Health needs assessment of LGBT+ people

Summary infographic report

June 2022

NHS Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

NHS Lothian

Public Health Scotland

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Introduction

With the publication of this report I look forward to seeing an acceleration of the change needed to realise our aspiration of a Scotland that is safe, welcoming, inclusive and healthy for all LGBT+ people.

Professor Nicola Steedman,
Scottish Deputy Chief Medical Officer
May 2022

The Health Needs Assessment (HNA)

The health needs assessment (HNA) was commissioned by NHS Greater Glasgow and Clyde (NHSGGC) and NHS Lothian – and Public Health Scotland from 2020 – who recognised that there are gaps in knowledge about the health and wellbeing of LGBT+ groups. The comprehensive HNA sought to better inform approaches to public health for LGBT+ people, differentiated for each of seven groups: lesbian and gay women, gay men, bisexual women, bisexual men, trans women, trans men (trans masculine) and non-binary people across the Greater Glasgow & Clyde and Lothian areas.

The initial plan was to conduct the HNA in three stages – a literature review, qualitative engagement with LGBT+ people and staff providing services to LGBT+ people, and a health and wellbeing survey of LGBT+ people. The COVID pandemic caused some augmentation of the research and lengthening of the original timescale. The full HNA ultimately comprised:

- A **literature review (2019)–** focussing on published and grey literature from the previous 10 years in the UK with a particular emphasis on Scotland. See literature review report.
- **Qualitative research (2019)** including engagement via interviews and focus groups with 175 LGBT+ people and services and staff supporting LGBT+ communities. See qualitative research report.
- **Qualitative research on the effects of the pandemic (2020)** through online focus groups with 32 LGBT+ people. See: COVID research report
- **Qualitive work with LGBT+ Deaf and Deafblind people (2021)** with three participations (unpublished).
- **A national online survey (2021)** with 2,358 LGBT+ respondents.

The full HNA report which brings together the findings from all aspects of the HNA including the presentation of the survey findings can be found here: FULL REPORT

Sections are structured around:

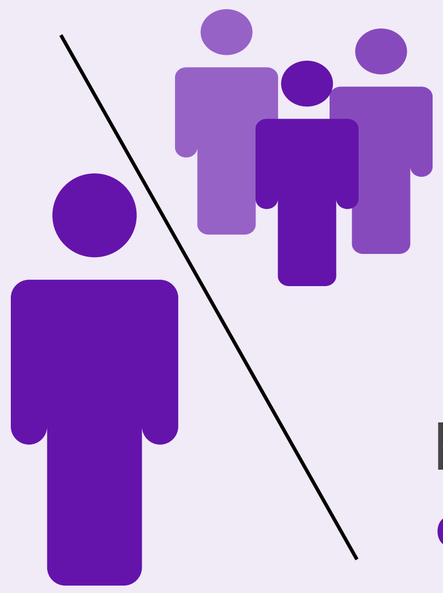
The final three pages of this report set out the 41 recommendations, grouped by each of nine key 'wish list' items identified through the qualitative research.

7 Social Health

Loneliness and Isolation

All elements of the HNA highlighted that LGBT+ people are much more likely than others to feel isolated and/or lonely, and the COVID pandemic exacerbated this.

Findings on loneliness contrast starkly with the findings from the Scottish Health Survey in 2020 which showed that 19% of adults in Scotland had ever felt lonely in the previous two weeks, compared to 73% in the LGBT+ survey.



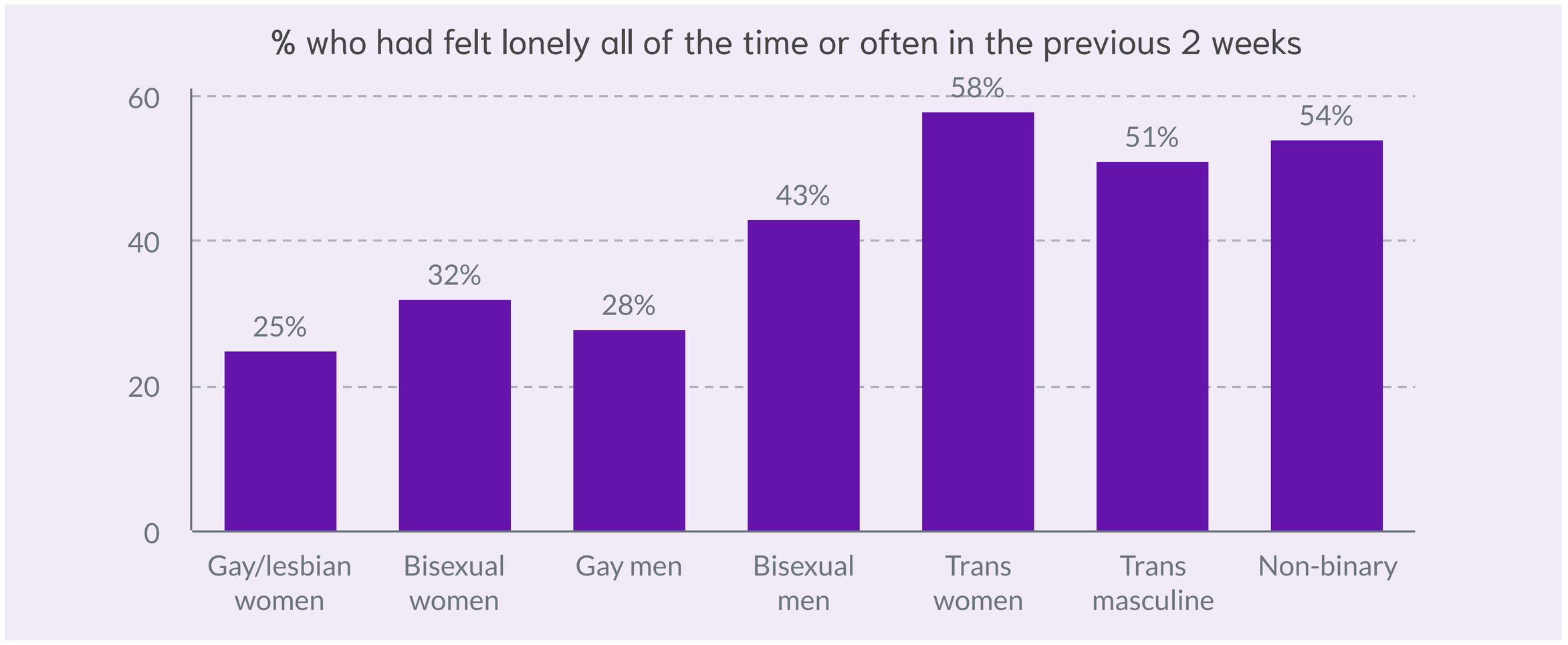
73%

ever **felt isolated from family and friends**

38%

had felt **lonely all of the time or often** in the previous two weeks. 73% had ever felt lonely in the previous two weeks.

Loneliness and isolation were most common among **trans and non-binary people**



COVID exacerbated loneliness and isolation

"I moved to Glasgow three years ago for a better social life because I was very isolated back in (rural area). I developed a really busy social life, and then all of a sudden that's been taken away.... That's been particularly hard."

Gay/lesbian woman, 2020

Many attributed loneliness and isolation to a **lack of LGBT+ friendly spaces** for socialising – particularly anywhere not focussing on alcohol.

