer of mental health support by reducing the criteria including those without a specific diagnosis
- Provide more information and clarity on whether urgent treatment centres can provide help in mental health emergencies
- Improve links between services to offer more holistic treatment, rather than focusing on single issues
- Improve clinical systems to include inclusive gender identity and sexual orientation options as well as preferred pronouns and preferred contact person rather than next of kin
- More effective monitoring of care homes and their inclusive considerations for care
- Improve travel or access to local provision of support especially in rural communities
- Improve the admin processes, communication and before, during and after treatment care for gender identity clinics
- Improve staff training for LGBTQ+ and mental health
- Increase LGBTQ+ visibility in mental health

Responses from providers and commissioners

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10 March 2020

Ms Michelle Thompson
Chief Executive Officer
Healthwatch North Yorkshire
The Centre @ Burnholme
Mossdale Avenue
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Dear Michelle,

Response to Healthwatch North Yorkshire's report: LGBTQ+ people's experience of using health and social care services in North Yorkshire - A Focus On Mental Health (November 2019)

We welcome this comprehensive report and would like to offer our thanks to all those who took the time to share their views and personal experiences. We recognise that this can be particularly difficult when it relates to such a core aspect of a person's identity.

The report gives a valuable insight into the experience of LGBTQ+ people when accessing health and social care, and will provide an extremely useful source of evidence when considering the needs of the LGBTQ+ community.

The personal stories are powerful and help to bring to life the impact of both good and poor practice on people's experience of and access to health and social care.

The positive stories help us understand what good looks like and how it makes people feel, for North Yorkshire County Council and partners to build on.

NYCC will consider the recommendations of the report as both a commissioner and provider of services. In particular, the findings will inform the development of the North

Yorkshire Joint Strategic Needs Assessment for mental health, and the refresh of the North Yorkshire Mental Health Strategy 'Hope, Control and Choice'.

Some of the issues raised and recommendations to address them relate to system-wide challenges and as such, will require a system-wide approach.

The Strategy and Joint Strategic Needs Assessment inform commissioning for both NYCC and our partners and will therefore influence service design and delivery.

We will talk to the Chair and Vice-chair of the North Yorkshire Health and Wellbeing Board about how best to share the report with the Board: as you know, the Board has moved away from receiving reports to a more workshop-based exploration of issues and themes, so it may be that Board members want to consider this report, alongside other diversity and inclusion reports and data as part of its work programme for 2020/21.

We will also ensure the report is shared with NYCC Health and Adult Services Executive Portfolio Holders for their consideration.

We would like to suggest that HWNY consider sharing the report with the North Yorkshire Voluntary Sector Liaison Group (shortly to be renamed the Thriving Communities Partnership).

We note that a key recommendation in the report relates to making services more inclusive, with better training for staff so that they are more able to appropriately support LGBTQ+ people.

Equality and diversity is already a core element of staff training for social care and health providers; this report will provide a good foundation for NYCC Health and Adult Services to review and strengthen that training to ensure it meets the needs of LGBTQ+ people and no doubt will be useful for system partners.

NYCC is developing a new diversity and inclusion programme which includes a range of interventions to ensure a positive working environment for all colleagues and develop knowledge and understanding about working with North Yorkshire's communities, including LGBTQ+ people.

Within NYCC Health and Adult Services, a programme of awareness-raising is underway, recognising the importance of working with experts by experience. This has included presentations from York LGBT Forum focusing in particular on supporting people with dementia or autism, a workshop on the Skills for Care Confident with Difference Toolkit which will be cascaded to teams over the next six months, a presentation for senior managers, commissioning of online learning in partnership with York LGBT Forum, and a session for senior managers delivered by the Forum.

This report will be a very useful complement to this work and will be shared with colleagues, as well as with the council's Corporate Equality Group.

We look forward to continuing to strengthen our support for LGBTQ+ people over the coming months, working with the community, partners and Healthwatch and would like to again offer our thanks for this valuable opportunity to hear people's voices.

Best wishes

Richard Webb
Corporate Director Health and Adult Services
North Yorkshire County Council

Copies
Nigel Ayre, Operations Manager, Healthwatch North Yorkshire
Neil Irving, Assistant Director and NYCC diversity lead
Louise Wallace, Assistant Director and NYHWB lead

Tees, Esk and Wear Valleys NHS Foundation Trust

Response to recommendations

All services to collect LGBTQ+ demographic data as part of their contract monitoring and clearly explain the usefulness of this data to staff and service users

The trust recognises that it needs to improve collection of data around service users' sexual orientation and there is an objective in the new Equality strategy around improving data completeness in this area. This will include a publicity campaign to staff and service users. We do not currently collect demographic data that would identify service users who have transitioned as we are concerned that this might breach their rights to privacy as demographic data is recorded in our electronic records in an area that is accessible to all staff who are legitimately entitled to access the record. We would welcome any information on organisations that have done this in a rights-respecting way. We have added a question onto our anonymous patient friends and family test which will enable us to better understand the experiences of service users who have transitioned.

