Herts Mental Health, Learning Disability and Autism Health and Care Partnership

NHS Hertfordshire Partnership University NHS Foundation Trust

LGBTQ+ in 2023

Health Inequalities

Improvements for LGBTQ+ people in Hertfordshire from 2023 onwards

Commissioned by: Health Inequalities Steering Board (NHS Hertfordshire)

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Impactful Governance – Community Interest Company

Impactful Governance Community Interest Company

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Executive Summary

This is our third year of producing an LGBTQ+ research in Hertfordshire. This year's focus is on Health Inequality within the LGBTQ+ community and explores a few of the impacts on individuals who use health services or in fact those who are not using services for a variety of reasons.

The report is commissioned by Hertfordshire Partnership University NHS Foundation Trust (HPFT) to support the work of both HPFT and the Hertfordshire Mental Health and Learning Disability Health & Care Partnership in addressing mental health inequalities for the LGBTQ+ community.

A higher percentage of females participated this year which was enormously rewarding.

Our ambition was to capture over 20% of the Trans respondents and we achieved:

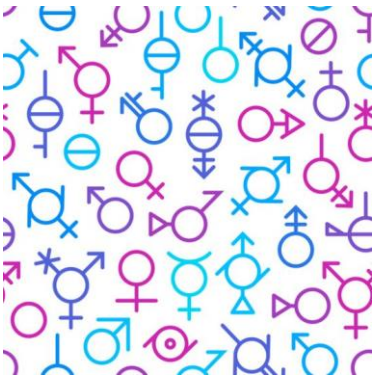
45% Female
32% Male
23% Non Binary or other (Trans people identify here in most cases – see case studies)

Of the respondents questioned, 30% would rely on their GP to be able to support them with Health issues including Mental Health and Transitioning care or advice. Not all feel they are being given the access they need or that staff have the appropriate training to be able to respond appropriately, considering various LGBTQ+ backgrounds or identities.

- Worryingly, ***8% of respondents*** have ***no idea where to go*** with Mental Health needs.
- ***Only 3%*** of respondents ***said there was no need for Staff Training*** in LGBTQ+ matters.
- **69%** said a clear ***"YES" to further staff training in LGBTQ+ issues*** and others gave specific examples of training needs.

To put the social and professional context surrounding perceptions and bias towards this community, we need to establish that this has been a long-standing challenge for individuals to be accepted and for others to understand the need to appreciate that there is not a need to change people and make them fit into a stereo-type of mainstream practices but rather a cultural shift in how we interact and respect all minority groups.

During the 1860s, a Hungarian (Karl Maria Kertbeny) describes sexual experiences for the first time as heterosexual and homosexual. People have been grappling with difference in gender identity since 1890 when Edward Cooper suggested that an "intermediate" sex was able to "transcend the narrow limits of heterosexuality"; what we may now call a non-binary (male or female) identity. It is the "T" (Trans) section of the LGBTQ+ community that has seen the most significant changes in recent years and the need to respond appropriately is an essential element in respecting the whole. The Times Higher Education[1] reports that Non-Binary numbers of students have doubled in two years. Image: courtesy of "Times Higher Education".



[1] https://www.timeshighereducation.com/news/number-non-binary-uk-students-doubles-two-years

There is an established mistrust in authority and to some extent participating in any surveys that could wish to "treat" people rather than accept them and the notion of Mental Health always being presumed to go hand in hand with a condition plus the historical background of LGBTQ+ people being sectioned, imprisoned or excluded from discussions within education for example has strengthened this mistrust. There is an innate fear that the rights of LGBTQ+ people are in jeopardy or being rolled-back as a result of divisive trade-offs that are based on fear and misunderstanding. Today we see an eagerness from Health services to engage and hear the voices of the LGBTQ+ community in terms of how to interact and respond meaningfully although there remains a fear of participation or coercion in the form of a cultural invasion where engagement is only for the means of changing people towards a heteronormative, pre-existing method of processing people. There needs to be a different response to this unique type of patient.

One of the respondents quoted from an experience using Health Services as follows:
"a consultant saying ***"oh your one of those"*** and then tried to fob me off to say that ***"your sort aren't generally known for their monogamy and hygiene"*** - her colleague then falling over himself couldn't believe it and quickly went on the defensive."

According to Stonewall charity: "**A third of trans people** (32 per cent) **have experienced unequal treatment from healthcare staff** because of their identity."

We have seen a public disagreement between Scotland and the United Kingdom Governments which saw the over-riding of a Scottish Parliament decision for the first time since devolution over Gender Recognition.

On 17th January 2023 the UK Government used its powers and issued a Policy statement "of reasons on the decision to use section 35 powers with respect to the Gender Recognition Reform (Scotland) Bill".

All of this in light of the fact that:
"Most trans adults say they are more satisfied with their lives after transitioning"

In a major survey established satisfaction, based on a study of 550 Trans people compared to 823 CIS-gendered people in the US:
https://www.washingtonpost.com/dc-md-va/2023/03/23/transgender-adults-transitioning-poll/

Feminism & Cosmetic surgery

The extreme media coverage of the convicted heterosexual (cis gender) male rapist and sex offender, who consequently declared himself as Transgender gave rise to the hate campaigners who needed this one piece of evidence to justify their position. What wasn't recorded well was that the sex offender had never been admitted to a women's prison. The usual assumptions of paedophile activity similar to the early days of Gay slurs and accusations came to the fore. When considering attitudes, based on outward appearances, we wonder if these are the same people who make judgements on those wearing a hijab or burka. In fact, if we take that view for a moment, how is a transwoman more offensive than a paedophile wearing a hijab or burka? There is certainly a bias against transwomen who were born male, compared to transmen who were born as women. There is a huge and disproportionate fascination by some within the heterosexual community about genitals and that itself can't be healthy. This has caused a rise in fears over who can and cannot use public toilets. Does this mean that all women or for that matter a person purporting to be a women in a hijab needs to be searched before using a female toilet? There is a stronger than ever case for unisex toilets which are far safer and policed by everyone using them. What seems to be acceptable in some bars and clubs, is somehow unacceptable from a notable number of (mostly) feminists or heterosexual men who claim to be protecting cis-women, who have determined that Trans people are somehow a threat to femininity.

Trans-gender, Trans-sexual and Transvestite terminology has been around for some time although it seems in recent months to have become a divisive issue based on fear and lack of understanding[2]. Transvestites can be heterosexual men or women who enjoy wearing clothing of the other sex. It is peculiar that traditionally male clothing worn by women is seen as less offensive than men wearing traditionally female clothing and an inherent fear of sexual predatory behaviour that will follow as a result when this is clearly not based on facts but rather on tabloid behaviour within the media, including the vast ability of social media to spread a false narrative.

Hormone Replacement Therapy (HRT)

One of the questions most prevalent and asked within this survey is "when to allow people the freedom of choice" and generally speaking the Gillick Competence is used, as it was during the Covid pandemic to determine if young people had sufficient comprehension to determine their own health issues and treatment, in that case to take a vaccine or not. Are there links between low self-esteem, body dysmorphia and the LGBTQ+ community more so than in other communities? This is an area of research that we recommend at the end of this report.

[2] https://www.nhs.uk/conditions/consent-to-treatment/children/#:~:text=Children%20under%20the%20age%20of,known%20as%20being%20Gillick%20competent

LGBTQ+ Carers or being cared-for in Care Homes?

We have not explored issues surrounding older carers, i.e. partners of an LGBTQ+ person in relation to their Mental Health, nor have we explored specifically the treatment of elderly LGBTQ+ people who are being cared for within a professional health or Care Home environment. LGBTQ+ people leaving care could be adversely disadvantaged and as a result be at greater risk of poor Mental Health. LGBTQ+ people using Health services may be treated with more assumptions than others. We have reports commented within the survey responses of how someone with Autism was told their sexuality or gender identity was something they would "grow out of".

Suicide

Suicide is the biggest cause of death in men under the age of 50 and around three quarters of deaths from suicides each year are men ("Men urged to talk about mental health to prevent suicide", HMGov: Javid.S. 2022 June 24th). Office of national Statistics released data on 23rd March 2023:

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/sociodemographicinequalitiesinsuicidesinenglandandwales/2011to2021

Whilst "Partnership Status[3]" is recorded and related to suicide figures, there is no specific record of the Non-Binary community figures within the Census:

> *"People who described themselves as in a partnership, which is either married or in a registered same-sex civil partnership, had the lowest rates of suicide (men: 12.85 per 100,000 people, 95% CI: 12.50 to 13.21, women 4.17 per 100,000 people, 95% CI: 3.98 to 4.37) (Figure 4).*
>
> *This was when compared with people who described themselves as single (never been legally married or never registered for a same-sex civil partnership), separated (divorced, separated but still legally in a same-sex civil partnership or formally in a same-sex civil partnership which is now legally dissolved) or partner deceased (widowed or surviving partner from a same-sex civil partnership)."*

Trans and others within the LGBTQ+ community have all suffered by being referred to as "broken" (Ref: Pray it Away[4]) and the Conversion Therapy torment has certainly contributed to the increased suicide or attempted suicide figures.

Gender Recognition Act

In the UK a survey of 3398 attendees of a gender identity clinic found that just sixteen – about 0.47% – experienced transition-related regret. Of these, even fewer went on to actually detransition (Ref: https://epath.eu/wp-content/uploads/2019/04/Boof-of-abstracts-EPATH2019.pdf)

[3] https://www.sciencedirect.com/science/article/abs/pii/S0749379721004438
[4] https://www.netflix.com/gb/title/81040370

Medical Conditions vs Social Conditioning

Natural gender difference:

Most people with persistent Müllerian[5] duct syndrome have mutations in the AMH gene or the AMHR2 gene. The AMH gene provides instructions for making a protein called anti-Müllerian hormone (AMH). The AMHR2 gene provides instructions for making a protein called AMH receptor type 2. The AMH protein and AMH receptor type 2 protein are involved in male sex differentiation.

All foetuses develop the Müllerian duct, the precursor to female reproductive organs. During development of a male fetus, these two proteins work together to induce breakdown (regression) of the Müllerian duct. Mutations in the AMH and AMHR2 genes lead to non-functional proteins that cannot signal for regression of the Müllerian duct. As a result of these mutations, the Müllerian duct persists and goes on to form a uterus and fallopian tubes.

Approximately 45 percent of cases of persistent Müllerian duct syndrome are caused by mutations in the AMH gene and are called persistent Müllerian duct syndrome type 1. Approximately 40 percent of cases are caused by mutations in the AMHR2 gene and are called persistent Müllerian duct syndrome type 2. In the remaining 15 percent of cases, no mutations in the AMH and AMHR2 genes have been identified, and the genes involved in causing the condition are unknown.

Considerations:

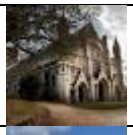
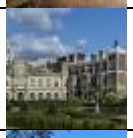
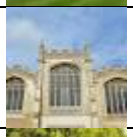
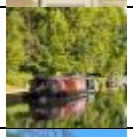
- Which organisations are led by LGBTQ+ people? This point is critical when considering that there are those who wish to gain access to the LGBTQ+ community in order to change it from within to achieve a kind of "Cultural invasion" (Ref: Freire, P (1970), "*Pedagogy of the Oppressed*", P125).
- Which organisations have an interest in working with or for the LGBTQ+ community in a collaborative and cooperative style of unity and support?
- A directory of contacts could be created as an annual LGBTQ+ guide. When people need health advice, it is in the moment of need and there is often a "not knowing where to look" other than a google search which we all know can be bias, false or inaccurate.
- Healthy living or healthy lifestyles[6] may not be what the LGBTQ+ community want i.e., some indicated in the Watford report no desire to get involved with sports or keeping fit.
- Anti-social hours may be needed to reach-out at various locations or a night-time economy.

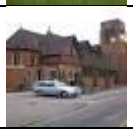
[5] See index 3 "source of information"

[6] See Appendix 2 Case Studies

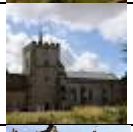
Background - The Demographics

Hertfordshire geographic area was the focus and includes:

		LGBTQ+ Herts Respondents
1. 	**St Albans**	**6**
2. 	**Hatfield**	**0**
3. 	**Welwyn Garden City**	**1**
4. 	**Hertford**	**0**
5. 	**Stevenage**	**6**
6. 	**Hitchin**	**2**
7. 	**Watford**	**23**
8. 	**Letchworth Garden City**	**0**
9. 	**Hemel Hempstead**	**4**
10. 	**Royston**	**1**
11. 	**Baldock**	**1**
12. 	**Harpenden**	**0**
13. 	**Tring**	**0**

14. 	**Aldbury**	**0**
15. 	**Bishop's Stortford**	**1**
16. 	**Cheshunt**	**0**
17. 	**Berkhamsted**	**2**
18. 	**Potters Bar**	**0**
19. 	**Ware**	**3**
20. 	**Broxbourne**	**0**
21. 	**Buntingford**	**1**
22. 	**Rickmansworth**	**0**
23. 	**Hoddesdon**	**0**
24. 	**Much Hadham**	**0**
25. 	**Wheathampstead**	**0**
26. 	**Redbourn**	**0**
27. 	**Borehamwood**	**2**

28. 	**Barkway**	**0**
29. 	**Abbots Langley**	**0**
30. 	**Sawbridgeworth**	**0**
31. 	**Radlett**	**0**
32. 	**Kings Langley**	**0**
33. 	**Ayot Saint Lawrence**	**0**
34. 	**Ashwell**	**0**
35. 	**Waltham Cross**	**0**
36. 	**Codicote**	**0**
37. 	**Chorleywood**	**0**
38. 	**Bushey**	**2**
39. 	**Eastwick**	**0**
40. 	**Cuffley**	**0**
41. 	**Markyate**	**0**

42. 	**Bovingdon**	**0**
43. 	**Ardeley**	**0**
44. 	**Cottered**	**0**
45. 	**Newnham**	**0**
46. 	**Watton at Stone**	**0**
47. 	**Furneux Pelham**	**0**
48. 	**Kimpton**	**0**
49. 	**Pirton**	**0**
50. 	**Offley**	**0**
51. 	**Whitwell**	**0**

Reducing isolation?

Just because this survey had some respondents living in the towns and villages above, it is not representative of all the LGBTQ+ people in these areas (this is a small sample survey). With so many different areas (51) within Hertfordshire, it is no wonder that particularly during a pandemic, the LGBTQ+ community became so isolated and cut off. Whilst within Hertfordshire County Council, there is an Equality strategy 2021-24 and a Public Sector Equality Duty (PSED) for Hertfordshire County Council to "Eliminate discrimination, harassment, victimisation…" and "Foster good relationships…" within communities, there is no specific realisation that LGBTQ+ issues require a rethink to adapt the services marked in the illustrated columns below under headings of

- Gender Reassignment
- Sexual Orientation

Project / Review	Age	Race	Gender Reassignment	Disability	Carers	x Religion and Belief	Pregnancy and Maternity	Sex	Marriage and Civil Partnership	Sexual Orientation	Impact after mitigation
Key: ✓ = Potential impact: x = No impact; NK = Not known – insufficient evidence											
ADULT CARE SERVICES											
Pay rates for Care workers	✓	✓	x	x	✓	x	x	✓	x	x	Low
Supported Living Efficiencies	✓	x	x	✓	x	x	x	x	x	x	Low
ACS Capital Programme	✓	x	x	✓	x	x	x	x	x	x	Low
Children's Services											
SEND	✓	x	x	✓	✓	x	x	x	X	x	Low/medium
Family and Community based help	✓	✓	✓	✓	x	x	✓	x	✓	✓	Low/medium
Community Protection											
Revenue	x	x	x	x	x	x	x	x	x	x	Low
Capital	x	x	x	x	x	x	x	x	x	x	Low
Public Health											
Revenue	✓	✓	✓	✓	x	x	x	✓	✓	✓	Low

Illustration from Hertfordshire County Council (HCC) INTEGRATED PLAN PART F – EQUALITY IMPACT ASSESSMENT

Whilst the HCC September 2021 report to the Director of Environment & Infrastructure notes in A1.3 the above as an example of an inclusive Hertfordshire, a routine of exploring issues based on protected legal characteristics (headers above) is applauded, there is no recognition that LGBTQ+ people require a different set of thought processes to allow inclusion.