27%

rated their area positively for LGBT+ inclusive spaces

36% in large towns or cities

17% in suburban areas or small towns

16% in rural areas or small villages

Social Health

Discrimination and Negative Attitudes

While LGBT+ people felt that generally society had become more accepting of same sex couples and LGB identities, attitudes towards trans and non-binary people were not felt to have become as accepting, and indeed some felt these had taken a 'backward step' and a negative narrative around trans identities had become prevalent particularly on social media often in reference to the debate around the Gender Recognition Act. The 2020 research on the impact of the pandemic also highlighted the view among participants that social media, and even mainstream media, had become more sated with anti-LGBT+ (particularly anti-trans) comments since the start of lockdown, and this was particularly impactful at a time when people were feeling vulnerable and isolated.

Non-binary people felt that there was a lack of understanding about non-binary gender identities and constantly battled against ignorance and insensitivities. Often they felt they had to either accept being misunderstood and mis-pronounced etc or become perpetual educators explaining how they identify.

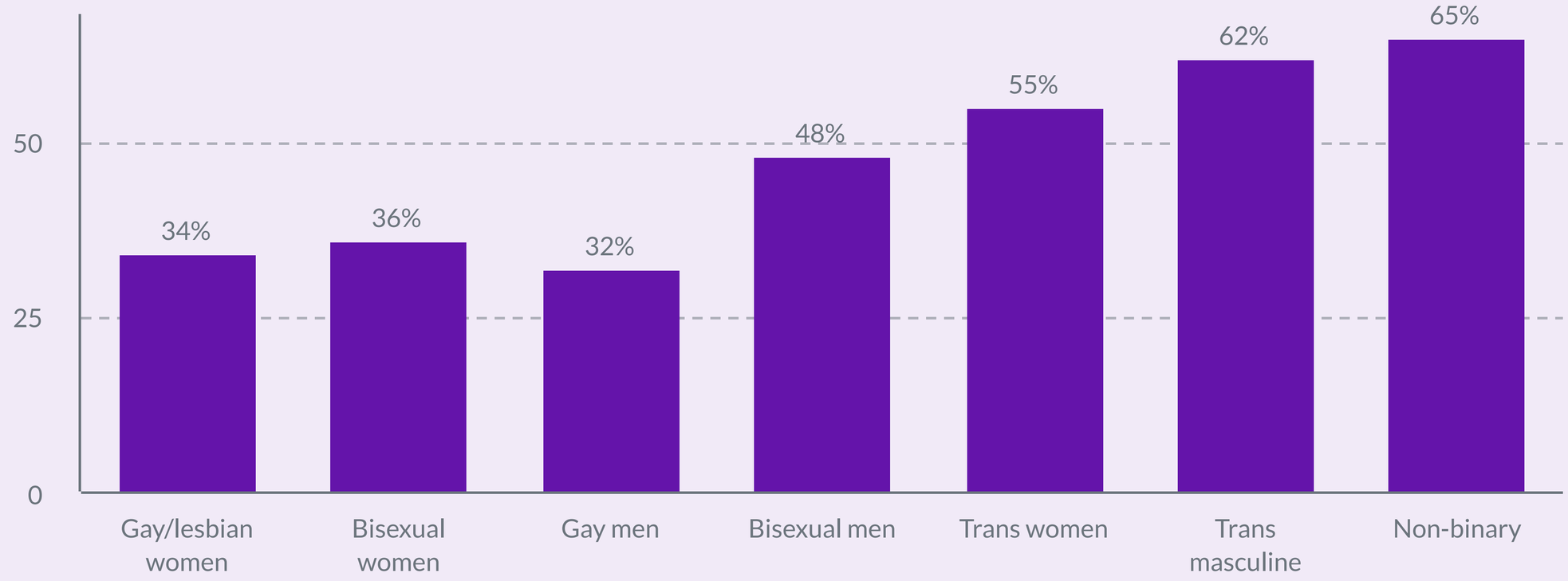
The qualitative research also highlighted the issue of biphobia and 'bi-erasure' faced by bisexual men and women.

44%

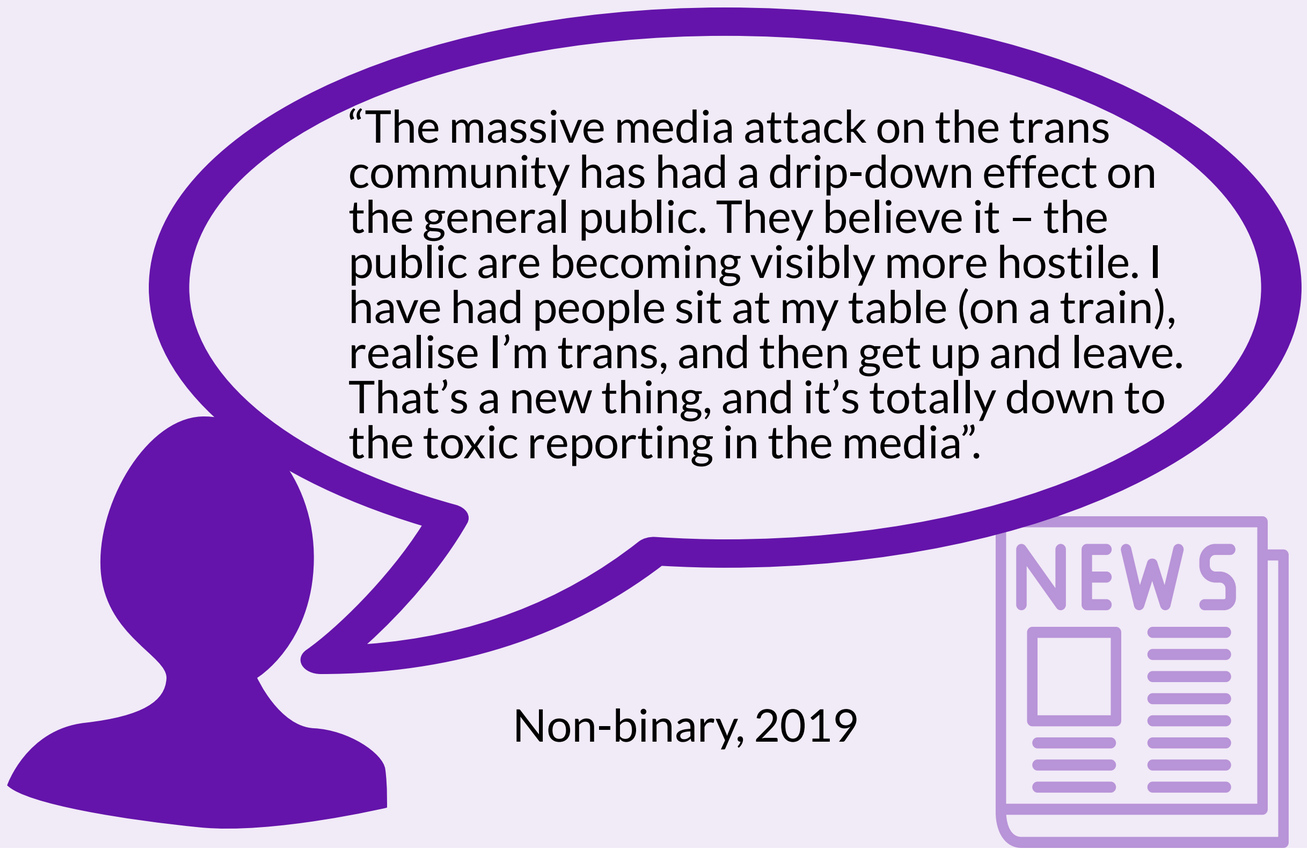
said they had been **discriminated against** for any reason in the **last year**

