



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



Hertfordshire
Partnership University
NHS Foundation Trust



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Learning Disability and
Autism Health and Care
Partnership



Suicide within the trans
community is 10x higher than
Cisgender-heterosexuals.

People from LGBTQX
communities are more likely to
experience mental illness but
are less likely to access or
benefit from mental health
services.



IMPACTFUL GOVERNANCE
Community Interest Company

2023 LGBTQ+ Health Report – Summary

The Full 2023 LGBTQ+ Health Report is downloadable:

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

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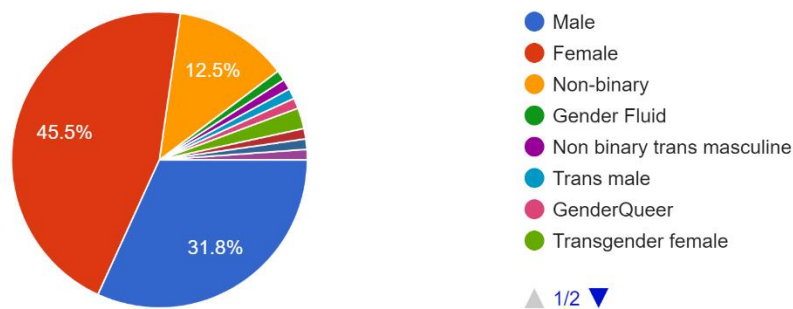
Tel: -01923 231660

88 individuals took part in the 2023 LGBTQ+ Survey.

Results of the Initial LGBTQ+ survey

Gender of participants

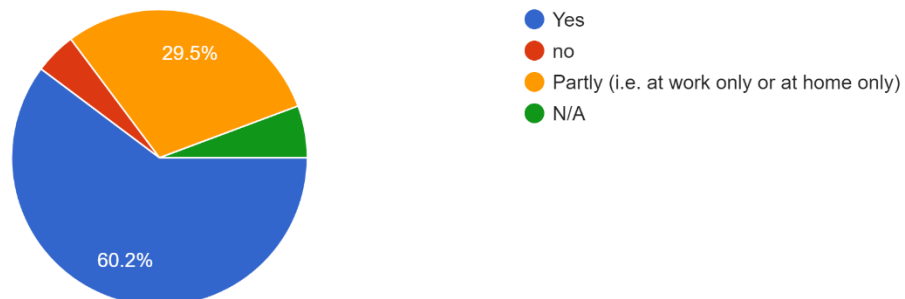
Gender
88 responses



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

Confidence (of those who came forward to participate)

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



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

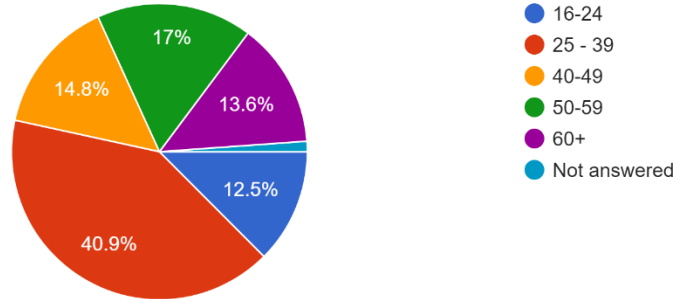
Not “Out”

5% (+ N/A 6%)

Age of respondents

What is your age bracket

88 responses

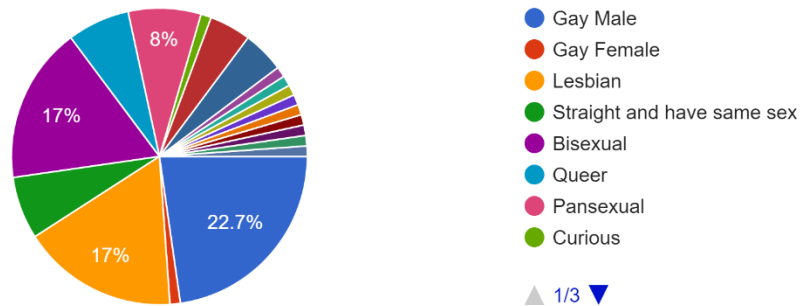


16 -24	13%
25-39	41%
40-49	15%
50-59	17%
60+	13%
Not answered	1%

Sexuality

How would you describe your SEXUALITY

88 responses

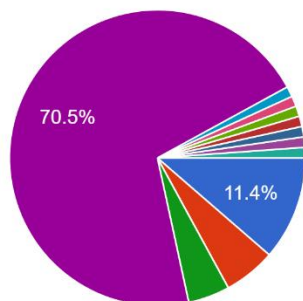


Gay Male	23%
Bisexual	17%
Lesbian	17%
Pansexual	8%
Queer	7%
Straight and have same sex	7%
Asexual	5%
No labels	5%
Curious	1%