The Equality Impact Assessment (INTEGRATED PLAN PART F – EQUALITY IMPACT ASSESSMENT) shows plans on inclusion for 2025-26 but makes no mention at all about LGBTQ people and therefore cannot explore the LGBTQ+ inclusion agenda or Equalities Act 2010. Family & Community Based help seems to be **represented by an annual Pride event** and HCC's own services.

A case for Rainbow crossings put before Hertfordshire County council, Highways & Transport Cabinet Panel on 14th September 2021 was rejected on the grounds of "officers have not liaised with other councils" and widespread adoption hadn't been evidenced at that time.

Rainbow crossings are a sign of acceptance and a safe environment since 2019 and in 2023, we see many areas of the country celebrating the LGBTQ+ community in all its colour.

CHISWICKCALENDAR.CO.UK

Famous faces join opening of 'Rainbow Junction' on Chiswick High Rd - Chiswick Calendar News

Image above: Chiswick celebrities pose at the rainbow crossing Clare Balding, Harry Judd and Nicki Chapman join launch Celebrity guests, smiling faces and laughter welcomed Chiswick's new rainbow crossings, dubbed [...]

Hertfordshire County Council (HCC) Diversity & Inclusion Strategy 2021-24, Services, Communities, and Partnerships report called "Making inclusion part of our DNA".

In the September 2021 HCC cabinet meeting, the report (5.3.5) outlined how a Bristol rainbow crossing was defaced, using that as an illustration of why not to have one as "sadly, that will inevitably make them a target", rather than accepting that in fact, that was a Hate Incident and illustrates even more why inclusion and diversity need to be embraced.

Hertfordshire County Council has a Hate Crime programme and offers training at www.hertsagainsthate.org

A rainbow crossing is a 365 day a year recognition and reinforcing a safe place rather than relying simply on a once-a-year Pride event. **At least one Rainbow Crossing** per town in Hertfordshire would celebrate diversity and inclusion.

Ten people voted on 14th September 2021 "…does not support the use of highways funding for that purpose". We trust this position will change now given the evidence provided within this 2023 report and other reports on LGBTQ+ issues in Hertfordshire.

- Ref: "Where's the 'T' LGBTQ+ Report", Impactful Governance; 2022
  Commissioned by: Health Protection Board (Covid Recovery)
- Ref: "LGBTQ+ Research Report, Impactful Governance; 2021
  Commissioned by: Watford & Three Rivers Trust CVS

General Young People Data Research

https://hcc-phei.shinyapps.io/yphws_dashboard/_w_d04753fd/_w_f8432876/

This useful tool is provided by Public Health Evidence & Intelligence Team (Hertfordshire County council).

Data can be grouped by gender or by sexuality, and the most relevant section will be the mental health and wellbeing section.

For example, the data shows us that 12.7% of gay, lesbian and bisexual young people never feel hopeful about their future, compared with 5.4% of heterosexual young people. And correspondingly, only 6.3% of gay, lesbian and bisexual young people always feel hopeful about their future, compared with 20.3% of heterosexual young people.

Hate Crime

This seems to feature large and with a reported 29% increase in LGBTQ+ Hate Crime in Hertfordshire during 2022 (The Comet[7]; 25th October 2022)

"Figures obtained through a Freedom of Information request by data journalism agency RADAR show that in Hertfordshire, sexual orientation-motivated hate crimes rose by 29% from 200 in 2020-21 to 258 in 2021-22."

UK Gov Report: Hate Crime England & Wales 2021-22 (period until March 2022)

Hate crime strand	2017/18.	2018/19.	2019/20.	2020/21.	2021/22	increase
Sexual orientation	11,592	14,472	x	18,596	26,152	+41%
Transgender	1,703	2,329	x	2,799	4,355	+56%
						% change

UK Government purported a visit to protect LGBT issues in Buenos Ayres [8] at a time when the UK Government was ridiculed for its lack of protection for the Trans community in the UK (Ref: Impactful Governance "Where's the 'T' LGBTQ+ Research 2022").

Is the UK Government, World Pride "Showcasing"[9] or "Showboating" in 2023?

[7] https://www.thecomet.net/news/23074135.hertfordshire-sees-rise-lgbtq--motivated-hate-crimes/
[8] See Appendix 3 Source of information
[9] https://www.gov.uk/government/news/uk-promotes-great-presence-for-world-pride

Great Britain (England, Scotland, Wales & Northern Ireland)

Scottish Secretary Alister Jack (16th January 2023)

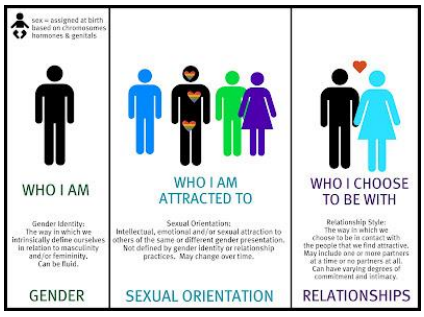
> *"I have decided to make an order under section 35 of the Scotland Act 1998, preventing the Scottish Parliament's Gender Recognition Reform (Scotland) Bill from proceeding to Royal Assent. After thorough and careful consideration of all the relevant advice and the policy implications, I am concerned that this legislation would have an adverse impact on the operation of Great Britain-wide equalities legislation."*

The Scottish Secretary goes on to say:

> *"Transgender people who are going through the process to change their legal sex deserve our respect, support and understanding. My decision today is about the legislation's consequences for the operation of GB-wide equalities protections and other reserved matters. I have not taken this decision lightly. The Bill would have a significant impact on, amongst other things, GB-wide equalities matters in Scotland, England and Wales. I have concluded, therefore, that this is the necessary and correct course of action.*
>
> *If the Scottish Government chooses to bring an amended Bill back for reconsideration in the Scottish Parliament, I hope we can work together to find a constructive way forward that both respects devolution and the operation of UK Parliament legislation."*

Interestingly, he further expresses that the UK Government wants to protect women and girls, however, it is not yet clear whether they intend to support CIS women and girls only, as we have seen they are not yet protecting Trans Women or Girls from Conversion Therapy.

> *"The Government shares the concerns of many members of the public and civic society groups regarding the potential impact of the Bill on women and girls."*



The UK Government consulted again from October 2023 to February 2023. [10] Perhaps we think it is safe to assume that yes, they are referring exclusively to cis women and girls in this statement. There are 'feminists' who are outspoken about how trans women are inherently a danger to cis women and are 'invading women's spaces' – if you are familiar with JK Rowling's public views and following you will be familiar with this group, and she has been public about opposing the Scottish reform "JK Rowling backs protest over Scottish gender bill - BBC News" https://www.bbc.com/news/uk-scotland-scotland-politics-63162533 in addition to other legislation in the past. The term TERF stands for "trans-exclusionary radical feminist", meaning that trans people (particularly trans women) are not respected as their accurate gender in this ideology. It is worth noting that trans women have always been legally permitted in female-only spaces, and there have been no incidents of violence against women from men gaining access to these spaces by masquerading as trans women, which is a common theoretical fear.

[10] http://standbyyourtrans.blogspot.com/

Hertfordshire LGBTQ+ Social Groups

1. Herts Pride is held in Cassiobury Park, Watford. There is a dance tent with bar, fair ground, dog show and stalls. It is well organised and friendly but well away from Watford town centre. It needs wider publicity and a broader LGBTQ+ representation. The entertainment includes a mix of local and national LGBTQ+ artists and Allies. They have a website emphasising their inclusive policy. 2022 Herts Pride was on 20th August www.hertspride.org and the 2023 will be held on 19th August 2023.
2. North Herts Pride is in it's second year and has a monthly meeting to develop their events, held at Granello Lounge, Hitchin, Hertfordshire https://northhertfordshirepride.wordpress.com/
3. Other local monthly pub/drag night currently at Cother Arms, St Alban's Road, Watford. Advertised on social media through Jewel Entertainment & Ask Clive.
4. The Dial Up is an inclusive and community minded Performing Arts group. They meet on a monthly basis to share songs, stories, poetry, comedy etc.
5. February saw the first LGBT+ History Month 'special' at a packed Pump House. Alexander Williams who runs The Dial Up hopes to make this an annual event.
6. Proud Hornets is a Watford Football Club group who aim to make Vicarage Road Stadium and football in general a safe and welcoming space for everyone (www.proudhornets.com).
7. Pub Pride takes place for one day in May and had participation in 2022 from:
    a. Watford - Two Trees Micro Pub and Columbia Press.
    b. Wellington, Borehamwood
    c. Crown, Hertford
    d. Eight Bells, Hatfield
    e. Rose & Crown, Six Bells, Portland Arms, Lower Red Lion & more, St Albans
    f. Shelden Inn and The White Horse, Welwyn Garden City
    g. John Bunyan and Reading Rooms, Wheathamstead
    h. Red Cow , Harpenden
    i. Red Lion, Hemel Hempstead
    j. Mad Squirrel, Chesham
    k. Rising Sun, Kings Arms, Crystal Palace and Mad Squirrel, Berkhamsted
    l. Beech House, Amersham
8. Sapphists Hertfordshire Meetup group - WhatsApp group
9. Women Who Love Women Facebook group
10. Queer Readers is a book club reviewing LGBTQ+ material. The group meets monthly on Saturday afternoons and selects a book to read ready for the following meeting https://www.instagram.com/queerreaderswatford/
11. Pay Day Gays meets monthly on rotation at various venues on last Friday of the month.
12. Monthly social bulletins are sent out by Impactful Governance to LGBTQ+ people subscribed to the e-mailing list https://www.ig-cic.org.uk/page.html

Women's Groups in Hertfordshire

The Hemel Hempstead group is a friendship group, so not open to additional members. The organiser of is on Meetup - Sapphists Hertfordshire provided the following:

> *"This is a social group to bring Women Who Love Women together, build a friendly, active over 18s WLW network in Hertfordshire and have fun! Meet-ups are a great way to meet new people and connect so come along to one of the social events and say hi. We are a really friendly, welcoming bunch! We have a great group of organisers, of varying ages, all of whom bring very different life experiences and perspectives to the mix. In 2022 we are combining Sapphists Hertfordshire with Hitchin Sapphic Socials, and have added a mid Herts event organiser, so we hope you can find something for you not too far from home. During the last couple of years, spurred on by the desire to address social isolation amongst our Herts LGBTQ+ community, we have enjoyed pub and meal nights, picnics, beach volleyball, book groups, walks, theatre trip, Hertfordshire Pride, North Herts Pride picnic etc. Some great friendships have developed between some members, and we have been supportive just by being there for each other. We hope that the group will grow and develop over time so please do chat to us about your ideas. If there is something you would like to see as part of this group then let us know. We look forward to meeting you soon!*
>
> *There is a sister group on Meetup called Women's Link, they cover Hertfordshire and neighbouring counties, if you'd like to know more I can send you their group information too.*
>
> *I also have a Facebook Group - Women Who Love Women Hertfordshire, it's not very active tbh, but some of the members are different than those in the Meetup groups, so I just share anything that's going on, such as Pride, Ask Clive etc. I think you already know of Hitchin Pride, you could find more info about them on Facebook.*
>
> *In case it's of any interest, I'm on the LGBTQ+ tenants and residents group in Anchor Hanover, the housing association where I have my flat in Garston. It's a nationwide group so probably won't be relevant for you, just thought it worth mentioning."*

Other Groups

Bishops Stortford ran its first Pride event thought Bishops Wellbeing although that has since been dissolved during August 2022.

Additional Research Needs

Traditional labelling of sexuality is found to be limited and, in most cases, outdated. We found a percentage of participants who although they describe themselves as "straight" also have same-sex and this finding is also supported by a 2021 research in America:
"Still Straight; Sexual Flexibility among White Men in Rural America" (Silva,T;NYU Press: 2021)

Project period:

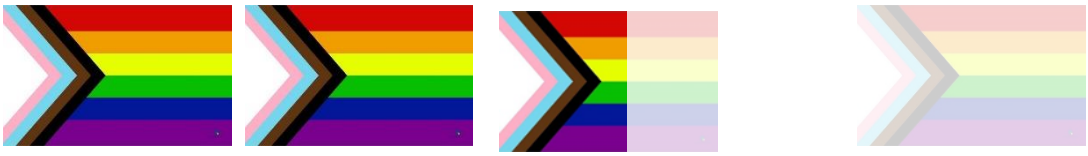
The project commenced in November 2022 and completed at the end of March 2023.

Objectives:

1. Conduct research within Hertfordshire for LGBTQ+ people (similar to the 2022 Watford LGBTQ+ report).
2. Have a broad range of contributors with a 20% Trans participation and ideally 100+ participants. The remaining 80% will then be from other L.G.B.Q, etc participants.
3. Establish the need for a network group that can inform via a nominated spokesperson to the Inequalities Steering Board.
4. Establish a network of engagement.
5. Consider differentiation on issues of age or ethnicity.
6. Explore new ways to deliver community activities on behalf of the NHS & Hertfordshire Council.
7. Find mechanisms to enable easy access to services.
8. The report will enable future co-production with people who have lived experience.

*"How confident are you that Hertfordshire **NHS** supports the LGBTQ+ community?"*

- Scored 251 out of a possible 440 (scores from 0-5) 57%



*"How confident are you that Hertfordshire is an LGBTQ+ friendly **County**?"*

- Scored 251 out of a possible 440 (scores from 0-5) 55%

National Social Venues and Activities 2023:

May 27th – 28th Birmingham Pride[11] Birmingham

- The area around Hurst Street, just down from the Birmingham Hippodrome theatre, Bromsgrove Street and the surrounding streets will be the home of the Birmingham Pride 'Street Party'.

July 1ST London Pride [12]

- Trafalgar Square, North Terrace - ten 5m x 5m marquees on the northern edge facing the stage. Pall Mall East - six 3m x 3m marquees at street level along the western edge of Trafalgar Square with their back to the Canadian High Commission.
- Soho Square (Community Village) - thirty 3m x 3m marquees on the streets located along the eastern, southern and western edges of Soho Square, all opening into the road and facing towards the fenced square itself.
- Golden Square (World Area) - ten 3m x 3m marquees on the street, on the south-western side of the square, facing towards the fenced square.
- Cavendish Square (Women's Stage) - ten 3m x 3m marquees at locations to be announced.
- St Giles (Family Area & Quiet Pride) - six 3m x 3m marquees along the northern wall of St Giles in the Fields Church, facing St Giles High Street.

August 5TH & 6th Brighton & Hove Pride[13] Brighton & Hove

- The Pride LGBTQ+ Community Parade is one of the undisputed highlights of the Brighton & Hove Pride weekend and is a showcase of the city's charities, community groups and small businesses as well as our invaluable emergency services, the NHS and statutory partners.
- It is one of the biggest and brightest events in Brighton & Hove's events calendar, with over 300,000 people thronging the city's streets to participate in and watch the parade of community and campaign groups, and the all-singing, all-dancing carnival of colour as it wends its way from Hove Lawns to Preston Park.

August 19th Hertfordshire Pride[14] Watford

- Herts Pride includes people of all races, faiths, abilities, sexualities, and genders. It also has a Dog show and performance Artists.

August 25th – 28th Manchester pride[15] Manchester

- Manchester Pride is one of the UK's leading LGBTQ+ charities. Our vision is a world where LGBTQ+ people are free to live and love without prejudice. They are part of a global Pride movement celebrating LGBTQ+ equality and challenging discrimination.

[11] https://birminghampride.com/
[12] https://prideinlondon.org/
[13] https://www.brighton-pride.org/
[14] https://www.hertspride.org/
[15] https://www.manchesterpride.com/

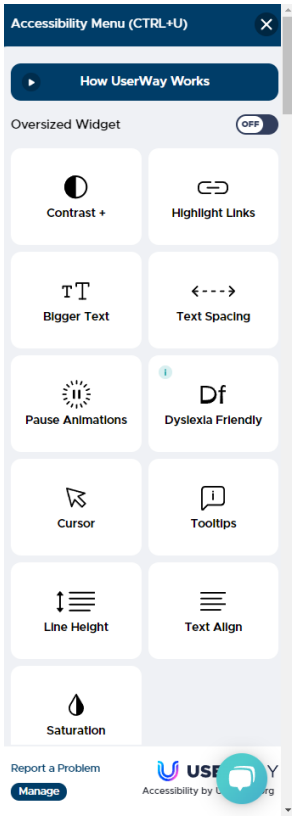
Engagement Strategy

Initial Strategy: Reaching the LGBTQ+ community.
The Initial Process Responses

Stages of engagement:

1. Questionnaires – online and in-person to engage and gain the basic understanding of which services have been used and where some of the difficulties may lie.
   This survey was designed and refined after discussions with a selection of the LGBTQ+ community to gain neutral questions and ensure that wording was inoffensive towards particular groups within the LGBTQ+ spectrum.
2. Personal visits to groups commenced with a focus group of 6 individuals in Watford as this is a group we had previously supported whilst working on the 2022 LGBTQ+ research report.
3. Personal visits to conduct interviews follow the submission of the surveys. That way, we felt that we would not be intruding in social or public spaces but rather could make appointments to meet in a relaxed environment of the participant's choice in order to explore the issues of Mental Health or other personal medical issues.
4. Collating the data involved a combination of dissecting the particular group sub-sets and using the quantitative and qualitative responses. As with previous research, the most powerful comments are from individuals whist a bigger picture of general experiences is exposed from yes/no responses.