Trans and non–binary people were the most likely to have experienced discrimination

% who had been discriminated against in the last year



Negative media reporting about trans people was felt to influence public opinion



Most common sources of discrimination:

Unknown person in a public place (51%)
Known person in a public place (21%)
Close relative (21%)
Health care services (17%)
College/school (15%)
Employer (15%)

Social Health

Role of the LGBT+ Community

Being part of the LGBT+ community was important for many, providing:

validation

support

sense of community

Negative aspects of LGBT+ community

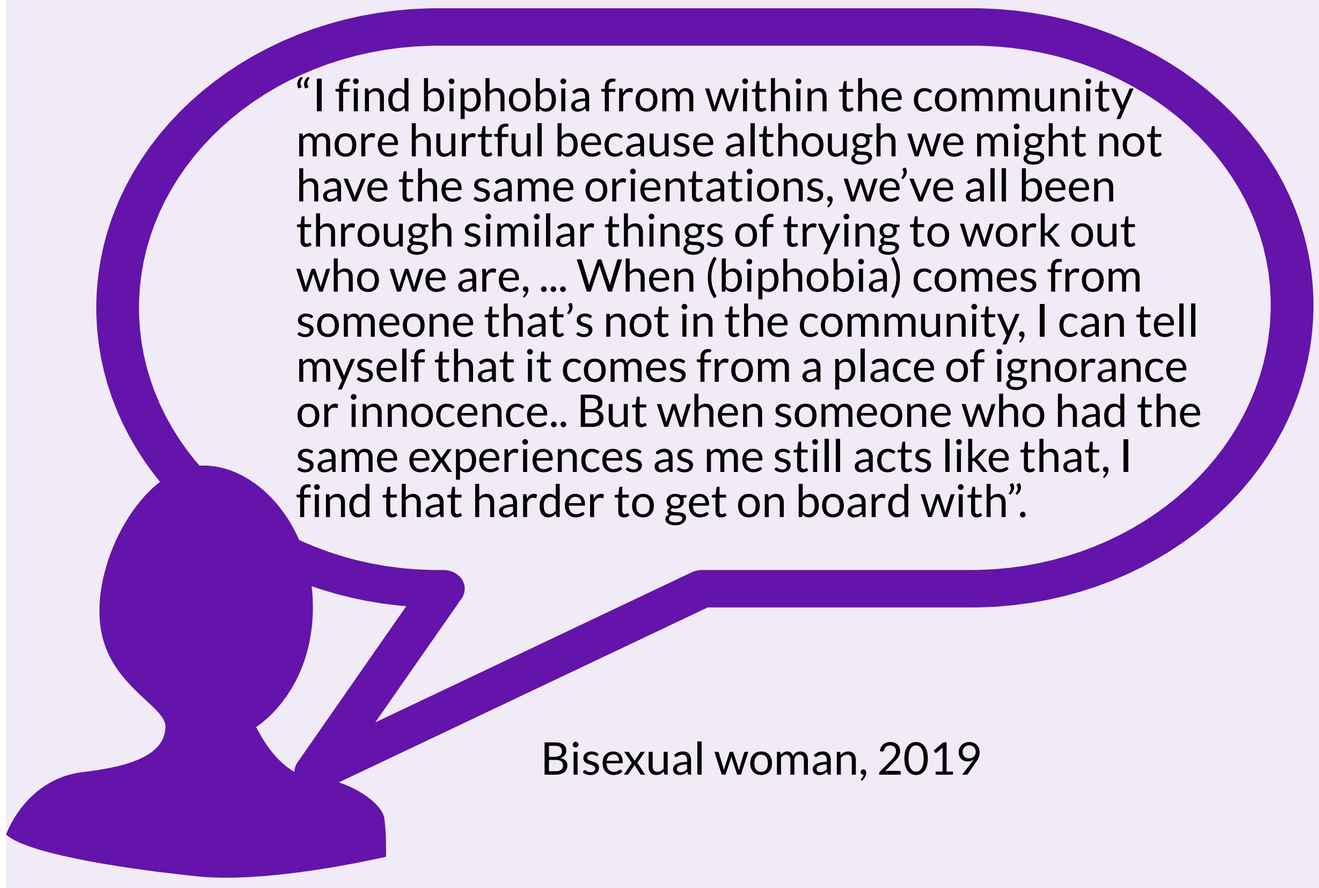
LGBT+ community not fully inclusive:

- Biphobia from within the LGBT+ community
- Transphobia from within the LGBT+ community
- Lack of inclusion of people with identities other than LGBT (eg asexual)
- Discrimination and lack of access for disabled people
- Discrimination on the basis of race and/or religion
- Rejection of certain LGBT+ identities or intersections as potential partners (including bisexual people, disabled people).

'Toxicity' in the gay scene:

- An emphasis on physical appearance and pressures to conform to unrealistic expectations of physique
- Idealisation of ‘macho’ gay men and ‘camp shaming’
- A scene where alcohol and drugs are an integral part and a key focus of social activity
- Risky and exploitative sexual behaviour
- A concentration of men with insecurities, mental health problems and addictions which could have a negative effect on one another.

Discrimination from within the LGBT+ community was particularly hurtful



Bisexual woman, 2019

Newly emerging divisions

In 2021, survey responses indicated newly emerging divisions:

- Trans people revealed an increasing sense of victimisation from within the LGBT+ community
- Some lesbian/gay women felt that the LGBT+ community had become intolerant or unwelcoming to cis lesbians
- Overall a loosening of ties among LGBT+ identities as an umbrella concept.