Gender Treatment

Have you engaged with any Trans Health Care

88 responses



- Gender Identity Clinic
- General Practitioners (G.P.)
- Health Centres
- Mental Health Professionals
- No
- MH professionals, GP, NHS and privat...
- Waiting on GIDS for 3 years plus. Not...
- I have worked with genderfluid individ...

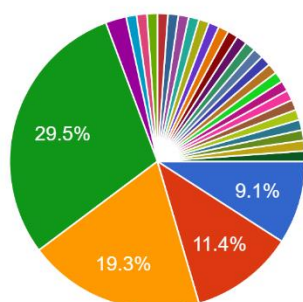
▲ 1/2 ▼

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

Transitioning Age (from all respondents)

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

88 responses



- 0-5 years
- 6-10 years
- 11-15 years
- 16 years or above
- N/A
- Depends on individual circumstances,...
- Depends on circumstances
- I am wondering why this question is b...

▲ 1/4 ▼

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

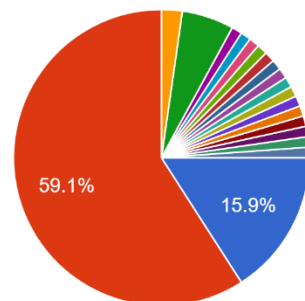
Transitioning age (from Non-Binary respondents ONLY):

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)?

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

88 responses



- YES: LGB & TQ separated out
- NO: LGBTQ+ issues not separate (all...
- Only in Hetro-normative world
- Only in the LGBTQ community
- Only where it specifically affects trans...
- Again, why is this question being aske...
- I think there is huge cross over and ad...
- Queer and/or Trans health issues sho...

▲ 1/3 ▼

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)?

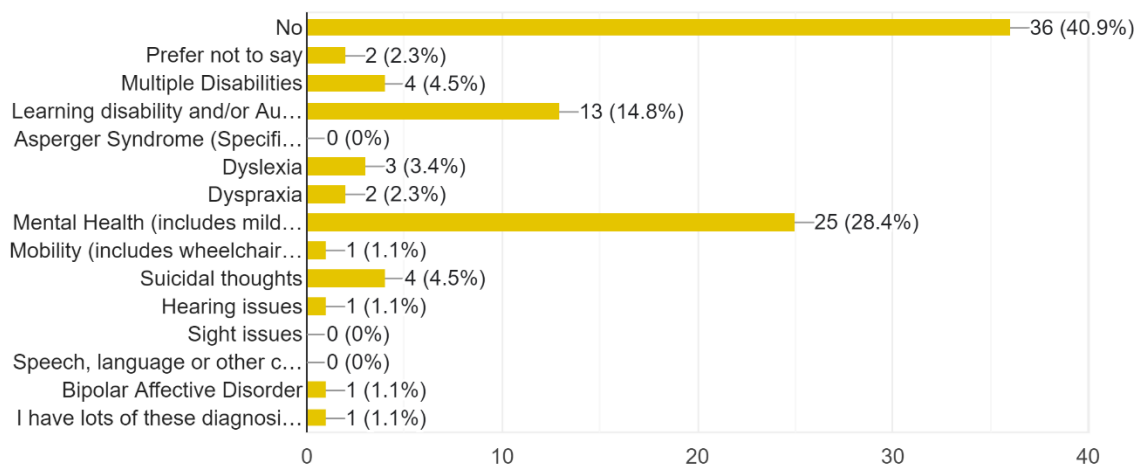
All LGBTQ+ people should be treated the same	53%
Queer and Trans issues should be separated out	32%
Only separated within the LGBTQ+ community	11%
Other responses	4%

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%

Do you have a disability or other health condition?