A survey questionnaire was designed in consultation with volunteers within the LGBTQ+ community of Hertfordshire with specific input from a trans-man and focus groups to consider the wording of the questions. Discussions took place around age-appropriate mechanisms for completing a questionnaire and that stereo-typically younger people are more likely to complete online forms so a combination of printed copies and online versions will be made available.



We next considered disabilities and how some people may not be able to complete a form alone and that they may need help. To that end, we added a section at the top of the form (for physical copies) to identify additional needs at an early stage and then provide that additional support to help complete the document (using only the words provided by the participant). The online version does not currently have the capabilities to have adaptations however, there are software packages available that could allow disability adaptions - see wheelchair logo that provides an accessibility menu at top right of www.ig-cic.org.uk where font size, dyslexia, etc adjustments can be made to help the user.

The further individual interviews

December 2022 - Questionnaires were sent out online or in-person in electronic format.

We found some issues with discussing surveys within public spaces and received a few complaints from individuals and so instead reverted back to manually printed surveys provided with stamped addressed envelopes marked “confidential”. Plus we reached out through social media: Twitter, Facebook, Instagram, Linked-in, etc.

Prior to the circulation of this project survey questionnaires, a focus group was held to discuss the initial questions as proposed internally which had been outlined after meetings within our own LGBTQ+ staff team and volunteers. The blend of our LGBTQ+ participants internally were white gay males, Queer and Lesbian female and a trans man. The focus group allowed a wider perspective and different views on potential implied terms. As this project is funded by the Mental Health element of the Health Inequalities Board (NHS) a stronger than anticipated emphasis was placed on Mental health specifically within many of the questions. The focus group had previously outlined that there are often assumptions about LGBTQ+ people and as one participant says **“I found that most Consultants I dealt with, seemed more interested in the patient as "victim", I did not see myself as a victim rather as someone who was ill who needed some time and support to regain full wellness once again. This meant I did not fit their tick box mentality.”** We have been keen to avoid this feeling and followed up some of the survey responses with individual meetings, zoom calls and interviews to gain a greater understanding.

Following engagements at network events and public speaking, we have shared the information about this survey to colleagues in the community and statutory sectors. It has been useful to have the NHS able to share links to surveys amongst their existing groups as well which needs to be acknowledged. Further promotion of the survey and opportunity to take part was through a Dacorum Radio interview in February 2023.

January 2023 – visits to LGBTQ+ friendly groups and activities started:

- Cother Arms – this monthly Karaoke is run by Jewel Entertainment.
- Queer Readers – we promoted and attended this group at Two Trees.
- “Natter” Café – we have promoted and attended this group at Random Café before withdrawing once established, to leave a monthly LGBTBQ+ drop-in.
- Dial Up – we attended and promoted this monthly open mic
- Annual LGBTQ+ History Month – it was an honour to present on stage at this event.
- Mental Health Inequalities Steering Group
- LGB & TQ Partnership
- Herts Equality Council
- Women Who Love Women (Facebook Group)
- LGBTQ+ History Month – Pumphouse Theatre
- Out in Berko

Other groups were approached although did not participate in generating responses to the survey directly, although some members may have responded individually:

- Proud Hornets
- Herts Gay Outdoor Club
- Herts Pride
- Hertfordshire Transgender and Non-Binary Support Group
- Age UK
- West Herts College
- North Herts college
- University of Hertfordshire LGBT Society
- Broxbourne & East Herts LGB&T Support
- Lezgo
- Hertfordshire Cortex
- Herts Mind Network
- Alzheimer's Society LGBTQ+ Group (London)
- Sapphists Hertfordshire Meetup

February 2023 – further activities continued:

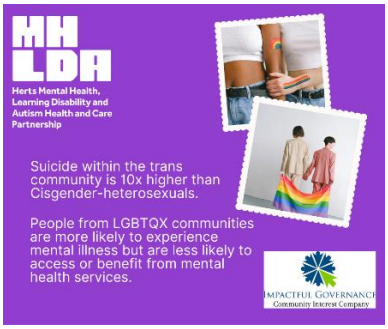
- Hi-lighting the project through a Radio Interview on 8th February 2023: https://www.mixcloud.com/radiodacorum/andrew-waite-talks-to-leslie-tate-about-turning-round-businesses-lgbtq-disability-rights-7223/
- We attended and promoted a new group "Friends of Dorothy" at The Load of Hay. This involved discussions with the landlady and providing a Progress Flag to show a safe space and sign of LGBTQ+ inclusion. We are also working with Borough and County Council, hoping to establish the first Hertfordshire Rainbow crossing (see reducing isolation page).

The LGBTQ+ Health survey was also sent widely through local groups and social media using e-marketing to our 215 LGBTQ+ identified people within our own database and survey links were circulated by supporters.

Second Strategy: social media & email

Dimensions	Impressions	Clicks Global	CTR
2023-01-01T00:00:00	5,481	9	0.16%
2023-02-01T00:00:00	20,585	59	0.29%
2023-03-01T00:00:00	329	36	10.94%

This campaign involved Facebook and Twitter as well as paid ads within GRINDR, a gay dating app. Although it had high impression numbers, it had low click-through-rate (CTR), however, it may have generated responses that led to completion of the surveys which are of course optionally anonymous. Our partner organisation were also positively supporting and promoting the project within the NHS through internal communications:



Final Strategy: Outreach (individual meetings and interviews)

Some individuals were spoken to after completing the surveys for more in-depth understanding of the issues or concerns raised. We recruited a Trans Man to help conduct individual interviews as well as using our existing LGBTQ+ staff, in order that we gave every opportunity for a relatable experience and conversations to take place.

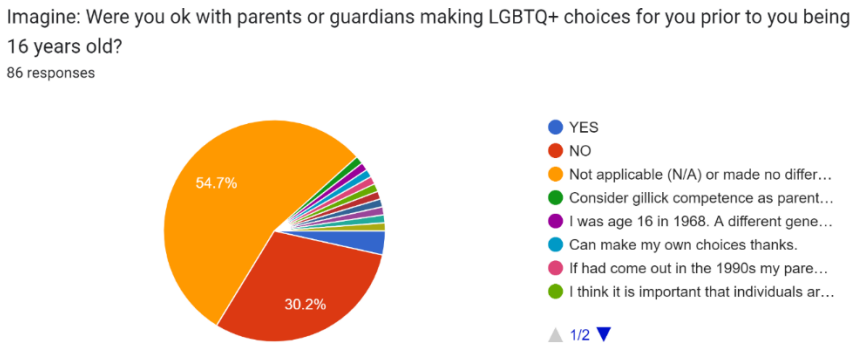
We were pleased to conduct interviews with:

- Straight CIS gender male with a non-binary partner
- Gay male over the age of 70 years.
- Non-binary trans-male going through medical transition at the time of interview.

Professional Meetings were held with:

- Watford Borough Council on 7th November 2022
- NHS (review meeting) on 7th February 2023

We asked a hypothetical question although it cannot be used for analysis, it is an interesting snap-shot and 30% of people questioned would not be happy if parents made life choices:



Summary

Comparing the results from 2022 to the 2023 surveys on LGBTQ+, we found that due to the subject matter being much more personal and including issues such as suicide and Mental Health, we had several people who felt it was too intrusive.

8% of respondents had English as a second language.

We also heard that the survey was too long in some cases and therefore the numbers are slightly less than in the previous year, yet still comparable enough to identify changes although they based on the Health experience rather than the wider community, for example:

LGBTQ+ Research	**2022 (139)**	**2023 (88)**
1. Hate Crime (physical or verbal abuse)	35.2%	**%
2. Felt vulnerable or exposed	31.6%	27%
3. Felt pigeonholed	31.6%	24%
4. Felt unsafe or threatened by certain groups	30.9%	18%
5. Felt isolated	28%	28%
6. Felt excluded	27%	15%
7. Saw activities that were not designed with you in mind	25.9%	26%
8. Never experienced any negative attitudes	11.5%	20%

Figures in GREEN above show improvement from 2021 RED shows a decline.

We couldn't compare Hate Crime specifically this year due to the Health focus.

What is a "Safe Place"?

Definitions vary however the principals of somewhere free from aggression, abuse and intimidation could be the guiding principles. We have already identified the need to have visual images of rainbow or progress flags (ref: Impactful Governance, LGBT research report 2021) to acknowledge that venues are inclusive, welcoming and that we have at least allies who will ensure that people feel safe. The difficulty here is that the perception or interpretations of the principles vary where some individuals, community or religious groups are contradictory to some social or community groups. When we feel the need to provide everyone with a Safe Space, that may often refer to the freedom to say or do whatever someone wants. However, there are significant "haters" of the LGBTQ+ community (see research comparisons above from 2022-2023) and therefore we cannot allow complete freedom of opinions if they are based on hate or contrary to protected characteristics in employment law.

In terms of venues and activities for LGBTQ+ people, there will need to be places that people feel are accepting and welcoming. False allegations or abusive comments are an abuse of freedom of speech and then becomes a Hate crime [16]when directed at specific people or by default groups of LGBTQ+ people. Hate Incidents are where something is said or actions taken that are more general and not directed at an individual.

[16] See Appendix 2 "Sources of information"

The process of change:

Sexual Health

Sexual health involves not just talking about what is bad and risky but the natural, nurturing and loving relationships that can form from good experiences. We often find that professionals are keen to promote the negative aspects and less able to promote the positives unless it reaches a point of Counselling support which is by then too late.

When is the right time to talk about sex? **https://youtu.be/Z_iQgsHMqxw**
"Quality sex can have a very beneficial effect on our mental and physical wellbeing"
"Sexual guilt & shame is damaging and wrong… they should have the confidence to come forward and report abusers" (Ref Peter Tatchell foundation; 2021)
World Aids Day is on 1st December 2023

Hertfordshire

Clinics: Watford, Hatfield, Stevenage, Borehamwood, Cheshunt
However, the Sexual Health Clinic in Watford is suspended stating on the website:
"WE WILL RESUME A FULL SERVICE FROM MONDAY 24TH APRIL 2023"

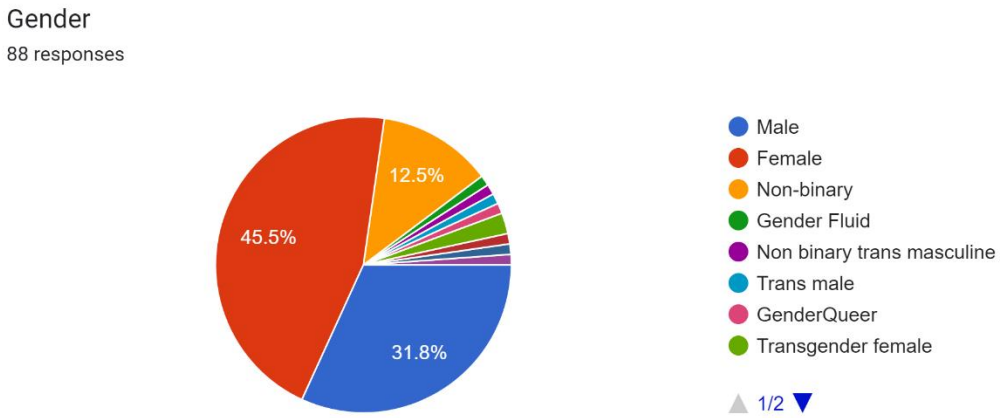
https://www.hertfordshire.gov.uk/services/Health-in-Herts/Sexual-health/Sexual-health.aspx
https://www.hivpreventionengland.org.uk/
https://hperesources.org.uk/

HIV Testing February 2023
https://www.hivpreventionengland.org.uk/wp-content/uploads/2023/01/NHTW-2023_campaign_briefing_EPP_V5.pdf

Results of the Initial LGBTQ+ survey

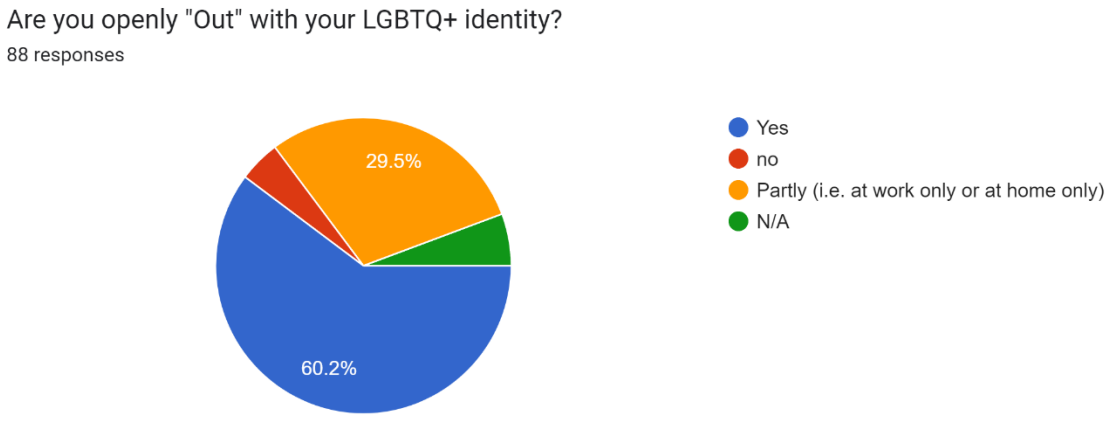
88 individuals took part in the 2023 LGBTQ+ Survey.

