





2023 LGBTQ+ Health Report – Summary

The Full 2023 LGBTQ+ Health Report is downloadable:

https://www.ig-cic.org.uk/page.html

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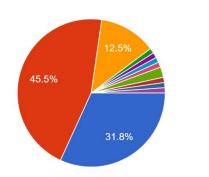
88 individuals took part in the 2023 LGBTQ+ Survey.

Results of the Initial LGBTQ+ survey

Gender of participants

Gender

88 responses

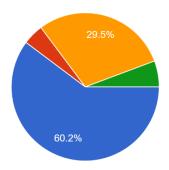




Female 45% Male 32% Non Binary or other 23%

Confidence (of those who came forward to participate)

Are you openly "Out" with your LGBTQ+ identity? 88 responses



Yes
no
Partly (i.e. at work only or at home only)

Openly "out" with your sexuality Partly i.e. only at work or only at home 60% 29%



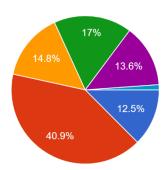
Not "Out"

5% (+ N/A 6%)

Age of respondents

What is your age bracket

88 responses

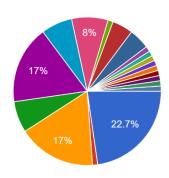




16 -24	13%
25-39	41%
40-49	15%
50-59	17%
60+	13%
Not answered	1%

Sexuality

How would you describe your SEXUALITY 88 responses



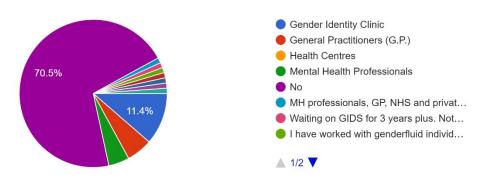
Gay Male
Gay Female
Lesbian
Straight and have same sex
Bisexual
Queer
Pansexual
Curious
▲ 1/3 ▼

Gay Male	23%
Bisexual	17%
Lesbian	17%
Pansexual	8%
Queer	7%
Straight and have same sex	7%
Asexual	5%
No labels	5%
Curious	1%



Gender Treatment

Have you engaged with any Trans Health Care 88 responses



Gender Identity Clinic
General Practitioner (GP)
Mental Health Professionals

14% (11.4% + multiple)

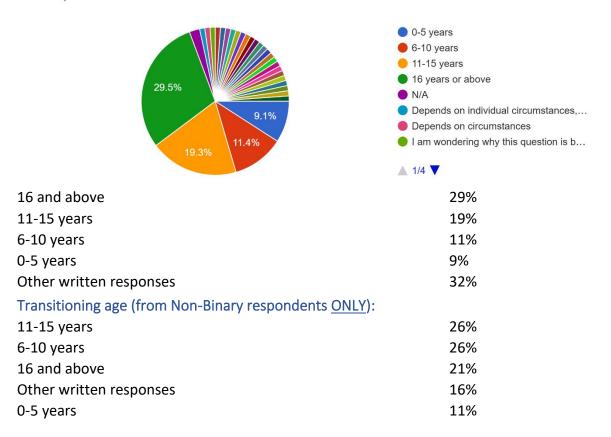
6%

4%

Transitioning Age (from all respondents)

What age do you think is acceptable for a person to consider Medical Transitioning? TRANSITION can include social transition, which can be changing name/pronouns/clothing

88 responses

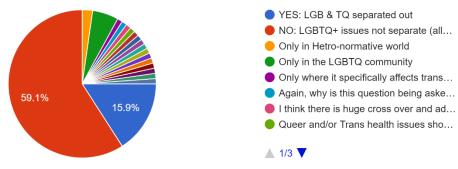




Should we separate out Trans Health Care (From all respondents)?

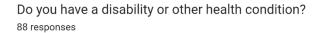
Do you feel Queer or Trans health issues should be completely separate from Lesbian, Gay or Bi Mental Health issues?