88 responses



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

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

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

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

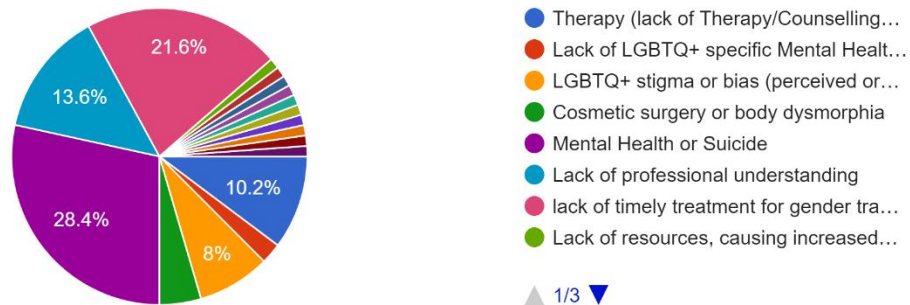
A notable and interesting statistic is the relatively large number of people with Learning Disability and/or Autism who also identify as LGBTQ+. This isn't cause to negate their identity but rather a mechanism to accept that different thought processes or Mental Health trauma could have an implication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

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

Biggest single Health issue facing LGBTQ+ people today?

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

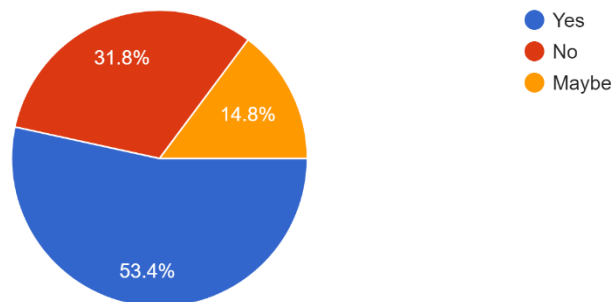
88 responses



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

Have you ever had any suicidal thoughts?

88 responses

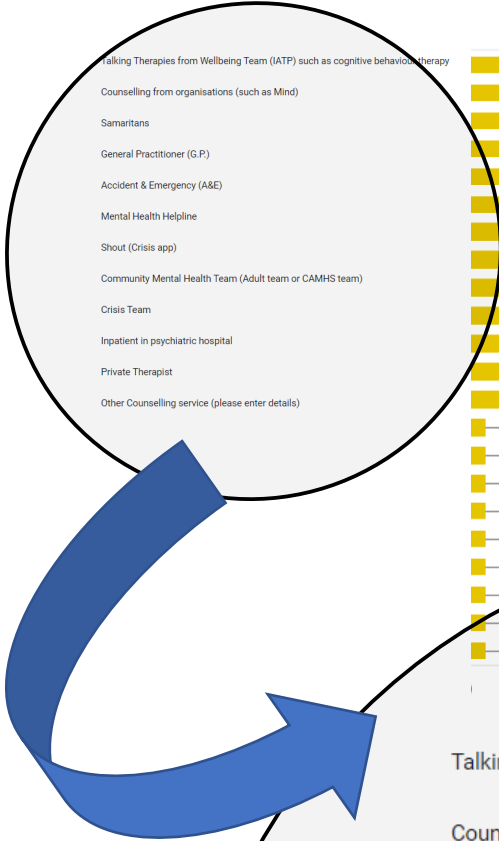
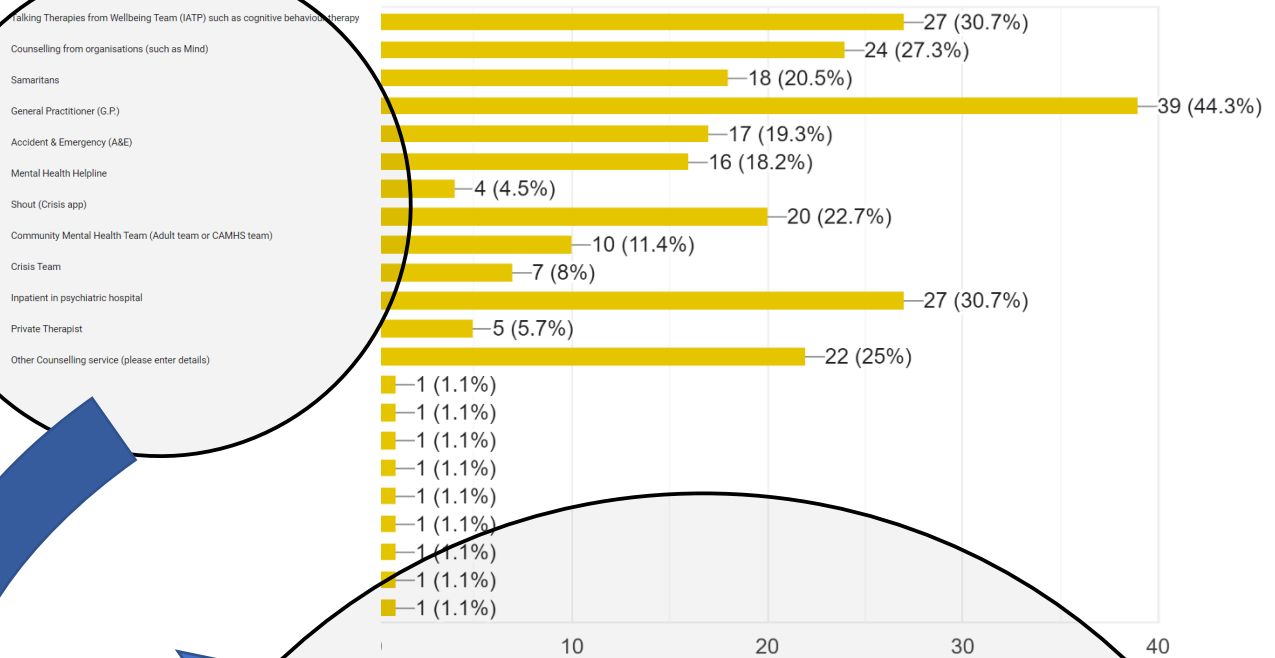