Gender of participants



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

Confidence (of those who came forward to participate)

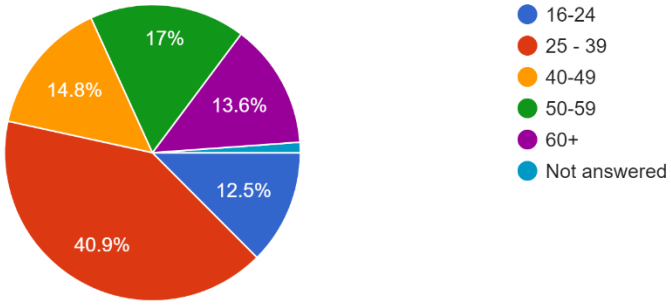


Openly “out” with your sexuality	60%
Partly i.e. only at work or only at home	29%
Not “Out”	5% (+ N/A 6%)

Age of respondents

What is your age bracket

88 responses

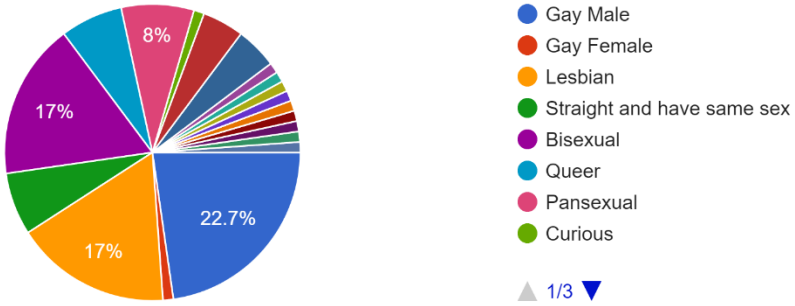


16 -24	13%
25-39	41%
40-49	15%
50-59	17%
60+	13%
Not answered	1%

Sexuality

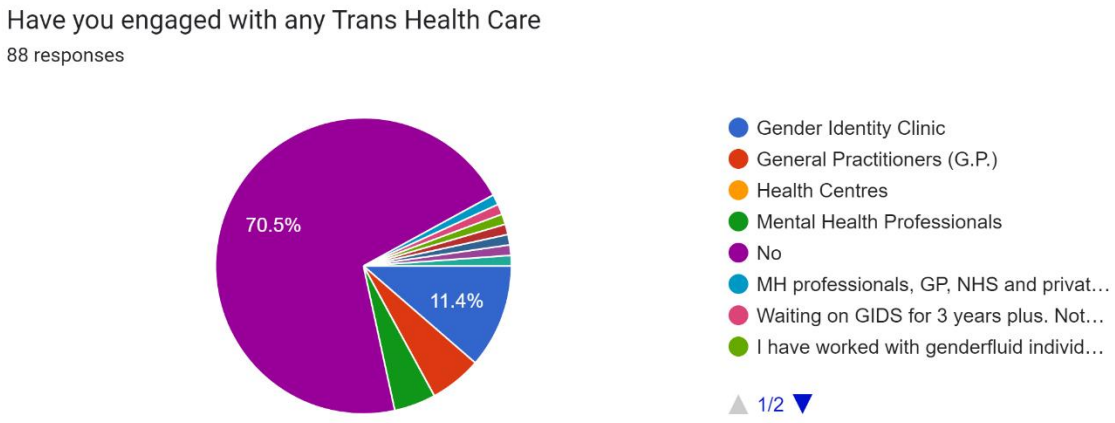
How would you describe your SEXUALITY

88 responses



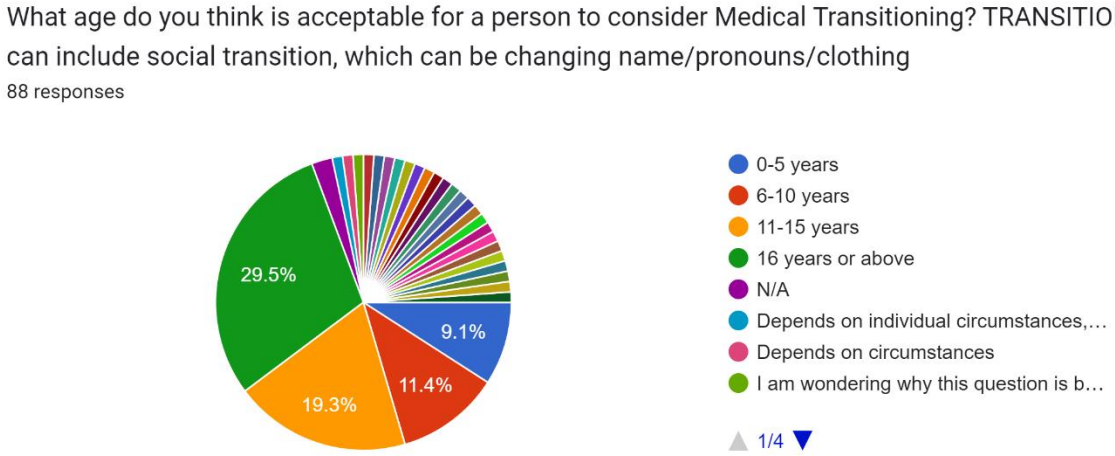
Gay Male	23%
Bisexual	17%
Lesbian	17%
Pansexual	8%
Queer	7%
Straight and have same sex	7%
Asexual	5%
No labels	5%
Curious	1%

Gender Treatment



Gender Identity Clinic	14% (11.4% + multiple)
General Practitioner (GP)	6%
Mental Health Professionals	4%

Transitioning Age (from all respondents)

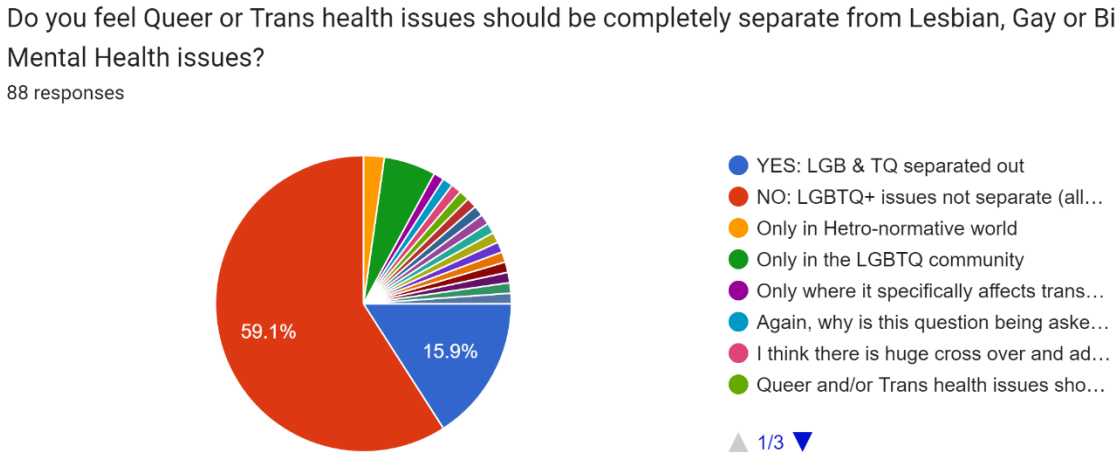


16 and above	29%
11-15 years	19%
6-10 years	11%
0-5 years	9%
Other written responses	32%

Transitioning age (from Non-Binary respondents ONLY):

11-15 years	26%
6-10 years	26%
16 and above	21%
Other written responses	16%
0-5 years	11%

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



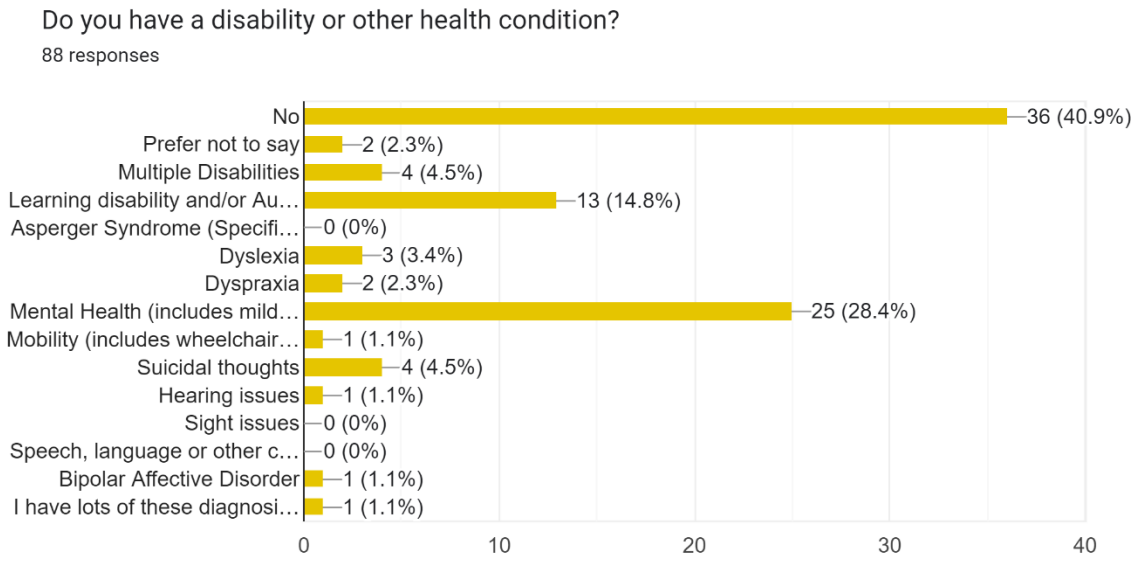
All LGBTQ+ people should be treated the same	59%
Queer and Trans issues should be separated out	16%
Only separated within the LGBTQ+ community	6%
Other responses	19%

Should we separate out Trans Health Care (Non-Binary respondents ONLY)?

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	1%
Other	10%



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.

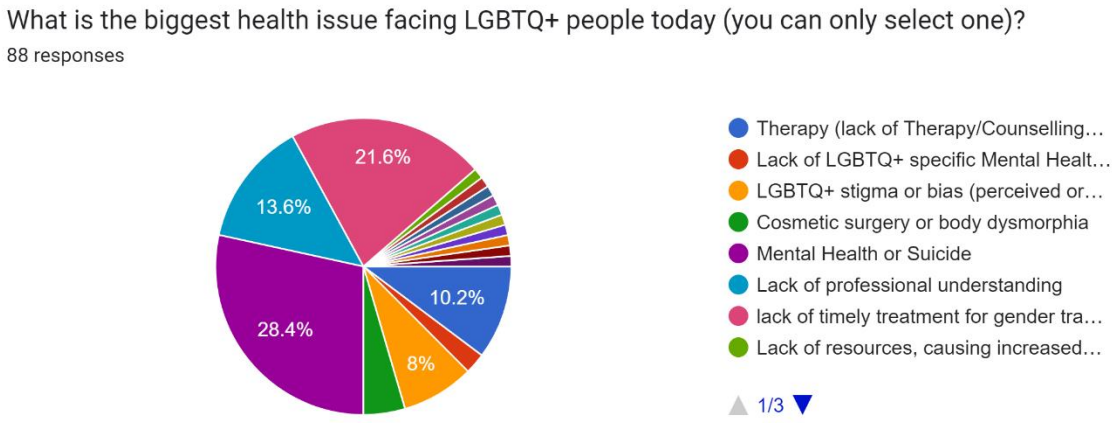
In parallel to the mistrust of NHS motives, the recent return to political rhetoric has placed a greatest disengagement from society and coupled with the increase in LGBTQ+ Hate Crime and the lack of acknowledgement within the judicial process, needing evidence of LGBTQ+ issue before accepting LGBTQ+ 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.

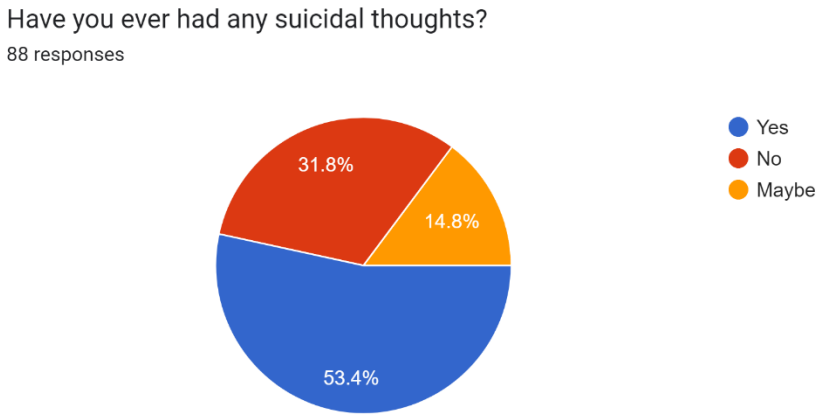
A notable and interesting statistic is the relatively large number of people with Learning Disability and/or Autism who also identify as LGBTQ+. This isn't cause to negate their identity but rather a mechanism to accept that different thought processes or Mental Health trauma could have an implication on someone's sexuality, on top of the established medical reasons for a person's identity (XY chromosomes and other medical conditions such as Mullerian[17]).

[17] See Appendix 3 (Sources of information) "*Persistent Müllerian duct syndrome*"

Biggest single Health issue facing LGBTQ+ people today?



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%

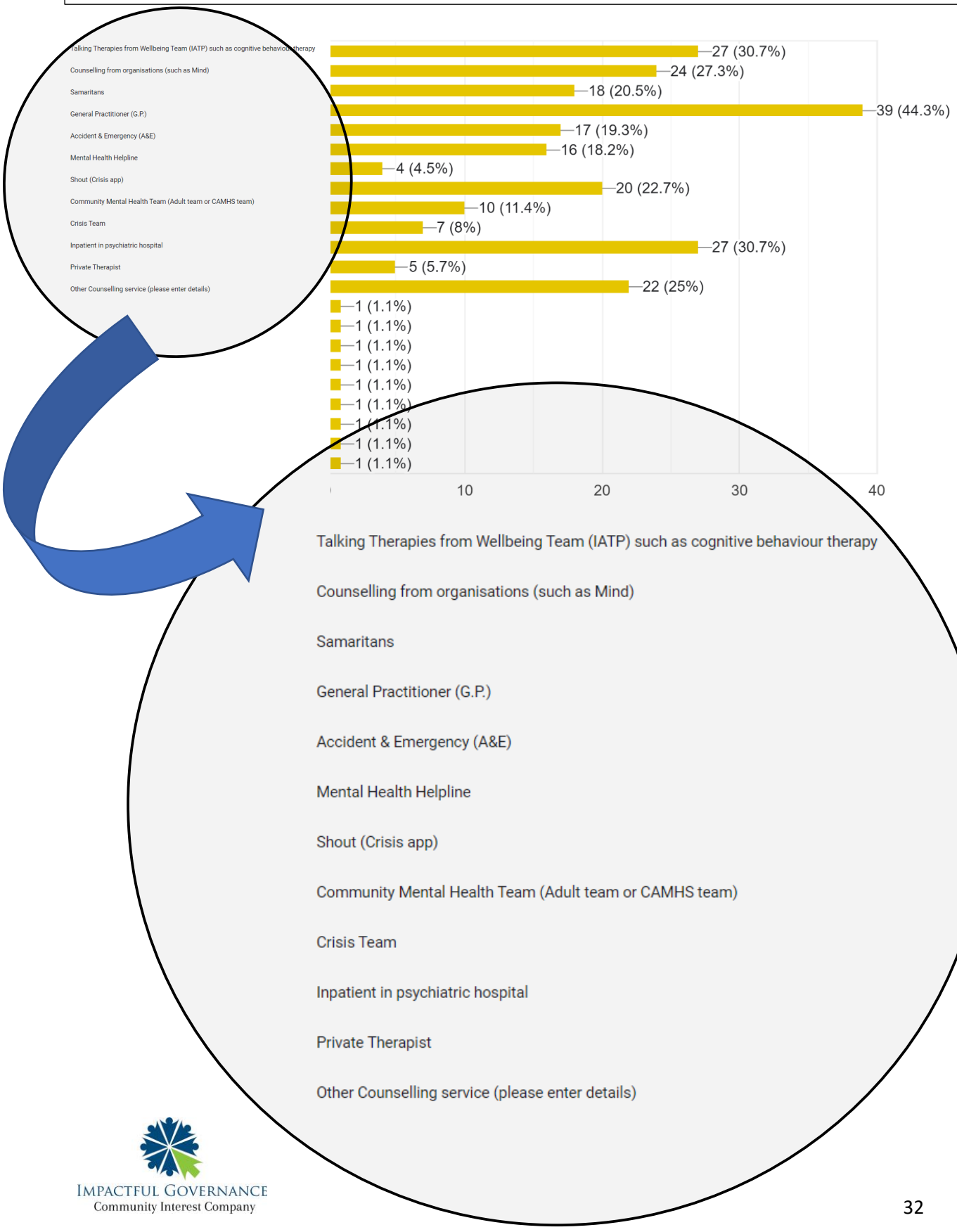


53% of respondents have had suicidal thoughts and a further 15% replied “maybe” meaning up to **68% of the LGBTQ+ community** who responded have felt vulnerable or at risk of suicidality.