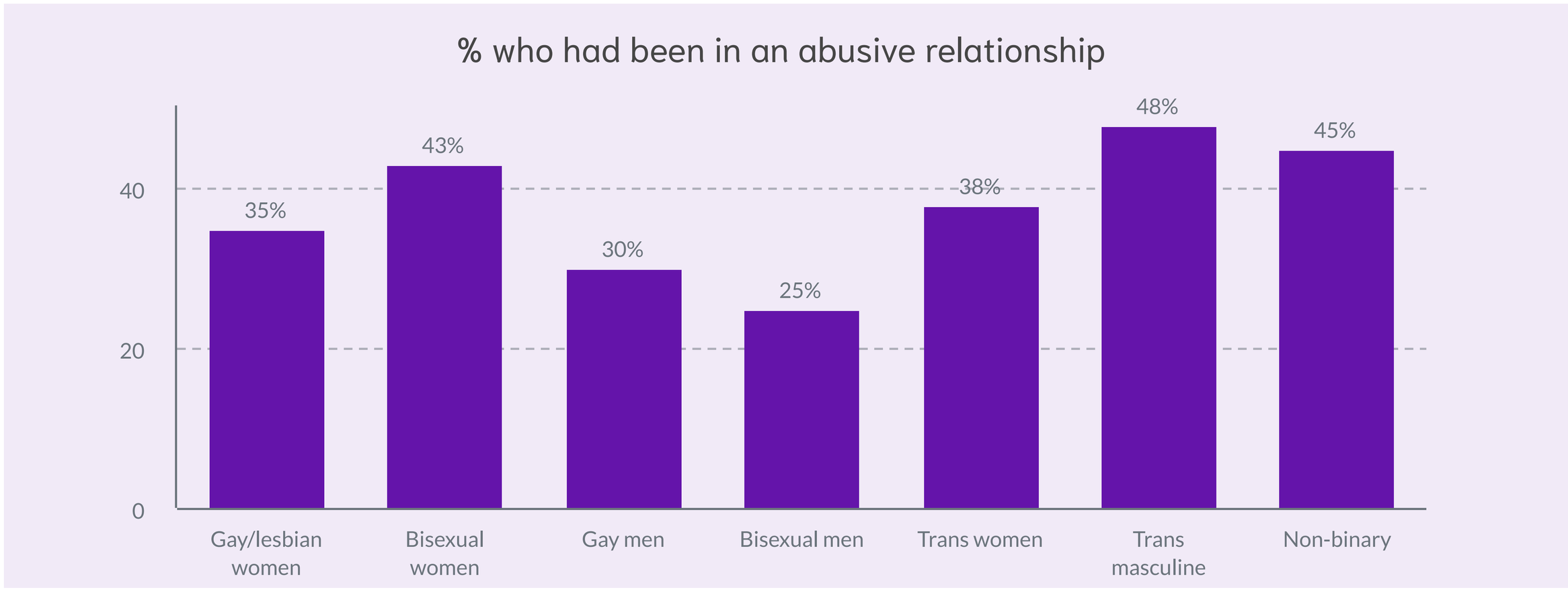
7 Social Health

Abusive relationships

37%
said they had experienced an
abusive relationship

Non-binary and trans people and **bisexual women** were the most likely to have experienced abusive relationships

Disabled people/those with a limiting condition and **those with autism or ADHD** were more likely to have been in abusive relationships.



Perceived lack of support for LGBT+ victims of domestic abuse

Bisexual woman, 2019

44% in abusive relationships said the abuse **increased during lockdown**.

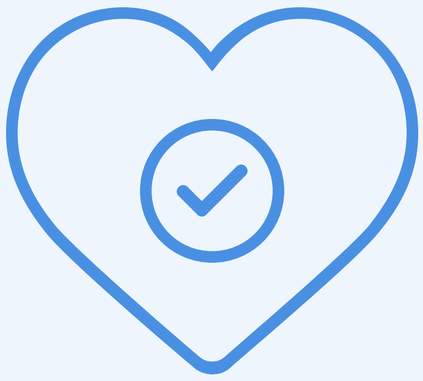
only **17%** of victims of abusive relationships had **accessed any help or support**

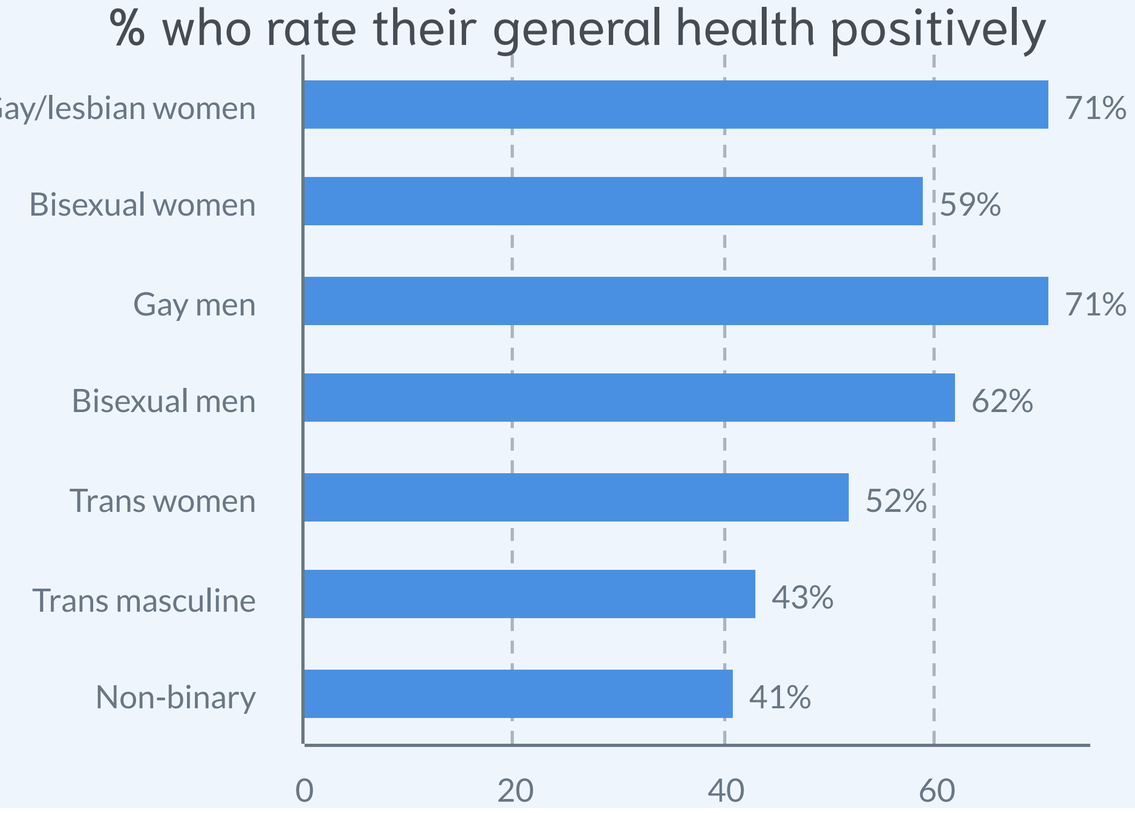
2 Physical Wellbeing

General Health and Illness

59% rated their **general health** positively.

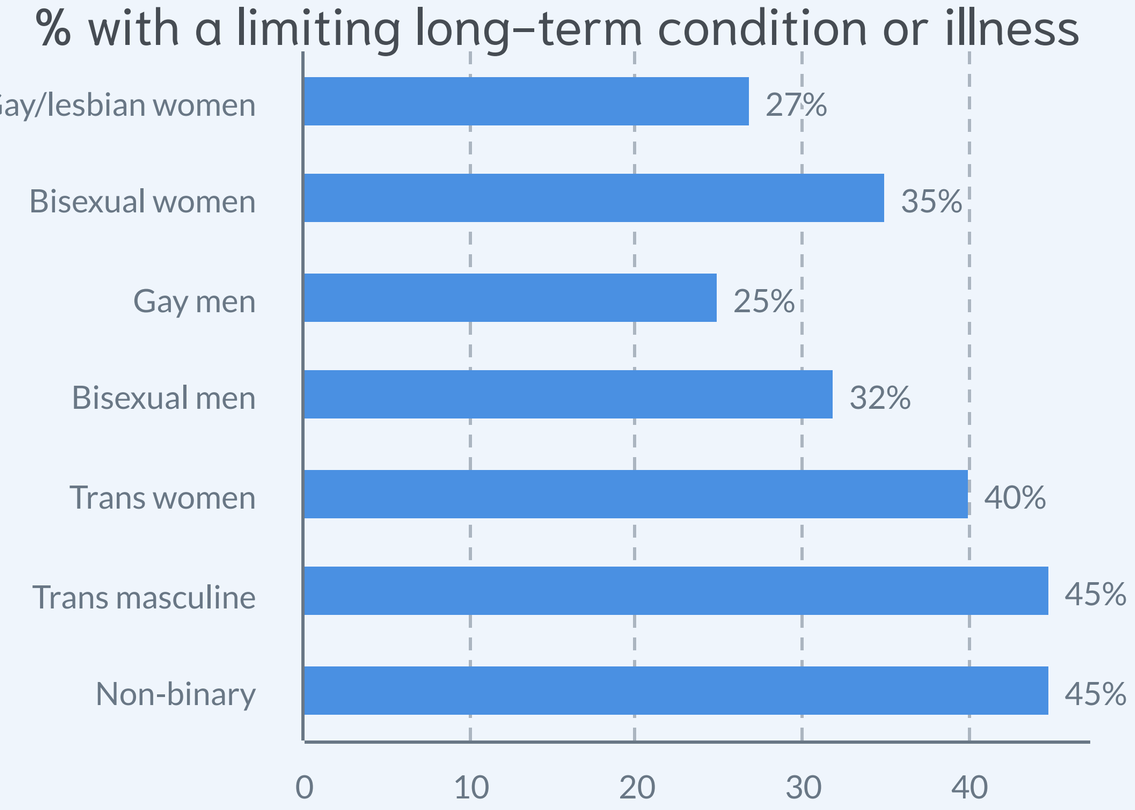
Gay men and women were the **most likely** to rate their health positively.
Non-binary and trans masculine were the **least likely**.