53% of respondents have had suicidal thoughts and a further 15% replied “maybe” meaning up to **68% of the LGBTQ+ community** who responded have felt vulnerable or at risk of suicidality.

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

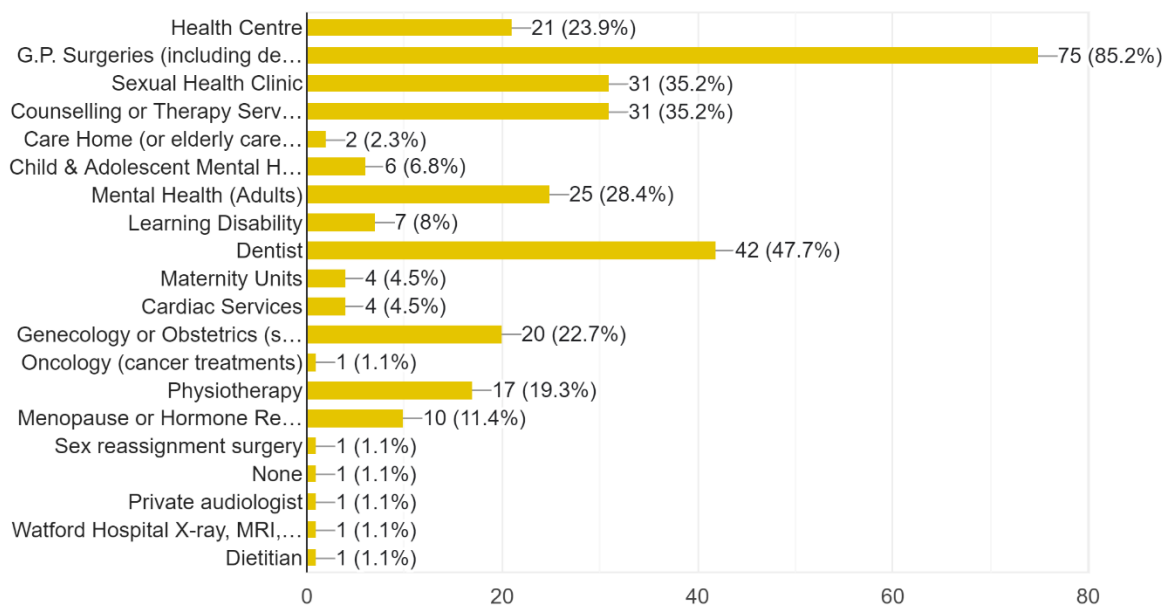


- Talking Therapies from Wellbeing Team (IATP) such as cognitive behaviour therapy
- Counselling from organisations (such as Mind)
- Samaritans
- General Practitioner (G.P.)
- Accident & Emergency (A&E)
- Mental Health Helpline
- Shout (Crisis app)
- Community Mental Health Team (Adult team or CAMHS team)
- Crisis Team
- Inpatient in psychiatric hospital
- Private Therapist
- Other Counselling service (please enter details)