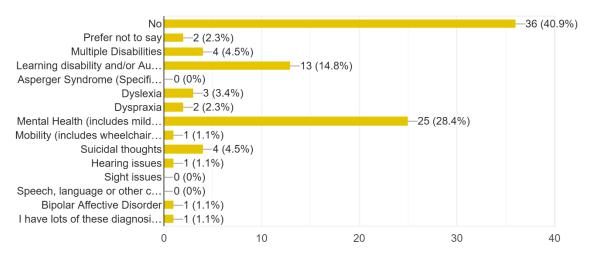
88 responses



All LGBTQ+ people should be treated the same	59%	
Queer and Trans issues should be separated out		
Only separated within the LGBTQ+ community	6%	
Other responses	19%	
Should we separate out Trans Health Care (Non-Binary respondents <u>ONLY</u>)?		
All LGBTQ+ people should be treated the same	53%	
Queer and Trans issues should be separated out	32%	
Only separated within the LGBTQ+ community	11%	
Other responses	4%	
Demographics		
Both - Live & work in Hertfordshire	48%	
Live in Hertfordshire	33%	
Work in Hertfordshire area	4%	
Visit Hertfordshire to see friends or family	4%	
Visit Hertfordshire for Health reasons		
Visit Hertfordshire for Health reasons	1%	







Again this year, the biggest area of concern in Mental Health at almost 28%.

Some people, as previously mentioned, were unwilling to complete the survey for either the fear of exposure to such a sensitive issue or that it was felt that the Health Service in general wishes to label the LGBTQ+ community as all in need of Mental Health support where historic treatment of LGBTQ+ people was to incarcerate or treat the condition. This has resulted in a lack of trust and confidence especially within the older LGBTQ+ community.

In parallel to the mistrust of NHS motives, the recent return to political rhetoric has placed a greatest disengagement from society and coupled with the increase in LGBTQ+ Hate Crime and the lack of acknowledgement within the judicial process, needing evidence of LGBTQ+ issue before accepting LGBTQ+ related incidents, even in the case of murder; there is an even greater mistrust of the Police resulting.

Adding the external social repression and degradation to the LGBTQ+ community, to health conditions that are medical, we have a sector of society that feels let down and unsupported.

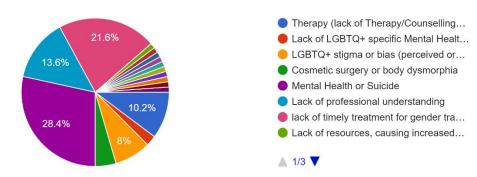
A notable and interesting statistic is the relatively large number of people with Learning Disability and/or Autism who also identify as LGBTQ+. This isn't cause to negate their identity but rather a mechanism to accept that different thought processes or Mental Health trauma could have an implication on someone's sexuality, on top of the established medical reasons for a person's identity (XY chromosomes and other medical conditions such as Mullerian¹).

¹ See Appendix 3 (Sources of information) "Persistent Müllerian duct syndrome"



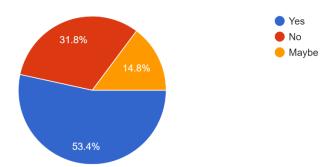
Biggest single Health issue facing LGBTQ+ people today?

What is the biggest health issue facing LGBTQ+ people today (you can only select one)? 88 responses



1.	Mental Health & Suicide	28%
2.	Lack of timely treatment for gender transition care	22%
3.	Lack of professional understanding	14%
4.	Lack of Therapy/Counselling (or Conversion Therapy Abuse)	10%
5.	Stigma or Bias	8%
6.	Cosmetic surgery or body dysmorphia	5%
7.	Lack of LGBTQ+ Mental Health venues or facilities	2%
8.	Other	11%

Have you ever had any suicidal thoughts? 88 responses



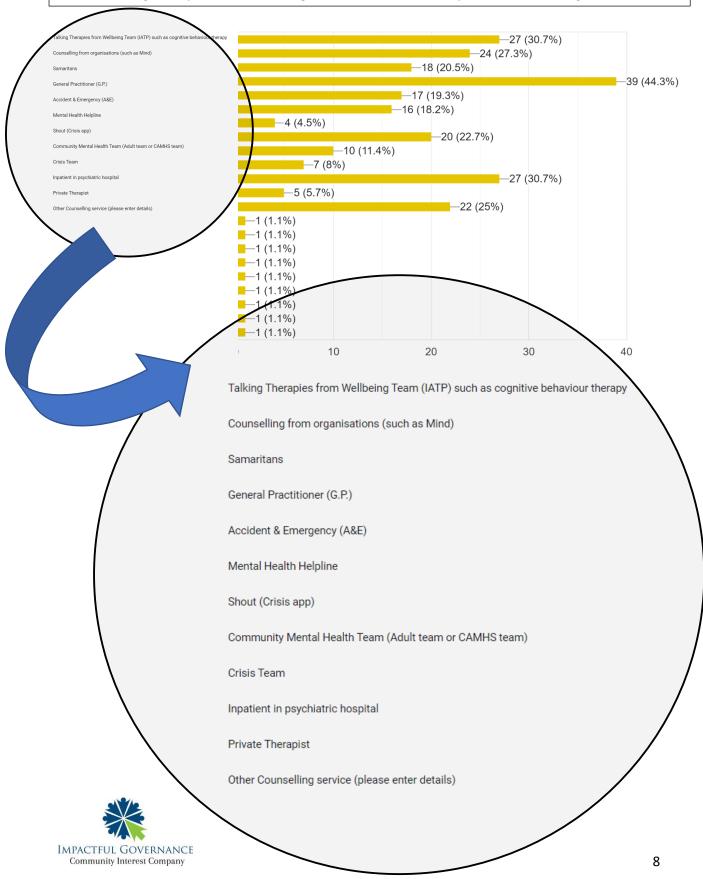
53% of respondents have had suicidal thoughts and a further 15% replied "maybe" meaning up to <u>68% of the LGBTQ+ community</u> who responded have felt vulnerable or at risk of suicidality.