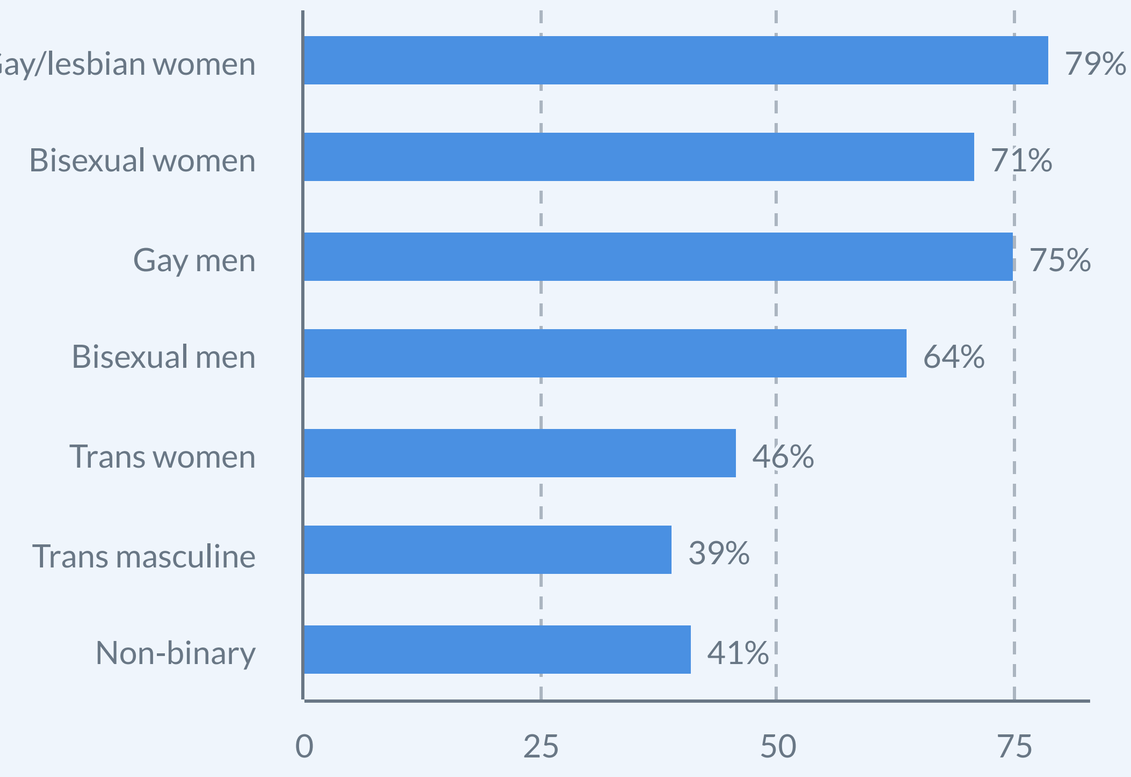
1 in 3 had a **limiting long-term condition or illness**

Gay men and women were the **least likely** to have a limiting condition/illness.
Non-binary and trans masculine were the **most likely**.



63% rated their **quality of life** positively.

Trans and non-binary were the **least likely** to rate their quality of life positively.
Gay/lesbian women were the **most likely**.



Living with Limiting Conditions and Illnesses

Those with a limiting condition/illness were **more likely to feel isolated or feel lonely**, and **less likely** to feel there would be **someone to help them if they had a problem**

49%
of LGBT+ people with a limiting condition/illness had been in an **abusive relationship**, compared to 31% of other LGBT+ people

23%
of LGBT+ people with a limiting condition/illness were **carers**, compared to 15% of other LGBT+ people

59%
of LGBT+ people with a limiting condition/illness had scores indicating **depression**, compared to 34% of other LGBT+ people

51%
of LGBT+ people with a limiting condition/illness had **used drugs**, compared to 40% of other LGBT+ people

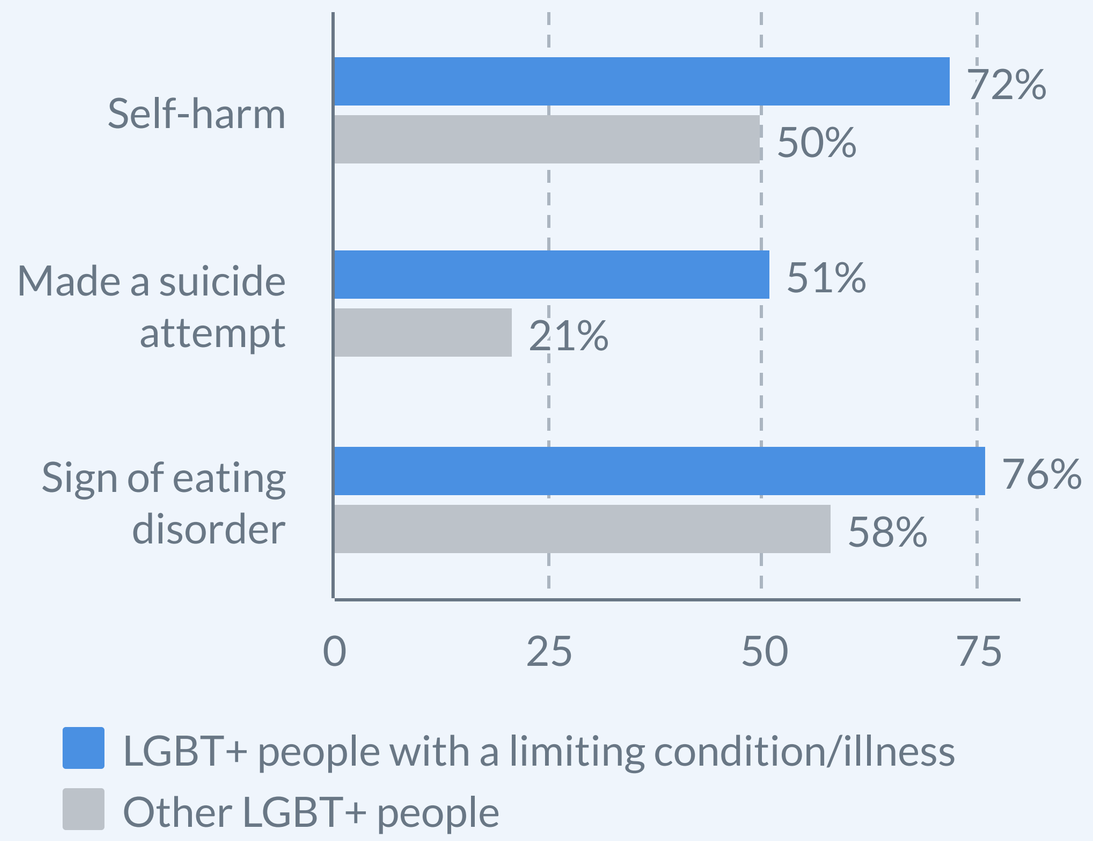
43%
of LGBT+ people with a limiting condition/illness had **rated their quality of life positively**, compared to 74% of other LGBT+ people

Some exhibited a susceptibility to opioid dependency

"I only take prescribed drugs, but there are times when I've used prescribed painkillers that border on addictive - times when I've taken painkillers not to not feel pain, but to not feel anything. That's a dangerous place to be, because there's no-one I can talk to about that."