Other Health Services used

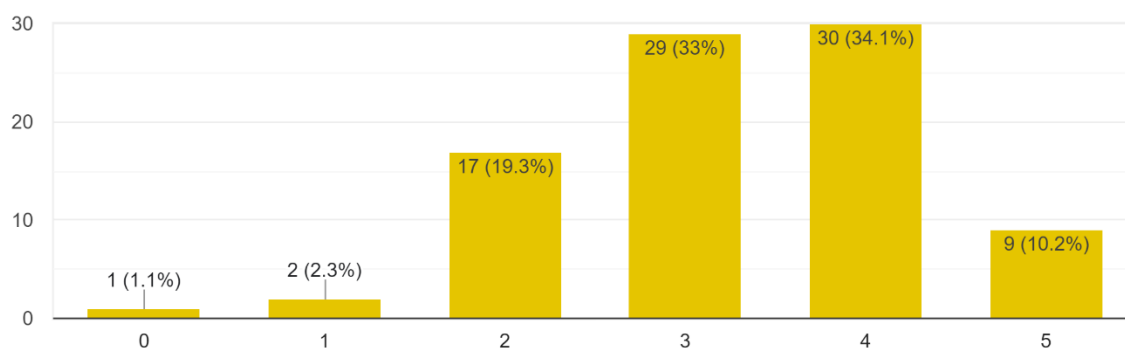
Which other general Health services have you used?

88 responses



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

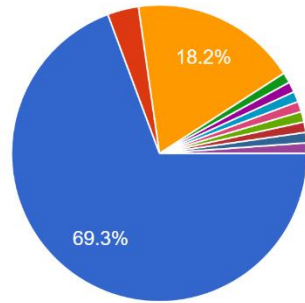
88 responses



Staff LGBTQ+ Training

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

88 responses



- Yes
- No
- Not sure
- Awareness how? That we exist, or reg...
- Unsure. As people will always misund...
- I think all LGBTQ+ training should be...
- Yes with urologist.. awful experience...
- perhaps to same

▲ 1/2 ▼

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

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

88 responses

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

All experiences have been positive

None - I have never had any bad experiences due to my LGBTQ+ identity

Physical or verbal abuse

Felt excluded from health activities

Saw health services that were not designed with you in mind

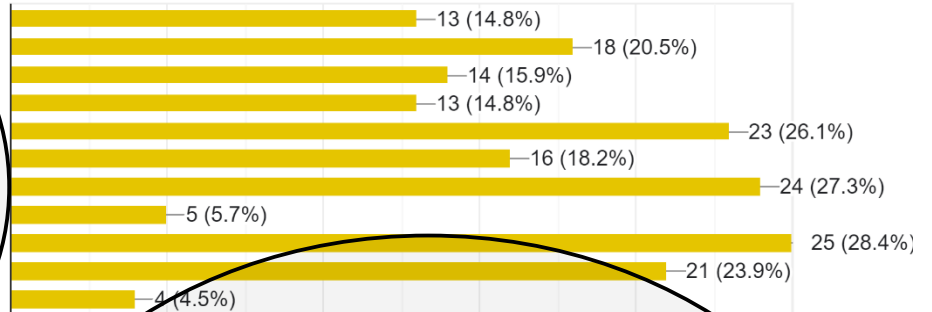
Felt unsafe or threatened by certain groups

Felt vulnerable or exposed

Positively encouraged to join

Felt isolated

Felt pigeon-holed or stereo-typed (for example 'special events')



All experiences have been positive

None - I have never had any bad experiences due to my LGBTQ+ identity

Physical or verbal abuse

Felt excluded from health activities

Saw health services that were not designed with you in mind

Felt unsafe or threatened by certain groups

Felt vulnerable or exposed

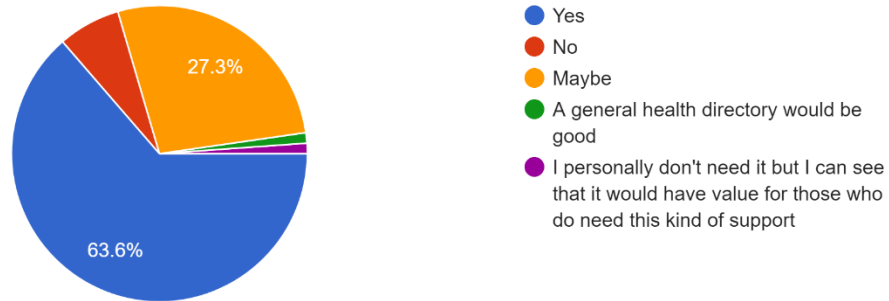
Positively encouraged to join

Felt isolated

Felt pigeon-holed or stereo-typed (for example "special events")