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

Key findings:

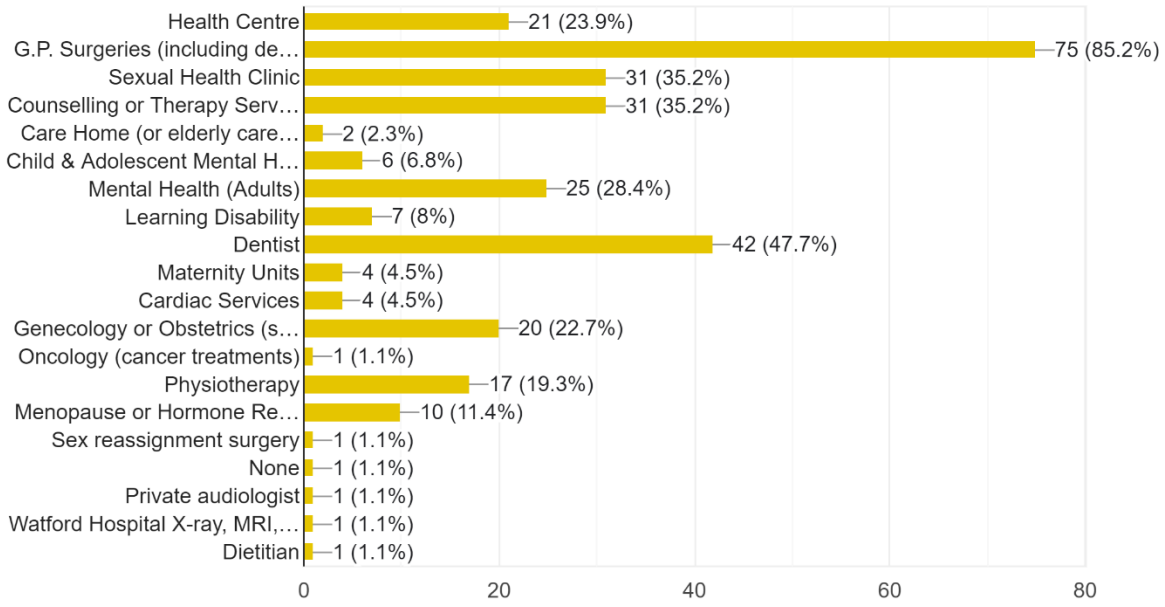
- General Practitioners are usually first point of contact at 44.3%
- Talking Therapies from Wellbeing Teams and Private Therapists are the next highest 30.7% each



Other Health Services used

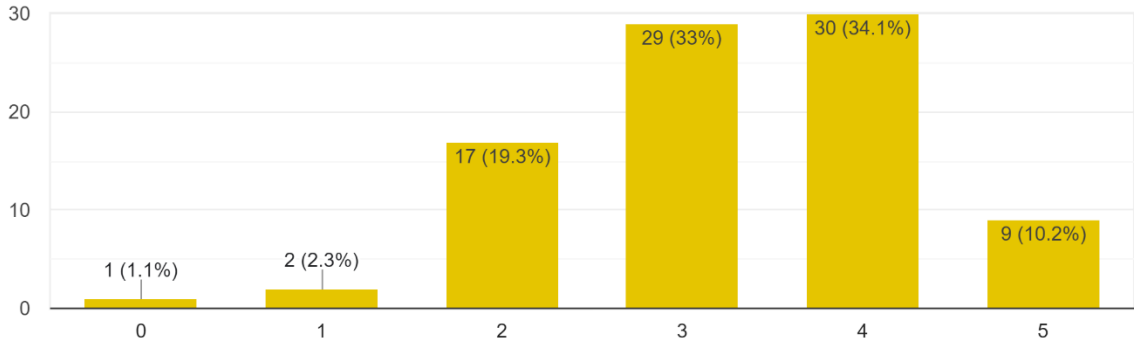
Which other general Health services have you used?

88 responses

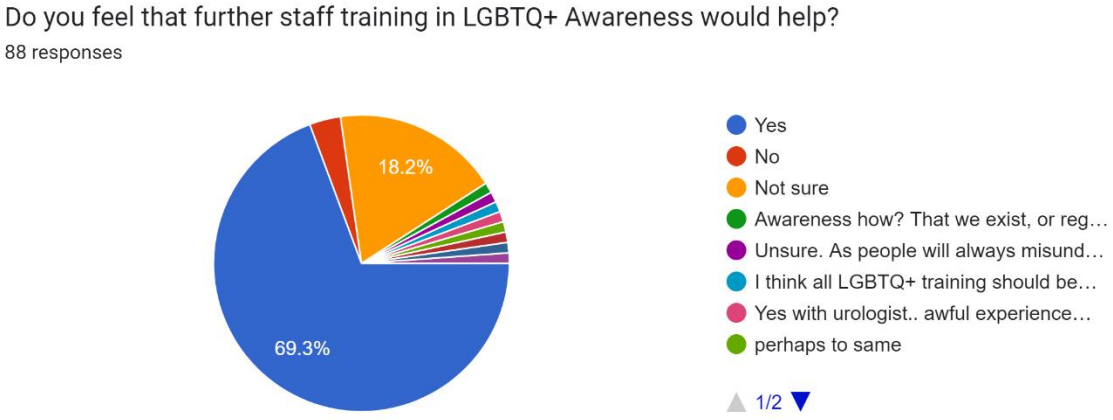


Overall - how would you score your experience of the above (from 0-5) ?

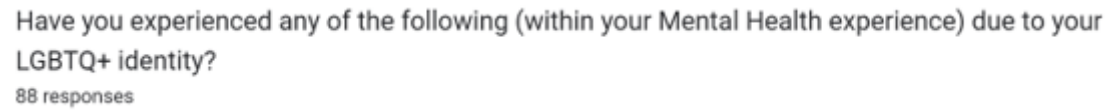
88 responses



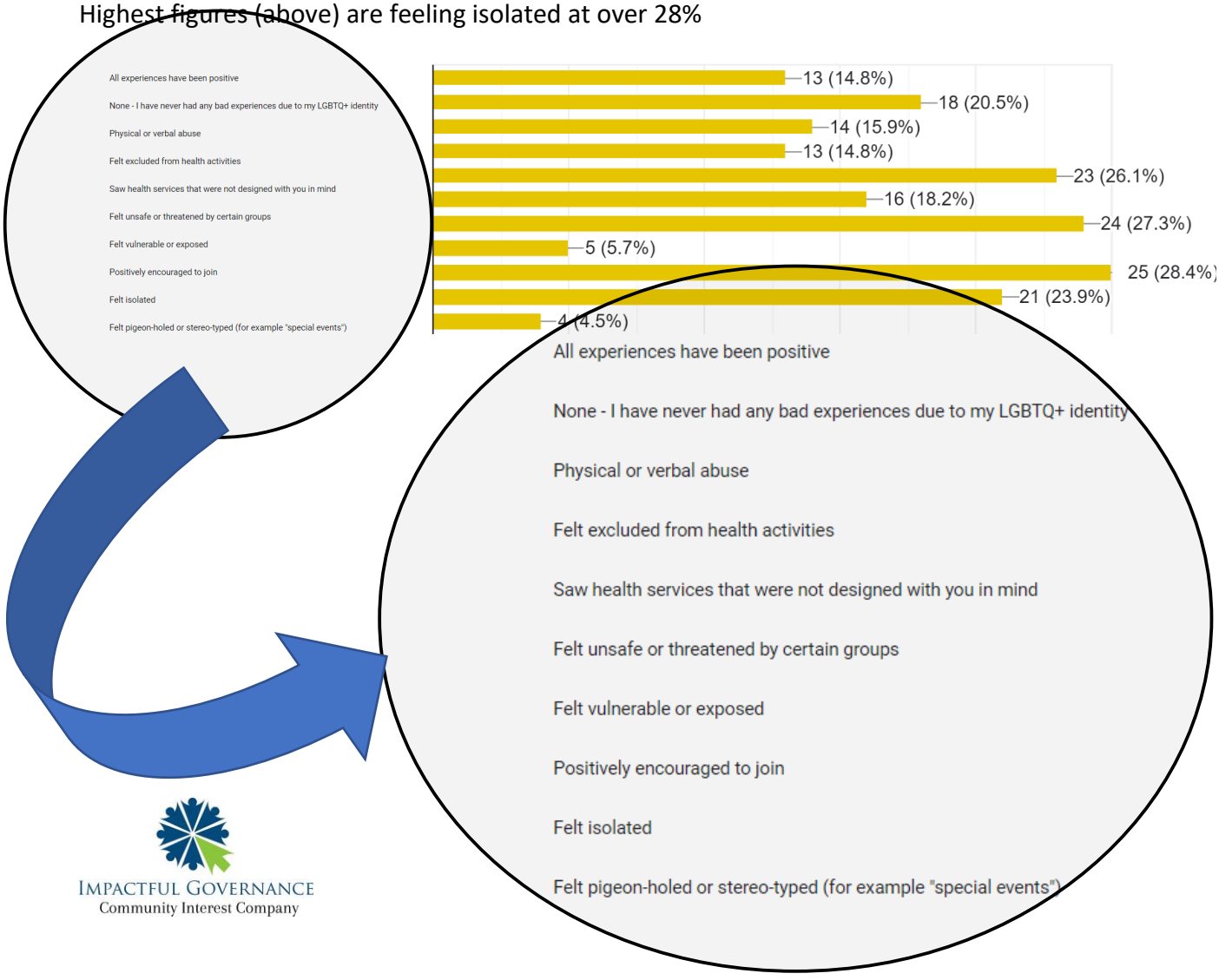
Staff LGBTQ+ Training



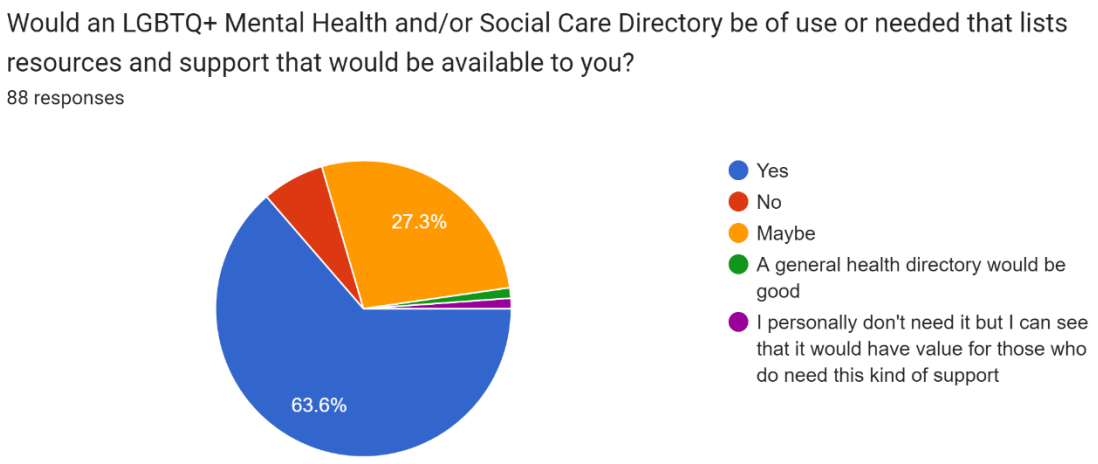
Yes	69%
Not sure	18%
No	3%
Other written responses	10%



Highest figures (above) are feeling isolated at over 28%



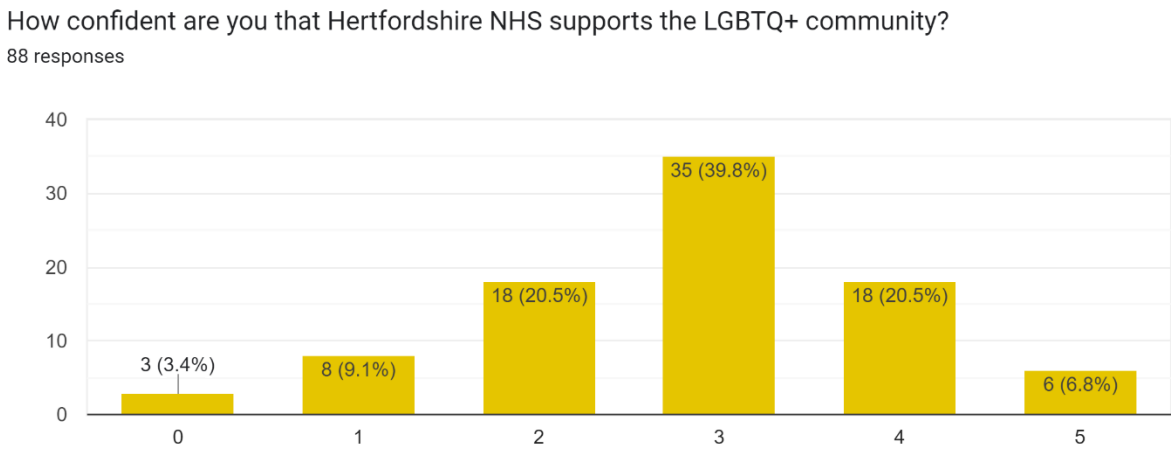
IMPACTFUL GOVERNANCE
Community Interest Company

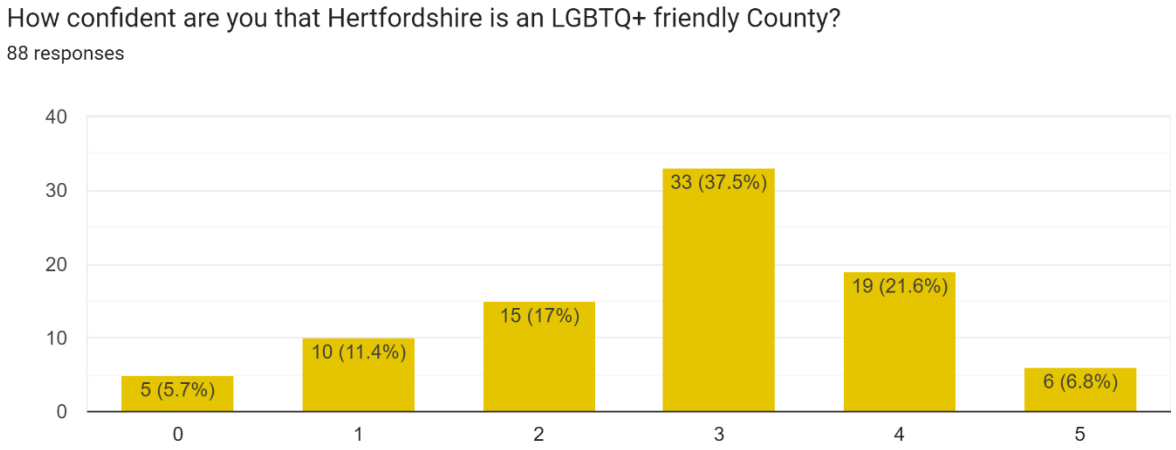


Overwhelmingly people need to find information as needed.

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

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





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	**May**
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	**May**
Pride Month	**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 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".

Appendix 1 – Quotes from participants

"If you have suffered any Mental Health issues, can you tell us how that relates to your LGBTQ+ identity?"

"All of my mental health issues are a direct result from my sexuality. I have grown up being told I am lesser, that passions I have are an innate by-product of my queerness, and told that no matter how much I try, I'll never fit in or be able to present in a conforming manner. Now even queer culture facilitates these attitudes, and I am pressured into conforming to unrealistic standards. This has led to depression, unnatural deviation, dysmorphia, and feelings of isolation or otherness."

"Repressing being trans contributed towards my mental health but only a small part. Sometimes I feel like the world doesn't want trans or queer people like me and that I'm not welcome in the world or allowed to take up space."

"I am desperately ashamed of the body and gender I was assigned at birth. This frequently makes me do serious self harm and suicide attempts. I have battled to get the right support for the last 16 years of my life, but have only just, months ago, finally started my hormone treatment and have had to go private, as I honestly don't think I would survive much longer on the NHS gender clinic waiting lists."

"Gender identity issues causing depression"

"I have experienced some issues to do with my identity"

"Most of them were used either for anxiety when coming out or non LGBT+ issues"

"Homophobia and discrimination around my sexual orientation, harassment in the form of non-LGBTQ+ inclusive language and crucially...we are members of a community who experience trauma collectively. This extends to institutionalized and systemic homophobia and hate-culture. I feel with every hate crime some empathetic pain for my community, and while I am not trans I am an ally and we have to protect trans and gender non-conforming people who access our care. It is clear from the lack of government action on conversion therapy that we are still ALL not entirely accepted and this hurts in the form of sadness, low mood and feelings of loneliness even in health services where inclusion is meant to be a value."

"Suicidality due to no acceptance by family and friends. Been on the waiting list for the GIC since February, 2018 and only had one consultation.. still waiting for my 2nd one so I would be seen by the Endocrinologist and the other teams"

"Body dysphoria"

“No one in the family understands wat going on with the person who belong to LGBTQIA community. They just think is unnatural”

“I'm happy with my identity now. Around age 11 when I realised I was attracted to women I remember thinking "oh, maybe I am a boy" - I wasn't distressed by that thought though. I think it was just a reaction to non-hetero relationships just not being present or visible enough. And I think that feeling just naturally dissipated without issue. But I was a very unhappy teenager - my self-harm, and life-long depression, started around age 12. I can't separate out all the strands and say it was because of my sexuality specifically. But I had a sense of not belonging that it might have contributed to. As an adult, being bisexual can have stressful moments - coming out over and over again. I've been fairly privileged in that sense, minus some bi-erasure. But it's still nerve-racking especially in new professional settings, and those where you don't know people. You over-think it beforehand, and you over-think it afterwards. It does wear down your mental health a bit. Being in public in a same sex relationship can sometimes be stressful too (verbal harassment, cat-calling etc). It can put you on edge, which is tiring, or you're just going around with slightly heightened alertness. You can be having an ordinary, happy time on the tube or in a club and you suddenly remember people have been victims of hate-crimes for the same thing. That's kind of shocking and unsettling. And even if briefly can cause you to see life in a negative way. I've never thought, "I'm depressed because I'm bi", it isn't that simple, but there's an anxiety there and a dent in your confidence.”