Services to better explain and promote how disclosing LGBTQ+ identity can improve experience

Please see above.

Avoid misgendering, use inclusive language. Enable patients to feel supported with complaints of this nature

In our new Equality, Diversity and Human Rights strategy we have an objective to train staff so that they are more confident and able to work with service users and staff who identify as trans. This will include information on admission to hospital and on record keeping. This will include some information on LGB and avoiding heteronormative assumptions. As you helpfully point out staff sometimes confuse gender identity and sexual orientation.

Increase staff training and awareness of LGBTQ+ support

See above – we would welcome any information about local support groups that we could support service users to access if appropriate.

Improve staff training for LGBTQ+ and mental health

See above.

Increase LGBTQ+ visibility in mental health

The trust has adopted the NHS Rainbow badge scheme with the aim of promoting a message of inclusion to staff, service users, carers, family and any visitors.By signing up, we are showing that our trust offers open, non-judgmental and inclusive support and care for all, regardless of how people identify themselves.

Acknowledgements

We would like to thank everyone who completed the surveys and to the participants in all our interviews. Your experience of local services, your comments and opinions and your patient journeys are so appreciated and will help us to influence at a strategic level to ensure the planning and delivery of services meets your needs and those of your family and friends.

Thank you to all our invaluable volunteers for your continued support, especially those who spent their time assisting with this engagement by actively sharing the surveys in your local communities and with your own contacts. We could not do what we do without your fantastic support!

Finally, we would like to thank all the team at Healthwatch North Yorkshire. We are grateful to Claire Canavan, our Community Outreach Co-ordinator, who organised our public engagement and active outreach in local communities. Thanks to Lada Rotshtein, our Volunteer Co-ordinator, for excellent work recruiting and supporting our volunteers. Thanks to our Communications Officer, Alex Day, for his support in ensuring these findings are circulated and heard about. We would like to thank Kirsty Elliot, our Research and Intelligence Officer who analysed and wrote this report with support and guidance from our former Chief Executive Officer Michelle Thompson BEM and Nigel Ayre, our Operations Manager.

Demographics

LGBTQ+ questionnaire

How would you describe your gender identity	Count
Skipped/ Unanswered	63
Prefer not to say	6
Open responses (categorised)	105
Male/man	29
Female/woman	34
Cis male/man	2
Cis female/woman	4
Cisgender	1
Non-binary	5
Trans male/ female to male	5
Trans female/male to female	3
Transgender/ including trans with other terms e.g. "trans non-binary" "agender trans"	6
Undefined (terms such as "human" "just me" "complex gender identity")	5
Terms usually associated with sexual orientation e.g "gay" "lesbian")	5
Other LGBTQ+ terms including "demi boy", "demi girl", "bigender", "gender fluid"	6
Total	174

Is your gender identity different to the sex you were assigned at birth?	Count
Skipped/not answered	73
Prefer not to say	5
Yes	32
No	64
Total	174

How would you describe your sexual orientation?	Count
Skipped/Not answered	64
Prefer not to say	8
Open responses (categorised)	102
Lesbian	20
Gay	33
Gay male/man	4
Gay woman/female	1
Bisexual	16
Queer	2
Pansexual	8
Homosexual	5
Heterosexual/ Straight	2
Other LGBTQ+ terms or multiple terms including “panromantic demisexual” “fluid” “gray-asexual” “unknown” “aromantic asexual” “queer/bisexual” “bi/pan”	11
Total	**174**

What is your age?	Count
Skipped/Not answered	63
Prefer not to say	0
Under 18	7
18 to 24	25
25 to 34	20
35 to 44	27
45 to 54	19
55 to 64	7
65 to 74	5
75 or older	1
Total	**174**

Which part of North Yorkshire do you live [first half of your postcode is enough]?	Count
Skipped/Not answered	67
Prefer not to say	12
Open responses (categorised)	95
Airedale, Wharfedale & Craven	7
Hambleton, Richmondshire & Whitby	16
Harrogate & Rural district	28
Scarborough & Ryedale	15
Vale of York	8
Out of Area (though all border North Yorkshire)	21
Total	**174**