Disabled bisexual man, 2019

Self harm, signs of **eating disorders** and **suicide attempts** were all more prevalent for those with a limiting condition/illness

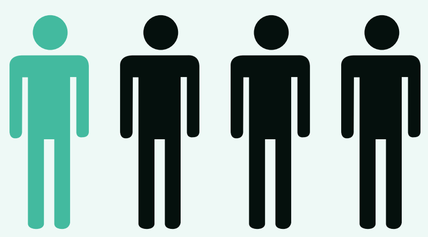


3 Neuro-diversity

Neurodiversity: prevalence

The literature review highlighted evidence that LGBT+ people may be more likely to have learning or developmental differences including dyslexia, Autistic Spectrum Disorder (ASD)/Asperger's and Attention Deficit Hyperactivity Disorder (ADHD). There was particular evidence for a higher prevalence of ASD among transgender young people.

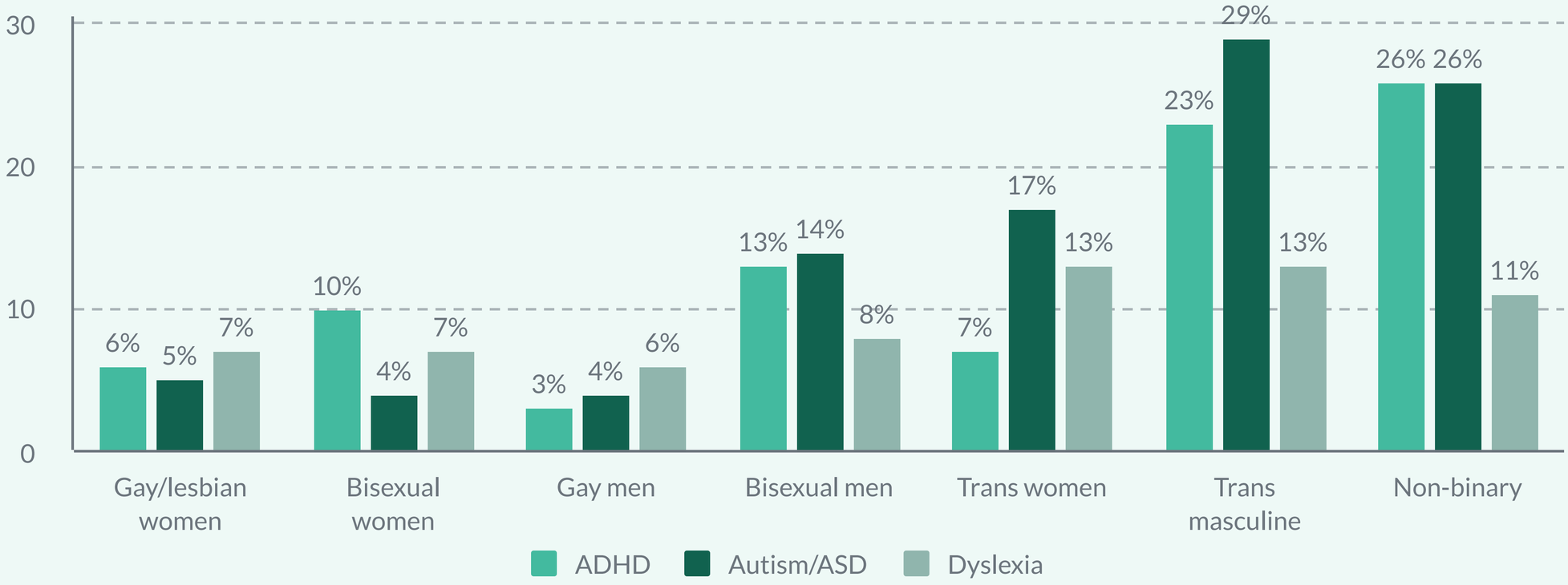
The survey showed a high prevalence of ASD and ADHD among trans masculine and non-binary people.



1 in 4

trans masculine and non-binary people had **ADHD**

prevalence of **autistic conditions** was **highest for trans masculine and non-binary,** but also high for **trans women and bisexual men**



Having both autism and gender dysphoria can confound diagnosis of either condition

"Whether you're trans or have autism, obviously you're going to feel different from most people. So when you're getting a diagnosis they have to make sure that you feel different because of autism, and not because of your gender or your identity . Like is it your trans status that's having an impact on how you socialise or is it autistic traits? You're likely to be kind of isolated because of your identity and it can give you anxiety. So it can make diagnosis harder, and I think it takes longer. I think it's more likely to go missed if you're trans".

Trans masculine, 2019

Overall, **9%** of LGBT+ people had **dyslexia** (similar to national estimates of 10%).
Dyslexia was more common in **trans and non-binary people** than cis LGB people

3 Neuro-diversity

Neurodiversity: health and wellbeing

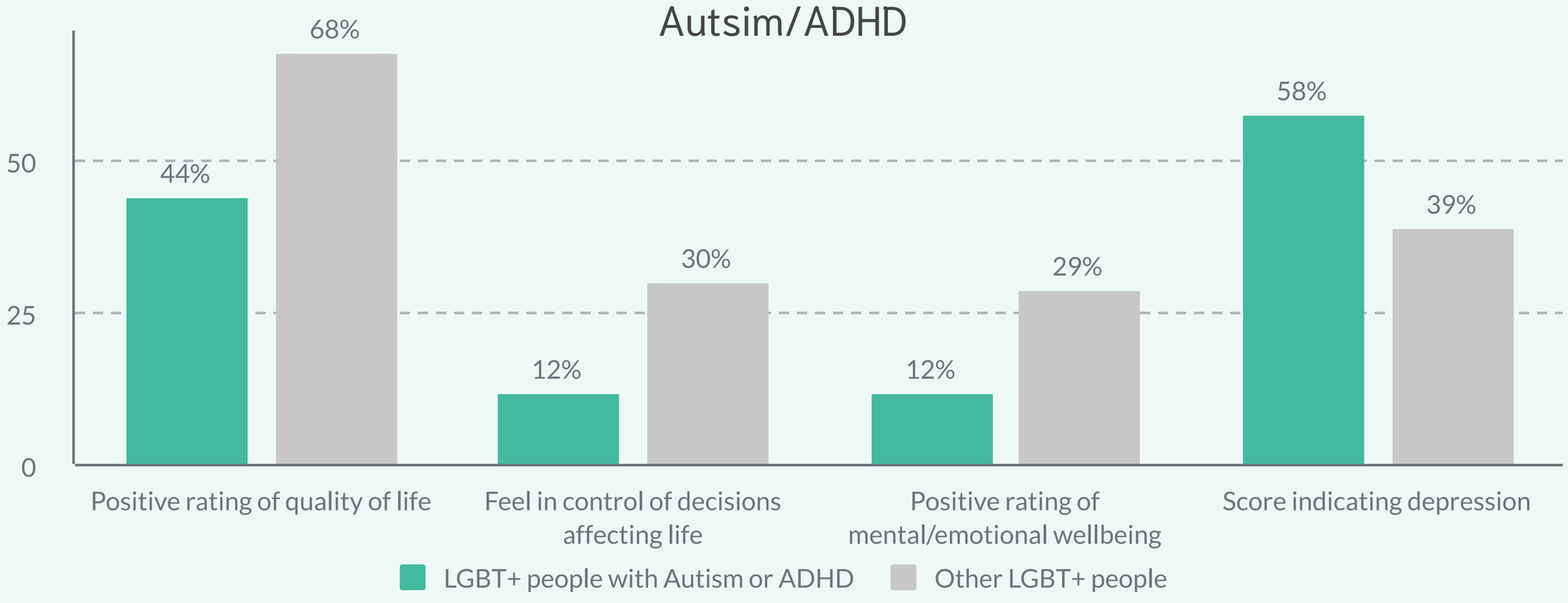
The qualitative research included neurodiverse participants. Having these conditions, particularly ASD, made it difficult for LGBT+ people to meet people and socialise. This was compounded by the fact that many queer spaces (gay clubs etc) are too noisy, busy and over-stimulating, meaning they are often not accessible to those with ASD. Therefore autistic LGBT+ people were often especially isolated, having few opportunities to engage with the LGBT+ community or meet potential partners. Also being 'doubly different' affected mental wellbeing.