“Repression to fit in to societal norms, internal dialogue of not being normal. Not getting why I sometimes feel like a woman but want to have intimate relationships with women. Am I a straight man or gay woman. Conflict between who i am and what is expected of my outward appearance.”

“i struggle with being LGBT it can affect my mental health negatively sometimes”

“My mental health is as a result of my transgender identity and what it’s cost me to become my authentic self”

“Childhood trauma, family issues and acceptance. Ability to fit in to the norm, feeling of being stigmatised etc”

“Fell into a bad mental health spiral roughly 3 years ago when I discovered I was non binary as I was worried about how to handle it/come out to others. Also, I believe there may be some strange links between my autistic and trans identities.”

“Depression”

“It's incredibly difficult and exhausting feeling both invisible and looked down on, especially by those who are supposed to be looking after me.”

“Acceptance and coming out with family etc”

“Anxiety and low self-esteem”

“My relationship issues”

“Aside from discovering I was transgender I have not used it for any LGBTQ+ issues”

“Depression linked with my coming out journey and knowing I would lose family in the process. It isn't easy to come out and it took a very real toll on me in terms of hopelessness, isolation, self harm and thoughts to end my life because I knew I wasn't what some of my family wanted me to be. I am a white cis woman, I know these challenges are nothing compared to other intersectional identities.”

“Perception from others that i am not as important as straight people”

“For a time I wasn't out to my family and that had a bad effect on my mental health. And also a feeling of isolation as I don't know any other LGBT+ people”

“Depression related to parents reaction to my identity”

“Not knowing I was queer, gender dysphoria, loosing family and friends, transphobia, abusive relationship - associated trauma, depression, anxiety and associated suicidality”

“It made it take a long time to come out. Being on the gender identity clinic waiting list is making me depressed because I can't live as I want to live. Anxiety of going out dressed.”

“Worried about what others think of me.”

“It's complicated”

“Past trauma + Burnt out”

“Living with a homophobic/transphobic parent caused me to regress after making steps to improve coping with depression.”

“Due to having a trans identity, gender dysphoria is a huge barrier to completing everyday tasks in my life. For example, misgendering affects me greatly as I feel hurt and upset when people do not respect my identity. Also, not feeling as if I have a support network due to my identity or that I will have blocked opportunities due to being queer as an adult does have a mental toll.”

“Suffer anxiety nerves”

“Depression from shame and lack of self acceptance greatly increased by current anti trans propaganda in media - ADHD is probably related to trans identity as much neurodiversity in trans population but minimal research”

“I feel really vulnerable, I do not want my sexual identity recorded on my general medical records. I am happy to talk in confidence as part of my mental health support. The laws might have changed, I can assure you that does not change peoples attitude, or behaviour.”

“Considering the Mental Health services you have used (above), if negative, what have some of the difficulties been or how could they be improved?”

“MH services are always completely accepting, I've never felt uncomfortable whole using them”

“I have to say, the care I have received from MH services has always been very good Communication was sometimes poor, no notification or letter regarding upcoming appointments led to missed appointments. Though I consider this a hiccup.”

“The service itself was reasonably good but the delay in getting it is what was not reasonable”

“Using correct pronouns in letters and reports. Not smirking or having awkwardness when talking about gender identity. Being affirming in my gender by avoiding terminology that would make me dysphoric”

“I found that most Consultants I dealt with, seemed more interested in the patient as "victim", I did not see myself as a victim rather as someone who was ill who needed some time and support to regain full wellness once again. This meant I did not fit their tick box mentality. There is a lack consistency in seeing the same Consultant at each appointment. This meant I had to repeatedly regale my life history to yet another new face. I also found the "sweetshop" of smartie medications dished out with its inherent nasty side effects were worse than the bipolar episodes themselves.”

“For the last 16 years, I have been deemed either “too high functioning” or “too high risk” to access any appropriate therapy. I have ended up in hospital more than 20 times, under crisis teams, and even in the hospital wing of prison for 6 months, as a direct result of my mental health and my gender dysphoria. Life has been absolute hell particularly for the last 4 years as I have fought so hard to survive. All I have wanted is to be heard, believed and understood, but because I have various diagnosis, I have been passed from one person to another, one team to another. Everyone says I should be someone else’s problem, and no one wants to help me. This has left me feeling completely lost, and like I am a right off, and a burden to society. Finally I have a care coordinator who genuinely wants to help, but I often feel like he is fighting a losing battle as no one will accept the referrals he puts in for me, as on paper, I look like a nightmare because I have history of suicide attempts and criminal records. All I want is to be seen as a human, rather than a series of diagnosis. I want to get better so that I can be a useful member of society. I want to make sure that no one else ever has to suffer the constant rejection from services that I have.”

“In all honesty I have had to use private mental health services as NHS seem incompetent”

“Due to being diagnosed with endometriosis I have more regular smear tests than most to check in on the disease impact/cysts on my ovary size. When I go I am immediately judged when I say that I do not use contraception, then I am forced to come out as a lesbian to

absolute strangers for them to not judge and relax. In this sense I feel forced to come out and then they can at times be awkward with me, forgetting that just because I am a lesbian doesn't mean I'm attracted to them or am from another planet/not human. I also had a smear once where I wasn't told that the medical student who was shadowing the doctor was a cisgender male. As a sexual assault survivor (at the hands of a cisgender male) I felt my privacy was violated, and I felt re-traumatised because I was in shock and couldn't speak I felt voiceless and weak. Ultimately, I feel judged pre-emptively and forced to come out or talk about painful experiences in order to make professionals feel more comfortable and this is wrong. Being a lesbian is part of who I am, it is what makes me and I am happily married. Just because I present as "feminine" doesn't mean I'm straight and this assumption that I would be straight because of my presentation is invalidating and problematic. It feels as though there is this weight on myself and the LGBTQ+ community to come out to you and tell you about us, if we don' tell you it is then our fault if you hurt us. This would be deemed an unhealthy relationship in any other context. The responsibility should be shared, I should feel SAFE to come out to a health professional who is supposed to support my health. As a clinician I am perfectly able to hold and support heterosexual service users, and LGBTQ+ service users. Lived experience definitely helps me but it is not a requirement to have in order for service users to feel safe around you when it comes to gender identity, sexual orientation or gender expression. Ask open ended questions, use reassuring language and compassion and that is basic human interaction."

"All of them mention they have no gender specific knowledge which is why I need the most Continual use of old name in many medical setting even with legal change of name and gender recognition"

"Feel like they just want to move me on there seems little willingness to engage with me education of the lives of young people- often advice given isn't viable"

"Not used for mental health. Used for autism and general health. They have been OK with my name, gender and stuff."

"Its a general perception sometimes of folk don't understand or they will label you."

"Accessing care is difficult. In Hertfordshire, IAPT can only be accessed via Mind. Mental Health services only offer group therapy sessions during the working day or pre-recorded webinars. My GP have repeatedly failed to forward messages/forms from mental health referrals, which slowed an already slow process. You basically have to be ill enough to not work or actively self harming in order to access support."

"Communication with the GP surgery that is handling my current ADHD referral is quite spotty"

"My GP is unable/unwilling to change my name on their records even with identification provided, and frequently I have to correct my name even on secondary patient record systems. I have never had the correct pronouns used, despite requesting it."

“A lack of time to understand and empathise”

“Limited sessions, trainee practitioner so understandably lacked confidence/flow
General attitude of staff”

“Growing up under the Section 28 culture of lesbian's being inferior or bad, I've found services are very much dominated by the homosexual or trans male perspective and their is a lack of understanding of the holistic impact on women spanning from issues like manner of dress, having children, work progression issues being as driven as a man but in a female body.”

“Never being quite the right shaped jigsaw piece for the world's game.”

“Timely access - waiting for a long time”

“Times are too long”

“Less systematic transphobia in the system”

“Had a good rapport”

“Not been easy to find therapists who can truly relate - rather than say that they can. It is hard to know what it is like to not be heterosexual when you are in a position of power and are heterosexual. I felt like I couldn't go too deep into the emotional pain of coming out and being ostracized from my family. I felt that this ended up feeling like me educating someone rather than an unspoken understanding.”

“More privacy, more availability to see professionals”

“Support worker talking about me having a husband or saying I should get a boyfriend when I am gay and talked about that with the psychiatrist who referred me to her, so it also gave the sense that she hadn't read my notes and didn't know anything about me or my situation
I don't have LGBTQ+ Issues but can speak from personal experience that the Mental Health Services in Hertfordshire are the worst I have ever come across - in all the Counties I've lived in. To be honest I believe that "further staff training in Severe Treatment-resistant Depression - or even just DEPRESSION would help the 1,000's of sufferers of the" Worst disease known to mankind "(Prof. Thomas Schlaepfer). It is not my intention to minimise the Mental Health problems of any group, but I do believe that the basics need to be fixed first - before expecting staff to take on board" minority - but still as important " issues.”

“More specialism”

“Waiting times, but this has nothing to do with being a lesbian”

“I wish I hadn't had to pay for private therapy due to the waitlist being so long.”

“Lack of education and insight in relation to gender identity, autism and adhd; especially in born female people. A strange idea that I can quickly access GICs and they will solve all my problems in a timely fashion. The idea that trauma from the past disappears when you transition. Gate keeping. Little to no support for trans, autistic or adhd and little acknowledgement of the impact of lifelong conditions and that not just children struggle. Some diamonds in the broken system with many down right rude and inconsiderate staff who make no attempt to use right pronouns/name, consider impact of gender dysphoria and call you patient. Barrier after barrier with inaccessible routes in and total disregard for communication preferences and anxiety. “

“Clearer branding.”

“I gave up with NHS services as told too long so found private therapist that I weekly for 3 years”

“Waiting times for referrals for things like ADHD are awful, I dare not consider how bad wait times are for transition. Systems for booking appointments in the NHS are also horrendous and not suitable for people not working regular hours.”

“limited resources”

“Over come anxiety nerves”

“Having to do appointments over the telephone rather than in person”

“it's been pretty good”

“When going for a smear test and asked if I was sexually active, the nurse assumed that it meant sexually active with male partners. I was marked down as 'abstinent' instead which wasn't technically true, but I felt too awkward to correct them. It was minor but the heteronormativity did impact the experience.”

“Very limited, (probably due to funding constraints!). The professionals have been outstanding, brilliant, really helpful. I have gained a lot of confidence and insights. The service they provide is amazing, and needs a huge injection of funding, to do more good work. Their hands are tied, more people would be in work, less sick days off, and less addiction problems. We need to support them more.”

“When asked for basic information, do you feel the right options are available (i.e. binary choices or pronouns)?”

Five people answered “Yes”

Other positive answers were:

- Sure
- Yes so long as you provide an "other" box for those who are unsure or do not feel safe to tell you
- Yes, although this may not cover all people.
- Yes - but I can see how younger people today may not agree.
- YES - There seems to be an ever increasing number of choices!
- yes, most are aware and geared up
- Never been an issue
- It’s improving. In the last few years I have really appreciated reception staff’s language and the way they have worded questions. It has made me feel very safe.

Two responded as outright - “No”

Other Negative responses:

- Not at all
- no - this needs improving. A simple free text box would help people describe their own sexuality / gender as there are so many,
- No, forms are old fashioned and basic.
- No, I feel like by allowing people to have more options, they can feel more comfortable with talking to medical staff as they will be more safe and secure.
- no - and I feel too intimidated to bother bringing it up
- No. I would like my record to say non binary - but I understand my AGAB is relevant info e.g. for sexual health.
- No - so often I am asked to give a title and then I do not find my title listed
- no- and often the words are used in the wrong way
- In general, no
- Lacking in sexual and gender identity options
- Not in my experiences
- Probably not.
- No still many male female options
- For me personally no, but it can depend on the person or systems they need.
- Not always
- Not always
- Not always.
- Sometimes

- Rarely
- It varies
- Not always - pronouns are never asked for, options for nonbinary genders are rare
- enough info available on the forms
- From memory, it has depended on the form. Some are good while others not
- not really - I am trans - leaving female, born male, medically transitioned - I am seen as female but that doesn't make me female nor am i really male and i am not non binary - trans probably best describes me - in other words this is really complex - the transwomen are women thing is irrelevant to my life and just riles up anti trans people - a lot of the questions here are about putting people in boxes - it's like the ethnicity questions where i am 'white other' doesn't describe me either
- No. Other pronouns than male/female are just put under the banner of 'prefer not to say'

Others:

- For me personally, usually these days. For others, not always. Confusing gender and sexual identity, or relegating non-cis non-hetero options to "other"
- As long as there are options for "non-binary" or "do not wish to state", and pronouns this is acceptable.
- It's a real mix, there doesn't seem to be a standard and some places are trying but misguided e.g. only offer choice of male/female/transgender
- I'm not bothered, I want to be treated with respect, dignity and in a professional way.
- Not sure
- Not sure
- I'm not sure.

“Can you give any examples of health bias you have encountered or if you have been excluded from any Mental Health activity?

“The assumption that I am sexually promiscuous without first inquiring about my sexual history.”

“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)”

“Assumptions made that I was heterosexual”

“When there are support groups at places such as ‘mind’, some of them are gender specific. I don’t feel like I can access them at all, as I don’t feel at this stage of my transition, like I would be accepted in either a female or male group.”

“Misgendered constantly”

“Why only in relation to mental health?”

“Marriage counselling its a fetish and outside of my ability to deal with”

“i was put in the girls category”

“I went to the hospital and the consultant kept inferring that I was promiscuous and all 'gays' were dirty.”

“My Gender Expression being presumed to act in certain ways”

“Not myself, but recently supported someone who is trans man who was consistently deadnamed, mispronounced, and put into women’s spaces while moving through A&E and hospital ward placement following overdose in attempting to die by suicide. He disclosed from the start at the A&E his gender identity, name, and pronouns but few staff prioritised respecting him around this.”

“gender identity appointments being so scarce”

“a consultant saying "oh your one of those" and then tried to fob me off to say that "your sort aren't generally known for their monogamy and hygiene" - her colleague then falling over himself couldn't believe it and quickly went on the defensive.”

“In my experience, typically before any mental heath support starts, one has to educate the health worker that I am gay, as they all assume I am straight, so immediately one is marginalised and any work is up hill. From almost all aspects one has to educate the worker of the LGBT slant. It is exhausting. Maybe if health worker training could a) use the aforementioned LGBT case studies to role playout the implication for different scenarios, less client time could be wasted. B) at the start of a meeting maybe the worker could ask their client which het/LGBT case study they relate to at the start of a session, it would then imply inclusively.”

“Some ethnicities seem to find it hard to talk about LGBT issues”

“There is also the microaggression of "this would be so much easier if you were straight", and signposting to LGBTQ+ groups. I get pigeon-holed at work often which is a mental health service - it is a fine line between supporting others and being a gatekeeper without consenting to being one.”

“Comments made about me having a husband one day or that I should get a boyfriend
Assumptions about gender of partner(s)”

“Not encountered directly. However, as an advocate, I have seen people dismissed by MH services and care due to LGBTQ being used as the reason/cause for MH concerns
Lack of trans healthcare, G.P.s cannot prescribe the same medication they regularly prescribe.”

“When I was supported by a Social Worker, I could join a badminton group. This was really helpful, beneficial and built my confidence up. When I no longer received that specific support, I was told that I would have to go to the sports centre on my own. There was no transition, or support. The service ended.”

“What do you feel is missing from the Hertfordshire Mental Health experience to make you feel more included?

“I consider myself very fortunate that I don't really suffer from people identifying my trans state so whenever I've been in touch with MH services it's never been an issue. I cant comment for those that aren't as fortunate”

“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.”