How would you describe your ethnicity?	Count
Skipped/Not answered	63
Prefer not to say	9
Open responses	102
British/UK	12
Caucasian	4
Mixed Race	2
White	23
White British/UK	59
White other	2
Total	**174**

Are you a carer?	Count
Skipped/Not answered	64
Prefer not to say	0
Yes	12
No	98
Total	**174**

Do you consider yourself to have a disability?	Count
Skipped/Not answered	64
Prefer not to say	2
Yes	35
No	73
Total	**174**

Do you consider yourself to have a mental health issue?	Count
Skipped/Not answered	65
Prefer not to say	10
Yes	61
No	38
Total	**174**

LGBTQ+ interviews

We have not included demographic details due to small numbers which may make respondents identifiable. There was a mix of male, female and non-binary genders as well as genders which were different to the sex assigned at birth. There was also a mix of sexual orientations, no of which were heterosexual. There was a geographic spread across four of the district councils, across age brackets from 18–44. All had indicated experience of one or more mental health issue, both past and present.

LGBTQ+ allies' questionnaire

How would you describe your gender identity	Count
Skipped/ Unanswered	31
Prefer not to say	2
Open responses (categorised)	6
Female	6
Total	39

Is your gender identity different to the sex you were assigned at birth?	Count
Skipped/not answered	31
Prefer not to say	0
Yes	0
No	8
Total	39

How would you describe your sexual orientation?	Count
Skipped/Not answered	31
Prefer not to say	3
Open responses (categorised)	5
Heterosexual/ Straight	5
Total	**39**

What is your age?	Count
Skipped/Not answered	31
Prefer not to say	0
Under 18	0
18 to 24	0
25 to 34	1
35 to 44	2
45 to 54	2
55 to 64	3
65 to 74	0
75 or older	0
Total	**39**

Which part of North Yorkshire do you live [first half of your postcode is enough]?	Count
Skipped/Not answered	31
Prefer not to say	2
Open responses (categorised)	6
Airedale, Wharfedale & Craven	0
Hambleton, Richmondshire & Whitby	2
Harrogate & Rural district	1
Scarborough & Ryedale	0
Vale of York	1
Out of Area (though all border North Yorkshire)	2
Total	**39**

How would you describe your ethnicity?	Count
Skipped/Not answered	31
Prefer not to say	3
Open responses	5
British/UK	1
White British/UK	4
Total	**39**

Are you a carer?	Count
Skipped/Not answered	32
Prefer not to say	1
Yes	1
No	5
Total	**39**

Do you consider yourself to have a disability?	Count
Skipped/Not answered	31
Prefer not to say	0
Yes	1
No	7
Total	**39**

Do you consider yourself to have a mental health issue?	Count
Skipped/Not answered	31
Prefer not to say	0
Yes	5
No	3
Total	**39**

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https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/reports-library/LGBT-Experiences-of-using-health-service-26062017-HHS%281%29.pdf

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Healthwatch Lancashire (2016) *Understanding views on cancer and cancer services from Fylde Community Lesbian, Gay, Bisexual and Trans Friends Group* [Online] Available at: https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/reports-library/20160202_Lancashire_%20Cancer%20services%20from%20LGBT.pdf

Healthwatch North Somerset (2018) *Trans Health, Care & Wellbeing* [Online] Available at: https://www.healthwatchnorthsomerset.co.uk/news/research-report-trans-health-care-wellbeing/

Useful signposting

Cervical screening for people with a cervix https://lgbt.foundation/screening

Information for patients with a cervix https://s3-eu-west-1.amazonaws.com/lgbt-media/Files/5dc39796-9fac-4c8f-a5b4-652e634e7051/screentest-guide-2012.pdf

NHS advice for Mental health and wellbeing if you're gay, lesbian, bisexual or trans https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-issues-if-you-are-gay-lesbian-or-bisexual/

Sexual Orientation: A guide for the NHS by Stonewall https://www.stonewall.org.uk/sites/default/files/stonewall-guide-for-the-nhs-web.pdf

Training for professionals https://s3-eu-west-1.amazonaws.com/lgbt-media/Files/e44125cc-e0cb-422c-b118-2688e353dccb/Screeningtoolkit.pdf

Glossary of Terms

Pink News https://www.pinknews.co.uk/2017/11/27/the-ultimate-lgbt-glossary-all-your-questions-answered/#h

Stonewall https://www.stonewall.org.uk/help-advice/glossary-terms

The Proud Trust https://www.theproudtrust.org/resources/resource-downloads/glossary/

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