Survey findings show consistently poorer wellbeing indicators for a range of measures of social and mental health for LGBT+ people with ADHD or ASD.

Those with ASD or ADHD were **more likely to feel isolated or feel lonely**, and **less likely** to feel there would be **someone to help them if they had a problem**

64% of LGBT+ people with ASD or ADHD had been in an **abusive relationship**, compared to 39% of other LGBT+ people

Indicators of mental/emotional wellbeing by whether respondents had Autsim/ADHD

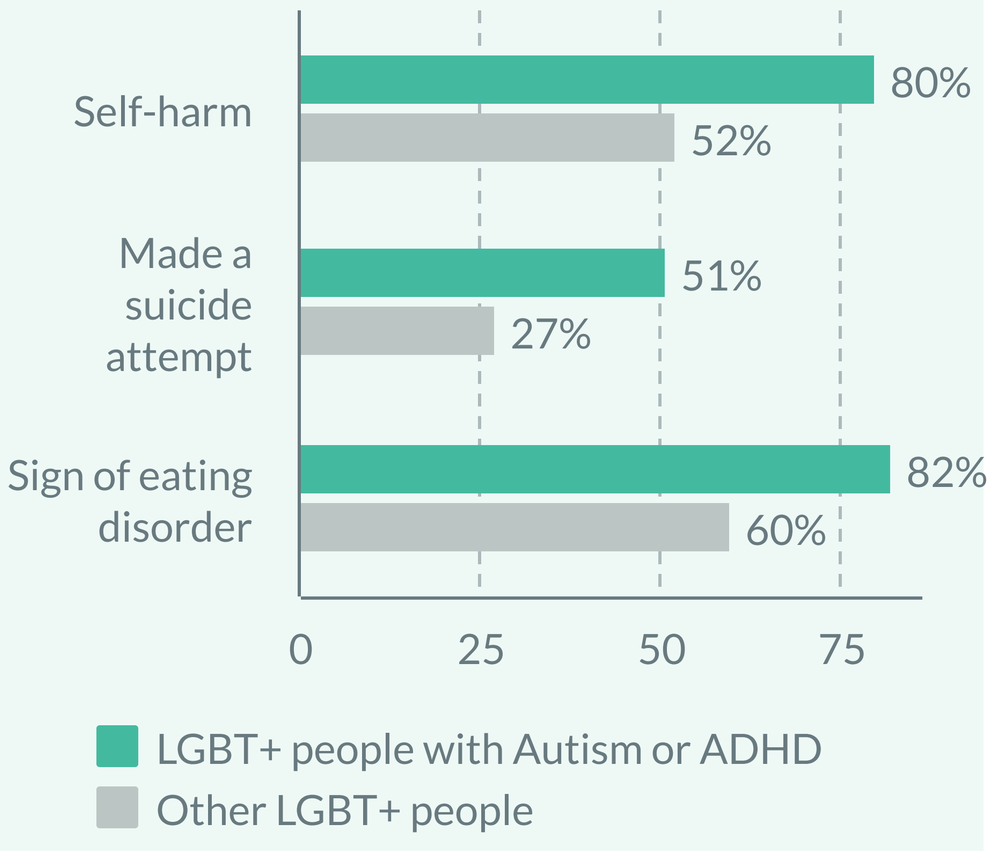


Being 'doubly different' affects mental wellbeing

“A huge problem for women with ADHD is self-worth because of all the ways you fail all the time. And I think being bi as well. The year I came out I was depressed with the stress of it and the feeling of not fitting in, and the stigma of it. You have to constantly build your own sense of self-worth about being bi and then quite a big crossover with being ADHD because it highlights another way you’ve failed to be normal or achieve normal things”.

Bisexual woman, 2019

Self harm, signs of **eating disorders** and **suicide attempts** were all more prevalent for those with ASD or ADHD

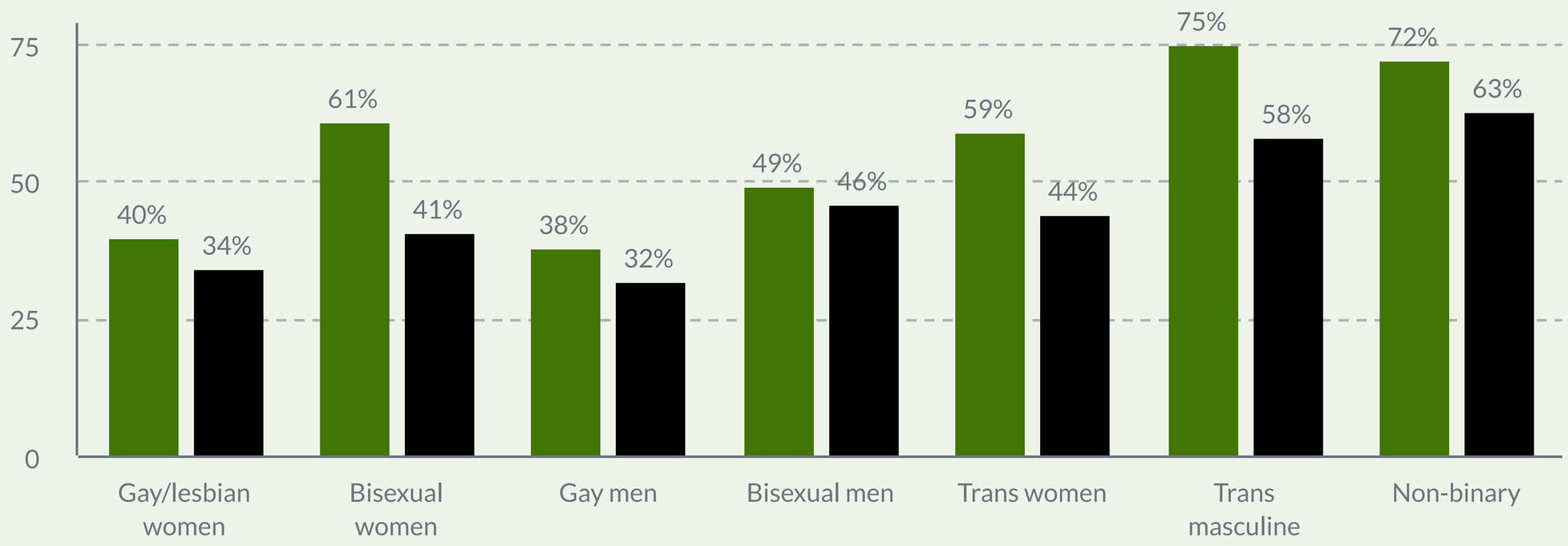


4 Mental Wellbeing

General Mental Health, Anxiety and Depression

54% overall said they had a **mental health problem** (e.g. depression, anxiety, stress). But this ranged from 38% of gay men to 75% of trans masculine.