“Specialist LGBTQ+ Therapists or Health staff and "Progress" flags on display (Rainbow flag has lost it's meaning within Health as the NHS took it over as a symbol during lockdown.”

“Information posters to show signs that the space is friendly. E.g. in a cmht waiting room. Lack of staff education. Consistency in notes. I don’t want to come out every time I meet a new professional and have to explain myself. Acknowledging the specific challenges of being trans and mentally unwell.”

“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.”

“Trans specific support. Autism specific support. More practical activities accessible for trans people, such as sport or art and craft groups”

“Simpler signposted support”

“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. Clearly trained mental health practitioners with LGBTQ+ experience/knowledge”

“Gender identity and trans issues knowledge”

“True understanding. A half a days training isn't good enough”

“Better health care for trans children.”

“Open mindedness”

“I’ve had specialists state they didn’t cover transgender matters when training and don’t really understand it but they will do there best!”

“More information about such services - there seems to be a gap between youth services (generally stopping at 25) and then only really starts again at 50+ age gaps.”

“I think a mention of LGBTQ+ safety/welcoming would make me feel more comfortable, like an ‘Ask for Clive’!”

“Services specific to LGBT issues, and services for people out later in life.”

“trans group”

“More LGBTQ+ specific services, specifically sexual health.”

“Mandatory staff training on EDI focussing on the LGBTQIA+ Experience and Ways of changing our approach when working with these individuals”

“Education”

“Service specific for LGBT therapy (counselling etc) - much of the services need you to be very mentally ill to receive help”

“LGBTQ representative”

“Acknowledgment of various sexualities”

“Better training on LGBTQ+ issues”

“I'm 55, physically disabled and have a bit of memory problems, anxiety which causes depression if I'm not careful, stopped drinking 16+ years ago so pub activities on the gay scene isn't my thing unless it's the Toby carvery for lunch 😉”

“Representation, LGBTQ+ specific training - why are you not partnering with Stonewall for example who have very basic E-learning courses that other NHS trusts have invited staff to use? I am researching CPD for our team because you don't - it should be compulsory.”

“Understanding of issues facing the LGBTQ+ community”

“Groups for LGBT+ people and knowledge of groups or activities locally outside of the NHS to refer people to look at if there aren't any provided by the NHS. And less assumption that everyone is straight or cis. And everyone I know who has used services to do with gender identity has expressed how frustrating it can be and how people are often uninformed about what they need to do to help. So changing attitudes and informing people”

“More Psychiatrists, and at least some of them with knowledge and experience of Resistant Mood Disorders - There's over 3 & 1/2 million people suffering with Depression who have been diagnosed as "Treatment-Resistant" in the UK alone!”

“Informed support and a sense of community. Safe space. Educated staff who are compassionate.”

“Better understanding, training and review of misconceptions that exist within services”

“Public communication about what exists”

“Many resources are difficult to obtain as waiting lists are very long and do not always accommodate for many individuals' needs.”

“peer support”

“Ability to choose a known therapist”

“Links to support groups, signposting to friendly, safe groups, and organisations that are helpful and have a welcoming attitude. Places to go, things to do. A group of people who are supportive and will go along to activities with you. Like a buddy or mentor. Especially if you are new to the area or newly come out.”

“What gaps are there within the wider community in terms of support and treatment for Mental Health issues?

“Access to mental health practitioners - also a variety of therapies should be offered, not just CBT. LGBT people (like any person) often have varied MH needs, so DBT and psychotherapy should be made available too.”

“Until this or future governments recognise that MH is as important as physical health you’ll never be able to meet the needs of the county so the gaps are too many to list”

“Visibility and access to mental health services for vulnerable men.”

“Young people going through challenges. My cousin committed suicide aged 13 years as there was no support offered or available that was obvious to her.”

“Not all services are available within the same area and not everyone is able to travel the distance to get the support they need. having a more centralised approach could benefit a wider population.”

“I had no idea what was available. I did not know what I did not know. Isolation, were my experiences. Assistance was not proactive.”

“More sports groups/teams made specifically accessible for people with autism/trans/learning disabilities etc.”

“Easier access to HRT would have helped a lot sooner”

“The awareness of LGBTQ+ switchboards and support, LGBTQ+ community support and pride events. We heal sometimes within our community to access to it is vital at times.”

“tackling stigma, speedy referrals, clear diagnoses, ongoing and structured support”

“Knowledge regarding gender identity”

“In all areas of mental health”

“Identity”

“24 hour accessibility”

“Firstly I think we need to address big issues like hate crimes, transphobia, access to gender reassignment services and support for this especially people on long wait lists, education for parents etc - that would take priority - maybe through campaigns, support groups etc. But eventually I'd also like to see more resources/ groups/ awareness of the more subtle or

intrapersonal aspects of being trans and/ or queer. Like the barriers you create for yourself due to negative experiences or fear of negative perceptions. Lack of confidence, or guilt, due to self-questioning and self-doubt either stemming from formative years or ongoing in adulthood. More awareness or support around constantly coming out."

"Availability, waiting lists gender clinic especially. Mental health services gender linked or not suck too many people not enough professionals"

"there isn't enough for everyone"

"Just availability."

"Very few accessible safe spaces. Little information available online."

"GID clinic waiting periods are abysmal."

"Stigma"

"Systemic and individual heterosexism and cissexism"

"lack of practitioners - wait times for appointments (when you may be in crisis)"

"Phobia and parents dealing with LGBT issues"

"It is understaffed across the board"

"It is difficult to say as subtle homophobia still occurs culturally"

"I think assumptions of heterosexuality are made"

"Serious ingrained bias towards trans people"

"I keep banging on about older LGBTQI+ because there is so much happening now for most of our community and rightly so but we shouldn't be left out."

"Gender dysphoria particularly which we have a lot of referrals for that cannot be supported by GIDs while it is transitioning. GPs who are afraid to diagnose or name gender dysphoria - they need to be better trained around this because we are (CAMHS) having to do what they are afraid to do - that is diagnose and refer. We all know the diagnostic criteria - it should be a straight forward as any other form of distress but instead they want to wait and "see if it is a phase or fad"."

"Counselling that affects all the above"

“Groups for LGBT+ people and knowledge of groups or activities locally outside of the NHS to refer people to look at if there aren't any provided by the NHS. It makes a big difference to meet other people who understand some part of what you are going through”

“Lack of Awareness and how to support people suffering from Major Mental health issues.”

“Lack of training and experience amongst the majority of staff (which I have encountered during the last 5 years).”

“Support for binge eating disorder”

“a service to bridge the gap for 16-25 year olds”

“Mind Herts Network is constantly highlighted as the place to go - I had an extremely negative and traumatising experience at their Nightlight service and my complaint wasn’t even acknowledged and ignored. Services need to be reliable, educated and compassionate. More safe spaces for neurodivergent and gender queer people is vital with informed, genuine and empathetic staff/facilitators. Also make these services accessible and accommodating. Support - letting individuals know that they are included and people want to support them. LGBTQ community”

“More LGBTQ friendly therapists/counsellors available and be able to be referred by the GP on a reasonable timescale”

“Many mental health issues are not discussed with professionals as individuals may not believe their issues are not significant enough to get help. Also, they may fear being judged by either professionals or their community.”

“Mentoring and group meetings with institutional support for LGBTQ+ (to add to existing self-help groups outside the healthcare system)”

“peer support services”

“Be quicker in treating people and following up with them”

“Loads of gaps, too many to mention. . . . . In simple terms, I think organisations like NHS, the Police ought to have designated specialist homosexual members of staff, who can be contacted directly to discuss fears and any specific questions. I have done this and found the experience fantastically helpful, during a really traumatic time of my life.”

Appendix 2 Case Studies

#1: CIS Male (Partner of Non-binary person) perspective

Participant profile:
From an anonymous interview, we were able to determine that although he doesn't identify himself as a member of the LGBTQ+ community, he does have same sex with a non-binary person, in a static relationship.
Age: 30's
Ethnicity: White
Disability: None

Binary choices:
One of the first points raised is that there are often basic binary choices on forms such as make female and other. It feels that the "other" box could be expanded further. Could software be changed and at what level of approval is needed (centrally through CCG)?

Positive information:
Something that the participant felt was "visible awareness" was that Impactful Governance have updated respondents to the surveys with additional information through monthly e-newsletters which is very welcome and that in turn, can then be shared with LGBTQ+ clients within the NHS. One of the visible and easy options would be to have a progress flag within the room and a poster outlining that "this is an inclusive space to be yourself" although this could only happen after proper training by an LGTQ+ led organisation to avoid "pink-washing".

Working Groups:
When considering the idea of a collaboration within the workplace, an Hertfordshire University Partnership Foundation Trust (NHS) LGBTQ+ group has now been set up from February 2023 (possibly as a result of the LGBTQ+ Health Survey discussions?) and that any working group should include people as experts by lived experience.

Micro-discrimination:
Checking pronouns is an easy thing to do although it may involve thinking outside formal questions to recognise individuals. Empowering the individual at the earliest opportunity will create a more relaxed interaction and allow the patient/client to feel more in control of the situation.

Training Needs:
It was felt that all staff should undergo LGBTQ+ Training and then allow a safe space for people to feel comfortable disclosing to a professional. Bias limits people's capability to participate fully and careless communication or overfamiliarity can create an immediate psychological barrier i.e. calling a CIS-Gender presenting male "mate" and then asking him to "pop your top off" could be a completely different experience to someone who has transitioned.

Directory of LGBTQ+ Services:
There is a worry that some services advertising to provide Counselling could instead be subversively offering Conversion Therapy and that in itself creates mistrust or a lack of confidence that the organisation or person is an ally. There is an awareness of Herts Mind Network Mental Health support although other limited resources unless within the NHS and again limited knowledge. There is limited awareness of activities or services that are available although there may be an LGBTQ+ Counselling service in North London, the respondent was not aware of where and who exactly.

Trans Health Care:
Limited knowledge in this area other than an awareness that waiting lists are very long and it is "not taken as seriously as it should be". The Gillick Competency question is used to determine whether a young person is at the right age to make decisions and it was used widely during the Covid pandemic to determine if young people had the mental capacity to decide for themselves if they should or should not take a vaccine.
It feels as though there should be an impartial organisation that could support the LGBTQ+ community as advisors without a vested interest.
There are times that the QT needs to be separated out from the LGB as some of the issues are integral to some and not others for example a bisexual person would not necessarily appreciate the issues surrounding transitioning care.

Healthy Lifestyle:
This feels to be almost wholly appropriate to the individual's own needs. There were some discussion of the various theories of when and how someone may feel their own level of comfort or needs however, the basic principles of healthy diet, appropriate exercise, awareness of long-term conditions, socialising, hobbies & interests and support network were all mentioned as an indication of a healthy lifestyle.

#2: Non-Binary (Trans-Gender) Care Worker perspective

Participant profile:
From an anonymous interview with a Care Worker, we established that they were aware of being bi-sexual at 14 years old and then realised at 16-17 years that it was more of a non-binary feeling.
Age: 20's
Ethnicity: White
Disability: None

Binary choices:
Has been on testosterone for 1 year and is having surgery next month (at time of interview) although had to take trans-masculine hormones from a private clinic due to delays within the NHS.
Using the correct pronouns without a "tone" would make people feel less valued.
When someone tells you, they should be believed.

Positive information:
Travelling to locations is not a problem for the participant and the usual working hours of 9am – 5pm work fine too. It can be fun experimenting with Pronouns and that should be harmless.

Working Groups:
Within the TSG Stevenage group there are discussions about appropriate ages as puberty causes emotional distress. It is better to introduce hormone blockers between 11-15 before feeling uncomfortable and suffering continues.
Social transitioning can happen at any time, coming out over time.

Micro-discrimination:
There were obstacles when trying to ask a GP about freezing eggs for future fertility and the response was that they were "not sure for trans people". They openly stated that they didn't know about trans issues and instead were asking the patient instead.
Friends have been told that GPs can't make referrals when others are aware and can make referrals.
One Autistic friend was told they shouldn't have thoughts about being trans as it is probably their Autism that they think that way.
As a Dementia Care Worker in the past, a patient kept asking if the respondent was a man or a woman to the point where it was raised with staff who refused saying "I am going to call you "she" " when it had been made clear that they prefer "They/Them" as pronouns.
The respondent had to leave that workplace as neither the staff or patients made them feel welcome and made assumptions.

Training Needs:
There is a greater need for compassion and empathy that is currently missing.
There is definitely further training needed and although the NHS may have Equality & Diversity Training, it could be infrequent and staff forget, even if they are informed. Can we check what NHS training is provided for LGBTQ+ issues around inclusion and diversity?
Can training include:

- Intersex definitions
- Non binary definitions
- Legislation to protect LGBTQ+ people and staff

Flags of colour are needed to reassure that staff have been trained. It would be good to have a clear message that chaperones are welcome or provided during sessions when people feel vulnerable.

Directory of LGBTQ+ Services:
TSG Stevenage has a mini-directory of Trans Care and contains a list of services that are friendly, put together informally. Sharing of information within the Health Service has been difficult where one service has no records of another service history and the same messages have to be repeated.

Trans Health Care:

- TSG Stevenage
- Herts Mind Network operate a “Trans-line” telephone support

Healthy Lifestyle:
The respondent is an introvert by nature so enjoy being alone. During the lockdown they missed their family although played a lot of video games.
A healthy lifestyle is mostly about food although there is an unhealthy relationship and exercise is needed.
There are different healthcare needs for Trans people regarding hormone or surgery although Trans people can also be Gay or Bisexual so fit within the same family.

#3: Non-binary (formerly called Transvestite) Perspective

Participant profile:
A straight married male with children and grandchildren, actively involved with community work and environmental protection.

Age: 70's
Ethnicity: White
Disability: Multiple

Binary choices:
Member of the London Non-binary Group and learnt a lot from difference and self-definition.
Herts LGBTQ+ had an initiative although that finished.
Involved in the National LGBTQ Centre via a drama group.

Positive Information:
No idea.
Maybe ask my GP.
Maybe I could try online – NHS or Herts Council

Working Groups:
Dial-up – open mic performance group.
Out on Berko, last Friday in the month.
Aware of Pride in Hertfordshire.

Personal LGBTQ+ journey:
At the age of six years old, I realized that I didn't identify completely as a boy. I much preferred girls and as I went into teenage years would steel my mothers clothes to wear including sexual things. Thought I was the only person who was like this and I find women attractive (I am heterosexual), I managed to have three marriages and several grandchildren.

I was bullied as a teenager myself, sports was a nightmare. Male school teachers bullied me and due to my inability to participate in school sports, they didn't like my femininity. I was in fear of many things including my parents, internalized myself as weird as a child.

At first I was in denial and then was accepted by my wives.
With my children, I would avoid dressing in women's clothes if they brought friends home.
I was outed by a national newspapers where it seemed I had challenged masculinity. The papers were after many of us in those days because I was a labour party member and they wanted to find something to discredit us. As a teacher, I was named as a pervert and my street address was mentioned in the newspapers. I then had to front 2000+ teenagers within a secondary school on a daily basis. Later I abused myself with alcohol although I am not sure that it was directly related to being LGBTQ+ but it could have been due to my work and the difficult circumstances.

When I met my current wife, she had alopecia and she took off her wig and I came out in support with full dress. I had been in and out of cover due to the press harassment mostly. I became a publicly outed person hence I write about all of the experiences including narcissistic experiences as a child when I used to admire myself in the mirror.

As an adult I was “curb crawled” by a man in a white van. I felt vulnerable and expected to be assaulted, he wanted to intimidate me. I have been shouted out from cars often within their own safe point of advantage whilst I was exposed by just being in a public street.

Transvestite is a clinical term and relatable to calling someone homosexual.
It assumes that I am wearing women’s clothes on occasion when I am always wearing women’s clothes. Non-binary means we are not defined by my clothes. This is more than a lifestyle, I wanted to be a girl and love girls, they are more articulate, caring and thoughtful. They are less aggressive than boys.

Non-binary gives a route out of that. Some people refer to themselves as Trannies as a joke. I don’t want to be a joke. I don’t want to be sexualized although I like to be sexy. The clothing is fetishist although it is an everyday life.

Drag-race and drag acts have been detrimental to my identity. I accept and do understand that drag can be a release for some people as an occasional step into that dressing up activity. Drag can be complex and where some bar working Drag is too crude and is not attractive to me. Perhaps I could be homophobic on that although I do find it offensive.