Mental Health Services used (see page 40 for full breakdown of individual comments)

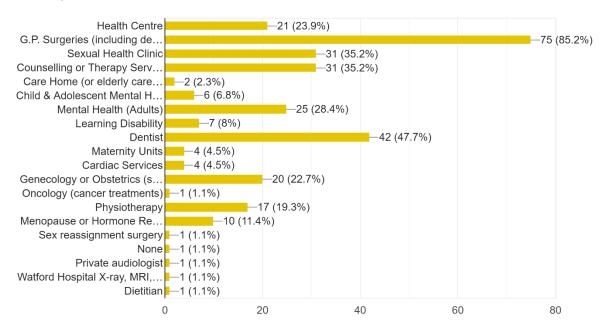
Key findings:

- General Practitioners are usually first point of contact at 44.3%
- Talking Therapies from Wellbeing Teams and Private Therapists are the next highest 30.7% each

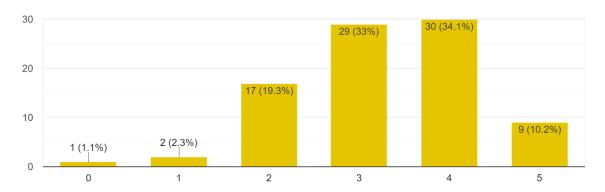


Other Health Services used

Which other general Health services have you used? 88 responses



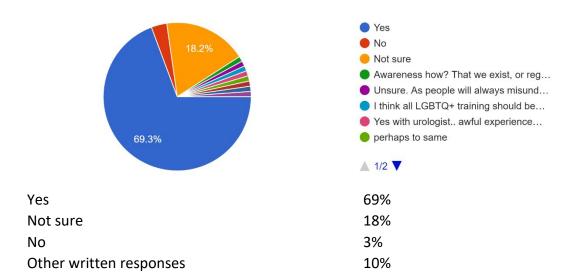
Overall - how would you score your experience of the above (from 0-5) ? 88 responses





Staff LGBTQ+ Training

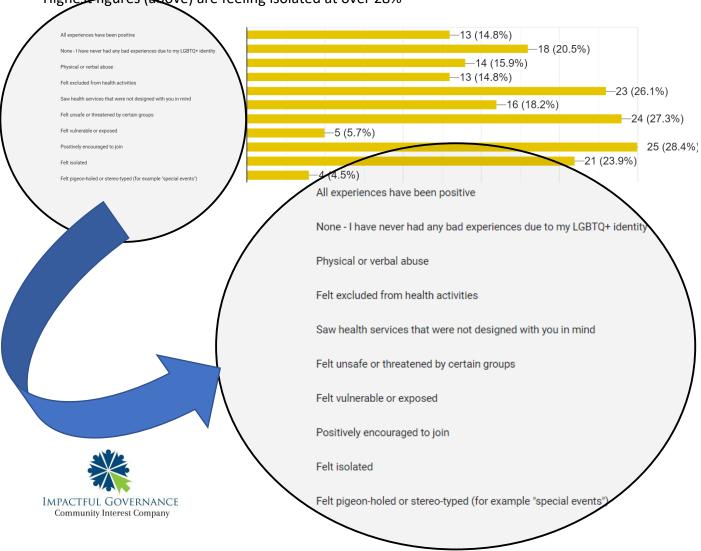
Do you feel that further staff training in LGBTQ+ Awareness would help? 88 responses



Have you experienced any of the following (within your Mental Health experience) due to your LGBTQ+ identity?