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

88 responses



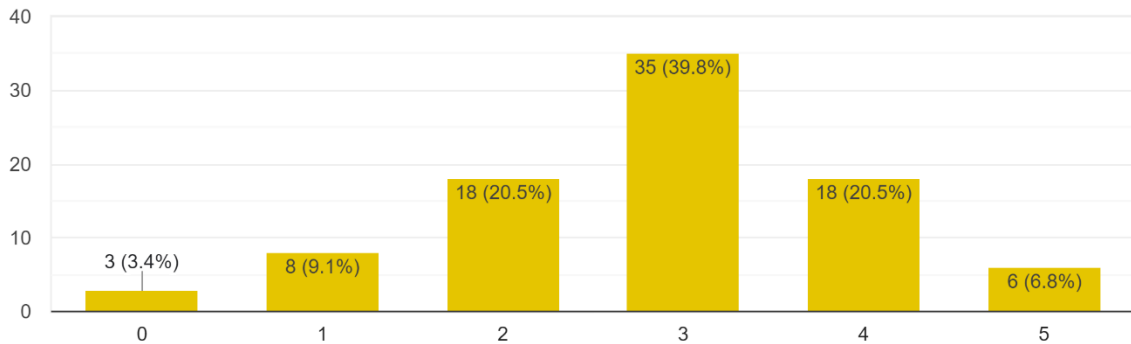
Overwhelmingly people need to find information as needed.

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

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

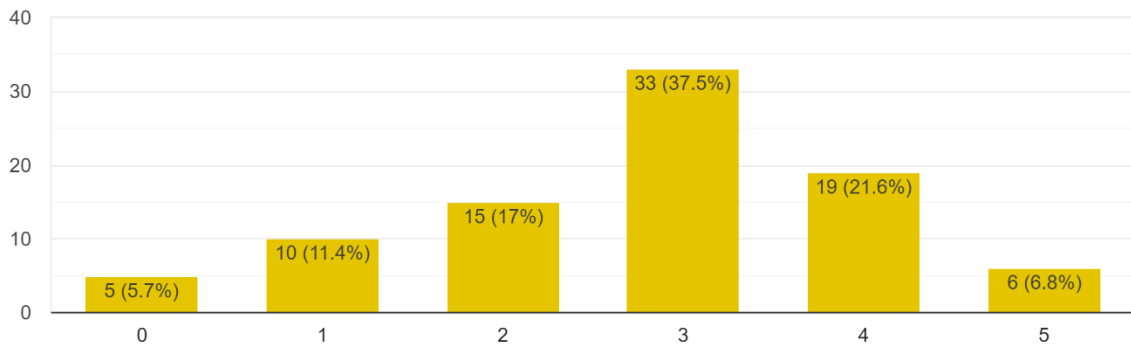
How confident are you that Hertfordshire NHS supports the LGBTQ+ community?

88 responses



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

88 responses



Analysis of the Results

The LGBTQ+ community

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

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

England’s official menopause guidance included trans and non-binary people

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

What support do they require?

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

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

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

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

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

86 responses

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

Lack of professional understanding.

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

Lack of equality.

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

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

Loss of LGBTQ+ identity:

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

LGBTQ+ Meeting Places

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

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

A few LGBTQ+ Celebrations

LGBTQ+ History Month	February
National Student Pride – London	February
https://www.studentpride.co.uk	
TRANS Day of visibility	March
https://en.wikipedia.org/wiki/International_Transgender_Day_of_Visibility	
Bisexual Health Awareness Month	March
International Day Against Homophobia, Biphobia, Lesbophobia & Transphobia	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”.

The Full 2023 LGBTQ+ Health Report is downloadable:

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IMPACTFUL GOVERNANCE
Community Interest Company

“Creating sustainability by imbuing independence and strength into organisations;
supporting services to be more effective and efficient”

Proudly a Not-for-Profit

Social Enterprise

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Awards & Accreditations:



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