Trans: female to male suggests there is more flexibility.
Transexual: not applicable to non binary (transvestite) who are heterosexual.
Turfs: hit on people who have not yet understood themselves or can stand up for their position.
Transgender: Male to female is more difficult and more under attack from feminists.
Third sex gender: male or female rather their spirit is paired with the opposite sex.

Micro Discrimination:
Some hospitals are better set up than others. Hemel are toilet as cubicles and are used for anyone. There are other labelled toilets and if I went into a women’s toilet, I could be done for indecency. This can be even more difficult in a motorway toilet. A man came out of the male toilet which then means men will tell me to go into the female toilet. Male/female labelling causes me to feel wary and there could be a possibility of me being attacked.

Women in the Health service will ask me my pronoun which is good and then they may disclose however they call me “sir” which I find difficult although there could be respect intended. I have had men call me “madam” although I don’t like being called a “lady”.

It doesn’t hurt me although when people consistently misgender me and keep doing it, it is uncomfortable. I will speak up for parents who find it difficult to use “they” as do I. It is grammatically incorrect to use “they” although I wouldn’t publicly call someone out on that one.

I haven’t seen any discrimination against LGBTQ+ staff in the workplace recently, I have seen it online although within the NHS not since the 1960’s.

Healthy lifestyle:
My Vegan diet is for my health and for the planet. I would challenge anyone who thinks eating beef is healthy either for the planet or themselves.

Exercise, like walking, was one of my favourite pastimes and sleep is also ideal although I don’t sleep well. I was always terrified of ghosts and still find that difficult now. Age has meant that I cannot

walk as I used to do in the past. I have multiple disabilities and have had even from a young age. Discrimination maybe both due to my disability at school alongside the femininity.
Team sports are not for everyone. A lot of heterosexual men get validation from sport.
Competitive male aggression leans towards winning team activities, showing dominance and submission tendencies.

Socialization is important for a healthy life and relating to people, being relatable, empathizing and having a purpose in terms of creativity. I don't feel people should spend too much time in therapy and I understand that health workers give back due to their own issues and want to be carers. It is not for everyone and I feel they do a fantastic job.

I possibly didn't bond with my mother very well, she blamed me for her not being able to breast-feed well and unfortunately she sees it as my fault. She is still alive, in her 90's and has a narcissistic personality disorder. Mother felt isolated and Father was very opinionated, withdrawn and both locked themselves away. I was treated like a girl as a child by overprotection.

Pandemic and Mental Health:
I didn't feel isolated as I have a partner.
My partner and myself are climate activists so we have been busy.
Young people may wish to get out more although as an older person, I am used to sitting at a type-writer or computer as a writer. I am used to a monastic existence and I am also a Quaker.
Nature came back during the pandemic and all the noise disappeared so it was a good thing in many respects. It was also a terrible time for others where the virus took hold.

Training needs:
External trainers are needed that can work in collaboration with Health staff, drawing out staff personal LGBTQ+ experiences and show real life relationships. It is probably a difficult issue where someone objects on religious grounds when the LGBTQ+ issues must be given priority.

Language is terribly important. My wife likes to be called my wife.
The form of address is difficult as the staff are often rushed.
It would be natural to easily ask how to address someone. It depends on their personal experiences.

Pronouns often work when the staff have members of their family who use different pronouns. There is however, no overall strategy within the institution. Training is much needed although it could take one person to complain to the press and everything is ruined again.

Sensitively making a film could be the way forward, shown in a pilot institution within the NHS, where some of the people can talk it through as a discussion after. It will be hard to challenge personal lived experiences so a pilot idea like this couldn't negatively be challenged or people allowed not to participate. Although how willing are the management to try something like this?

#4: Retired Gay Male Perspective

Participant profile:
From an anonymous interview, this gentleman had previously had a heterosexual relationship with his then wife and has two now grown-up children and grand-children. He was 38 before he could leave the relationship and feels he began living from then onwards.

Age: 70's
Ethnicity: White
Disability: None

Binary choices:

N/A

Positive Information:
You Tube educational sources – about bi-polar issues
Before the internet, it was the Library

Working Groups:
NHS
Mind in Mid Herts
Impactful Governance helped start up an LGBTQ+ café in Watford

Personal LGBTQ+ journey:
Parents were both Catholic, father a policeman within vice-squad of the Met Police when it was still illegal to be homosexual. I was 17 at the time and that itself was illegal. Father was born in 1930's so my upbringing meant being terrified of being kicked out of the house so I suppressed it.

Got married, was gas-lighted throughout and my then partner wouldn't get counselling. When I think back, I didn't realise what was happening with the jealousy of the ex-partner. She thought I was sleeping with my sister-in-law. At aged 38 I felt I needed to resolve things and dissolved the marriage. I have children who are pleased to have a gay dad.
Mostly during age 50's – 60's I suffered with Mental Health issues.
Dealing with Mental Health in Watford General or Upton Unit, they wanted me to be a victim.
Told "you poor victim" when instead I wanted to beat it.

Micro Discrimination:
My ex-wife may have had a psychotic condition which went untreated.
Once I had "come out" there was no issue with family and friends.
Some of the Consultants at Upton Road (Asian ladies) asked "what about your wife?" and when I said I was a "happy homo", they couldn't really get it. This was is the year 2010 so not that long ago.
Inmates were in the unit with marihuana addiction before being sent to St Albans for treatment.
There was no issue about the LGBTQ+ identity only the Mental Health condition.

Healthy lifestyle:
"Mind, body & spirit."
Getting plenty of sleep, awake at 5am, doing 1.5 hours of meditation to manage my own health. Do 2 hours of reading a day, plenty of walking and on a low-carb, pescatarian diet. Knowing my own boundaries. Came off all medications 2012 at age 60 years, including when anti-psychotic pills were issued instead of a sleeping pill. I resented the Health Service immensely as I felt that without knowing the effects of such pills, the staff shouldn't be prescribing it.

Counselling practitioners asked "how are you feeling today" which is not a concept with meaning. It all seemed a bit too general and following guidelines rather than the individual person's needs.
I feel they are not interested in dealing with people differently.

Pandemic & Mental Health:
I developed a group of guys I knew and kept in contact with.
In the early days of lockdown was tough so I started inviting guys round by sending funny jokes out and then inviting people back for company. I didn't suffer any depression through the pandemic. Giving up the TV was beneficial as I can now watch only things that I want to watch and therefore no negative thoughts. Negative reinforcement is not necessary or needed.

Training needs:
Start with continuity of staff members to build a relationship. Not having to tell the same story over and over with the same set of questions applied. Within a GP surgery there is a different person every time. Open questions would be more inviting rather than "how do you feel".
The John Hunter clinic near West Brompton station is used now as there are too many heterosexual, middle-aged, overweight ladies working in Hertfordshire NHS and that made me feel judged (it has been about 15 years since I last visited Hertfordshire NHS for that reason – I was disrespected).

Ethnically – there is a problem within the Asian community (Muslim Asian).
Culturally – Indian, Pakistan, Filipino people need greater awareness of LGBTQ+
Religious – Indian, Pakistan people need to follow legal position regarding LGBTQ+

A type of "Walk in our shoes" – staff training is needed.
The NHS staff really need to understand first before a blanket response.
Less tick-boxes and less text messaging, we need more interface with NHS for those who are unwell.
Not seen any discrimination against the workplace although I have not worked for 20 years so it has been more about me.

I have seen an Autistic (CIS male) person who visually present as female who was fascinating. My grandson has been excluded at school due to Autism and will have been discriminated against; that's an example of not being understood.

Accessibility:
I live 10 minutes walk from a hospital and I am very healthy (aged 70) so not much need for the NHS, they also send too many text messages. Issuing of medications without proper diagnosis is wrong (no GP checking of electrolyte levels) and I check my own potassium levels for example.

I have to do my own research due to the narrow view from most doctors as mainstream prescriptions are based on out-dated information. The level of medical research available is rapidly expanding and the NHS is falling behind (pharmacy vs vitamins for example).

#5: Transgender Woman Perspective

Participant profile:
This person describes themselves as Asexual, not participating in sex with other people at all. Gender is female and uses she/her pronouns.

Age:	50's
Ethnicity:	White
Disabilities:	None

Binary choices:
When the then Health Minister (Matt Hancock) felt that Trans people who didn't have a gender recognition, would not be allowed into a Woman's ward and instead have to go into a men's ward. I would be devastated as I am not a man, I would be around men who are older and they may be undressed which would offend my dignity.

All Trans people now having to go into Male prisons will mean an open male shower and I have female anatomy, I would feel threatened and in danger. A vocal minority of heterosexual people shout loudly to get what they want despite how it affects Trans people and the Government seems to want a culture war and set people against each other, instead of finding a way forward.

Positive Information:
Monthly updates come from Impactful Governance bulletins.
I tend to stay away from anything labelled as "Gay" or "Lesbian" as I am aware of anger from lesbians and feminists against Trans women.

Working Groups:
I am aware of Mermaids – for the younger generation of Trans people.
Herts Pride is only once a year.
Nothing other than those. If I want Health information, I go to my regular GP.
They are pretty good although in the early days she would always refer my medical notes using "**** is trans" at the heading of every document. It made me embarrassed and it was irrelevant. The Consultant said "what the hell does that mean?" as times have moved on and there was no need to alienate me. Doctor's receptionists are always rude to everyone not just because of my Trans identity. My Doctor marks records as female and she asks me to have my prostate checked which needs further thought, I am not sure how I feel about that.

Personal LGBTQ+ journey:
I was aware that I felt uncomfortable as a boy at quite a young age. I can remember little things such as queueing at junior school. A girl was being complimented by other girls and I felt jealous and wanted to be one of the girls. I was growing up in my teenage years, during section 28 and the AIDS epidemic and as a result I had to suppress my identity and sometimes it would rise up. I tried on a couple of my mum's dresses although I told myself how wrong it was, society told us it was bad that at the time. Told by society it was wrong and deviant.
When I met my previous wife, I was madly in love with her and yet I felt angry and unkind towards her because of what I was going through and the conflict was living as I was but feeling as I did.
I created a daughter with her yet I was so angry, I couldn't keep down a job and she only understood the reasons once she found my hidden books on being Trans.

My ex-wife was the first to take me to my GP and stayed with me up until my first surgery. I then moved back in with my parents because I had a mob outside my flat almost every night. I needed to move in with parents for my own protection. I am best friends with my ex-wife since we reconnected.

Micro Discrimination:
When in Luton, the receptionists were quite unpleasant and one called over a couple of her colleagues to view the "freak show" probably in about 2002.

Surgery was in 2005 and I had a referral almost immediately from 2002. I saw a Consultant then they asked me to live "as if" a woman for 2 years which put me in danger when I went into a toilet. I tried to use disabled toilet but more and more they needed a key. I had to use female toilets but then I was chased down the street and in fear I would have been seriously harmed if not killed. I still had facial hair at that stage and still had to shave daily whilst using foundation to cover up the stubble. I was given one tablet a day for hormone treatment.

Healthy lifestyle:
A healthy lifestyle is one where I can go about my daily business safely and happily. Day to day my life is pretty good. I lost my job this week and I will try to get another one.
Officially I didn't lose the job because of my identity although I would often joke with my colleagues. About a week ago, my boss who is Indian, looked into my Instagram account and she changed. I could be paranoid but from one day it went from fun and my comments were then brought up as a sackable offense. As a contractor, I suddenly lost my position after 2.5 years.
I had previously been offered a job elsewhere and once I was asked for my drivers license and passport, within half the job offer had been rescinded. I provided my driving license and change of name by dipole.

At the moment, I have no obstacles although I have had to take out private medical insurance.

Pandemic & Mental Health:
I was fortunate to live with my parents and always in touch with friends. As an IT Consultant during the pandemic, I had to take unemployment benefits (Universal Credit). It was tough for everyone although not more than others due to my identity.

Training needs:
I get flattered sometimes. Last year when giving blood, I had a slight tummy at the time. The nurse asked me if I was pregnant although we laughed about it after.
One of the improvements is where a section of a form is asking for identity; asking if Trans Male or Trans Female would be helpful instead of just Male/Female and non-binary. There could be specific days for certain groups:
One morning every 3 month could be prostate treatments for Trans Women only for example.

Ultimately it is down to Government to oversee. Speaking as it does, increases hatred with anti-trans propaganda. The establishment needs to change. MPs in parliament are calling us Paedophiles and perverts, until the establishments sets a good example.

We definitely need people to advocate for us "cheer leaders".
We need more to say "shut up" for us. There are a lot of celebrities who will stand up with us although the younger generation will suffer the bigots as much as older Trans people. We need real media stories rather than exaggerated ones. JK Rowling gets full page coverage although in most media she is seen as a victim when she has run down an entire section of society.

I recognise a lot. World Athletics Federation has banned trans people from sporting events.
My problem is that separating us will have an agenda. Dividing to conquer[18] the community.

There is a genuine hatred of Trans people. None of the arguments put forward are genuinely about women's safety. There is an assumption we all hate women – they are wrong.

Not suffered any open discrimination although a lot of background unpleasantness. Particularly people who are lovely to your face and then once they leave the true feelings of bigotry comes out. Comments like "Only on a Saturday mate".

Senior level management seem to be doing what they can but staff can be offensive. Suicide awareness is not adopted within management and I have felt suicidal during several periods of my life when there was no management or any other type of support.

Accessibility:
My GP is up the road and open four nights a week.
No issues with distance or geography.

[18] See Appendix 2 "*Pedagogy of the Oppressed*" – Paulo Freire (1970)

Appendix 3 – Sources of information

- Ambiguous Genetalia – https://www.mayoclinic.org/diseases-conditions/ambiguous-genitalia/symptoms-causes/syc-20369273
- Boosting Boardroom Diversity & Inclusion (including/excluding LGBTQ+ people?) https://www.gov.uk/government/news/new-programme-aimed-to-boost-diversity-in-boardrooms
- Consultation on Banning Conversion Therapy https://www.gov.uk/government/consultations/banning-conversion-therapy
- Gillick Competency – https://en.wikipedia.org/wiki/Gillick_competence
- Scottish Gender Recognition overturned - https://www.gov.uk/government/publications/statement-of-reasons-related-to-the-use-of-section-35-of-the-scotland-act-1998
- Hate Crimes – https://www.herts.police.uk/advice/advice-and-information/hco/hate-crime/what-is-hate-crime/
- "*Pedagogy of the Oppressed*" Ref: Freire, P (1970); Brazil, Continuum Publishing Company, Penguin Classics (2017)

- Persistent Müllerian duct syndrome – https://medlineplus.gov/genetics/condition/persistent-mullerian-duct-syndrome/
- Samaritans Suicide Prevention Data https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/latest-suicide-data/
- Suicide in UK & Republic of Ireland https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/understanding-suicide-statistics/
- Transgender Hate Crimes Soar – https://www.independent.co.uk/news/uk/home-office-hate-crime-hate-crimes-lgbt-suella-braverman-b2197101.html
- Trans in America Survey (Nov – Dec 2022) https://www.washingtonpost.com/tablet/2023/03/23/nov-10-dec-1-2022-washington-post-kff-trans-survey/
- UK LGBT visit to Argentina – https://www.gov.uk/government/news/uks-lgbt-rights-envoy-visits-argentina
- Worldwide Pride – Sydney 2023 https://www.gov.uk/government/news/uk-promotes-great-presence-for-world-pride

Additional References and useful sites/apps:

1. LGBTQ Herts/harrow/North London Facebook pages/groups

2. www.meetup.com. Lots of LGBTQ+ groups and activities are mentioned

3. www.lgbtplushistorymonth.co.uk

4. Stonewall due to launch new 'What's On In My Area' App in May (www.stonewall.org.uk)

5. There are plenty of support options for families with LGBT+ youngsters, FFLAG (wwwfflag.org.uk) is one of the better known.

6. The world of dating apps.

7. Herts County Council is hoping to get meetings of the LGBT+ Staff Network Group up and running again with virtual events running throughout the year as a starting point.

8. www.tht.org.uk. Terrence Higgins Trust offering support for those living with the stigma associated with HIV along with numerous other services.

9. Metro Charity https://metrocharity.org.uk/about-us

10. HCC Children's Service provide:

    LGBT+ Multi cultural project

    LGBT+ Schools project

    Who not What

    LGBT+ Youth project

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