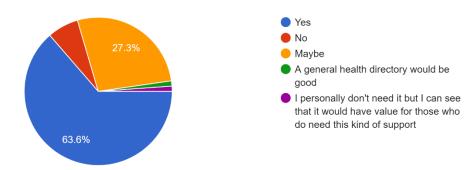
88 responses





Would an LGBTQ+ Mental Health and/or Social Care Directory be of use or needed that lists resources and support that would be available to you?

88 responses

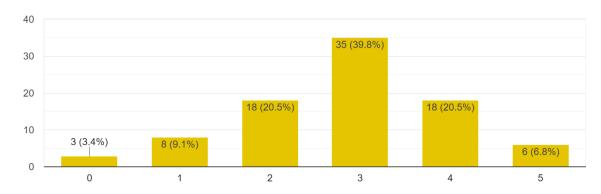


Overwhelmingly people need to find information as needed.

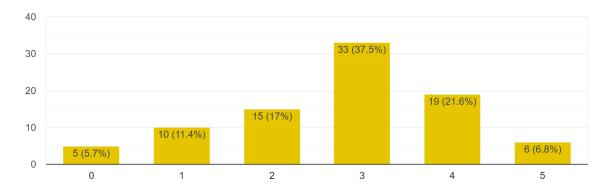
Almost 64% replied yes with a further 27% saying maybe = 91%

Further written replies were also received that were supportive of the idea.

How confident are you that Hertfordshire NHS supports the LGBTQ+ community? 88 responses



How confident are you that Hertfordshire is an LGBTQ+ friendly County? 88 responses





Analysis of the Results

The LGBTQ+ community

This third LGBTQ+ report (2023) had participants living in following areas:

Baldock	1	Hitchin	2
Berkhamsted	2	Knebworth	2
Bishops Stortford	1	Leighton Buzzard	1
Borehamwood	2	Letchworth	2
Buntingford	1	London Colney	3
Bushey	2	Maldon	1
Cambridge	1	Norwich	1
Chesham	1	Pinner	1
Colchester	1	Royston	1
Croxley Green	3	St Albans	6
Ealing	1	Stevenage	6
Frogmore	1	Theydon Bois	1
Harlow	4	Ware	3
Harrow	2	Watford	23
Hemel Hempstead	4	Welwyn Garden City	1

England's official menopause guidance included trans and non-binary people For the first time, trans and non-binary people will be included in the official NICE guidance on menopause. Instead of aiming menopause guidance solely at "women," the new guidance will be aimed at "women, non-binary and trans people with menopause." With trans, non-binary, and gender-nonconforming folk so frequently left out of the conversation when it comes to areas such as reproductive health, gynaecological care, and prostate cancer screenings, this is a big step.

What support do they require?

Mental Health & Suicide came out as the top issue for LGBTQ+ people in this survey.

Hate Crime, abuse and victimisation creates an unwelcome atmosphere that leads to disengagement.

LGBTQ+ venues and safe meeting places are essential and still very much needed. This was highlighted in the 2022 LGBTQ+ report and continues to be an ongoing need. As we continue to explore the needs of the wider Hertfordshire LGBTQ+ community, we find within the 51 Towns and urban areas that there is a complete lack of venues or inclusive spaces. If we took the one in ten theory that one out of 10 people are LGBTQ, there must be more LGBTQ+ venues and activities initiated to reduce isolation and exclusion.



Anecdote from the author: Interviewing a 16-year-old Brazilian heterosexual girl in Sao Paulo during March 2023, she states that 50%+ of the children in her school identify as LGBTQ+, either as bi-sexual, gender fluid or use the mainstream Gay/Lesbian labels.

What can be done to make you feel more welcome or accepted within the Mental Health services that you have been to? (If none or not applicable write N/A) 86 responses

- Targeted therapy aimed at dismantling established harmful traits engrained from years
 of social pressure, expectation, or oppression. For example, helping queer men feel
 more comfortable being vulnerable, or trans people with harmful social influences
 contributing to body dysmorphia.
- There were assumptions made within the Sexual Health services for example throat swab test was originally unclear so had to go back again then came back as positive which caused distress to my partner and myself as I had no reason for the diagnosis. I was unsure how that could have been the case so asked to have a retest. When I met the other clinic, I was told that the swab tests are not made for that purpose and so unreliable and I was right to get it tested again. The test came back clear (negative). There were assumptions made by the Sexual Health clinic that caused me and my partner a lot of distress. The assumption that all gay men are promiscuous probably led to the mis-diagnosis and lack of care about randomly telling people they have Gonorrhoea by telephone when that is clearly not the case.
- Clinic manager assuming that all gay men use/take prep (not every gay person does).
- Asking for pronouns and being affirmative. Have accurate and consistent record keeping. Having an LGBTQ champion/advocate on the team.
- It's lonely out there when in the midst of a crisis. All that I was aware of was MIND. They
 assisted in a group discussion way but that was the sum total. Meetings were around
 monthly as I recall. There was no directory of resources I could call on. I just felt
 vulnerable and isolated.
- Use my correct pronouns! Again, my care coordinator is exceptional at this. He ensures
 all that work with me know my pronouns, but most people ignore this. I had a horrific
 experience in a Hertfordshire mental health hospital last year, where I was purposely
 misgendered by staff, laughed at and teased by staff. It was incredibly traumatic and
 the police had to get involved.

Lack of professional understanding.

• More inclusive language by my fellow clinicians - I have undergone additional CPD around gender identity challenges for service users within our service. While some clinicians will still use deadnames with trans children and young people, ask me how my husband is when they see my wedding ring and sometimes there feels like a subtle assumption that when I do come out to them that I must gatekeep for all LGBTQ+ referrals. Also some form of admission/concession that you are aware that intersectional identities i.e. black and trans or asian bisexual and disabled experience more harm than those of us who do not have these intersectional identities. I have experienced a lot as a white lesbian, I cannot imagine the experience of a black trans young person particularly when we look at the statistics.



Lack of equality.

We can conclude from the surveys submitted within this 2023 project, on age appropriate transitioning treatments that those with lived-experience (Non-binary respondents) in the majority, say that the correct age for the individual is between 6-15 years.

It will be a case of using the Gillick Test to establish understanding and comprehension of what's involved for them to make that decision themselves.

Loss of LGBTQ+ identity:

Yet again this year, the top requirement is for a venue "More places" to reduce isolation.

LGBTQ+ Meeting Places

We are doing our utmost to publicise and, in some cases, start new activities however, there is still a severe lack of LGBTQ+ venues. Impactful Governance have continued to update and send information to keep people connected and less isolated. An example of why we do it are comments such as the one received in February 2023 during the research period:

"Thank you so much for keeping in touch with the newsletter, it makes me feel part of the community... My husband has his **** commitments and is also my carer as I have some physical issues."

A few LGBTQ+ Celebrations

LGBTQ+ History Month February
National Student Pride – London February

https://www.studentpride.co.uk

TRANS Day of visibility March

https://en.wikipedia.org/wiki/International Transgender Day of Visibility

Bisexual Health Awareness Month March

International Day Against Homophobia, Biphobia, Lesbophobia & Transphobia

Mav

https://dayagainsthomophobia.org/about/

Asexual Day April International Lesbian Visibility Day April Pub Pride May

https://askforclive.com/pub-pride-2023

Pansexual & Panromantic Visibility Day
Pride Month

May
June

https://www.theprideshop.co.uk/pride-calendar-2023-the-ultimate-guide-to-pride-uk/

Non-Binary Awareness Week July

Bisexual Awareness Week September



Recommendations for 2023

Recommendation 1 Health Service LGBTQ+ training for the whole

organisation, across the tiers of the organisation in a fully inclusive approach to improvements and change.

Recommendation 2 Create a Training Video that can be used for new

staff inductions, further internal staff meetings and

continued professional development.

Recommendation 3 Create an LGBTQ+ Directory of Health services and

related Social activities that is an annual document

offering ongoing guidance and knowing where to go

at the point of entry.

Recommendation 4 Explore the health and social impact of being LGBTQ+

and having a mental illness, learning disability and/or Autism in older people, children and young people, people from ethnically and culturally diverse

people from ethinically and culturally diver

communities and disabled people.

Recommendation 5 Explore the health and social impact on people within

other "inclusion" groups such as people in care settings and Looked After Care and Care Leavers.

Pride events (Herts Pride, Hitchin Pride, etc) and a public show of support, either as an LGBTQ+ led

organisation or allied organisation in genuine support.

Recommendation 6 Research further any links between low self-esteem,

body dysmorphia and the LGBTQ+ community.

Recommendation 7 Review & improve environments and estates to ensure

an inclusive and accessible environment e.g., gender

neutral toilets and "Progress Rainbow Flags".



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