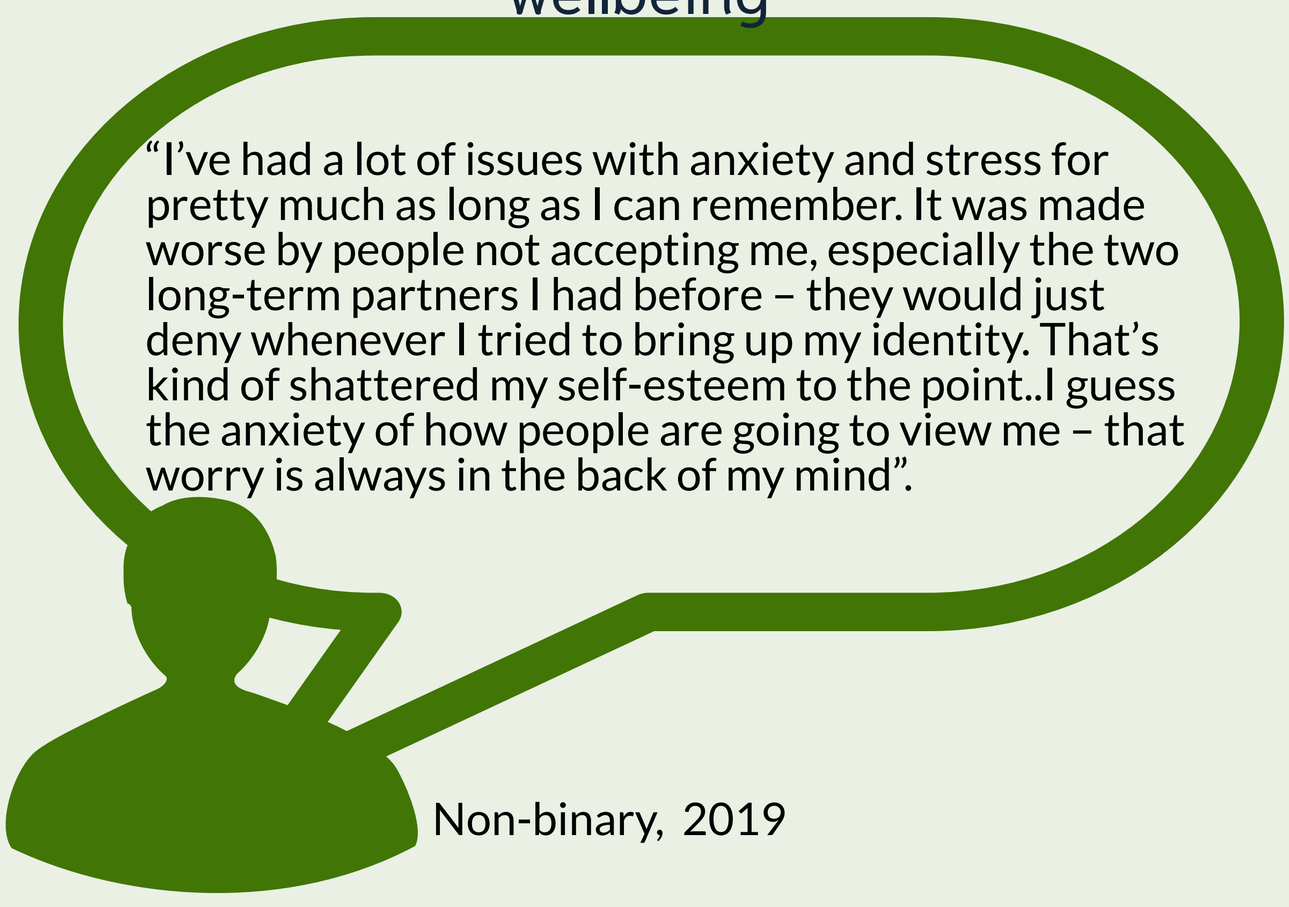
43% overall said they had PHQ-2 **scores indicating depression**. But this ranged from 32% of gay men to 63% of non-binary.



25% overall **rated their mental/emotional wellbeing positively**

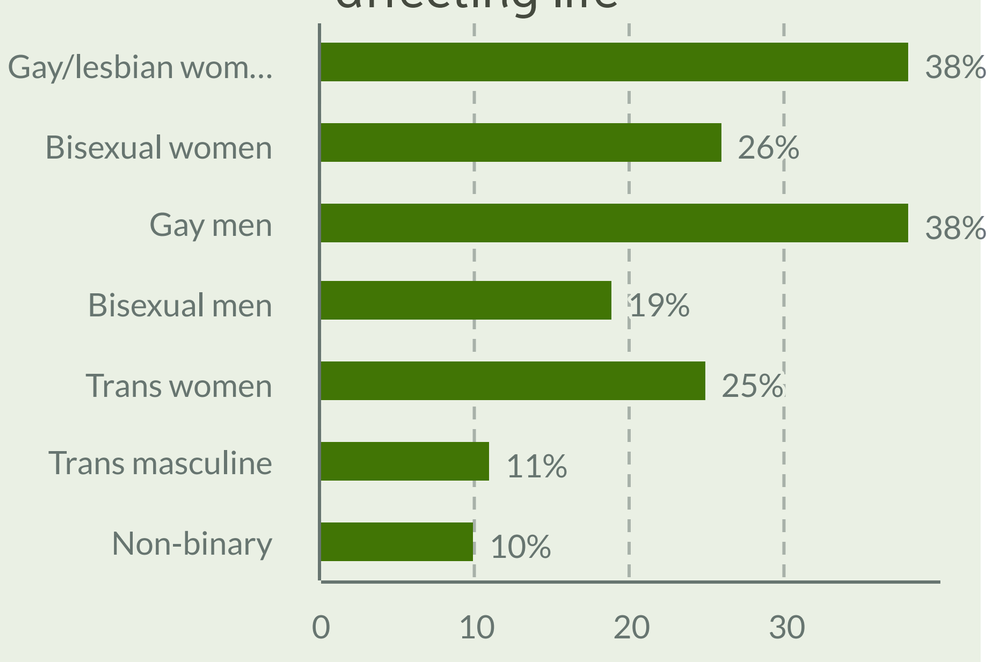
72% said their mental or emotional wellbeing had **deteriorated due to COVID**

There was a clear relationship between social health and mental health: other people's attitudes and actions affected mental wellbeing



27% definitely felt in control of the decisions affecting their life

only 1 in 10 trans masculine and non-binary felt in control



4 Mental Wellbeing

Eating Disorders, Self–Harm and Suicide

Eating Disorders

In the qualitative research, many referred a 'difficult relationship with food' or either over- or under-eating when they were depressed or anxious. Eating disorders among trans and non-binary people were sometimes linked to their gender dysphoria. Trans men and women spoke about either over or under eating in a deliberate attempt to change their body shape. The pressures around physical appearance, particularly for men on the gay scene, were also felt to be catalysts for body dysmorphia and eating disorders.

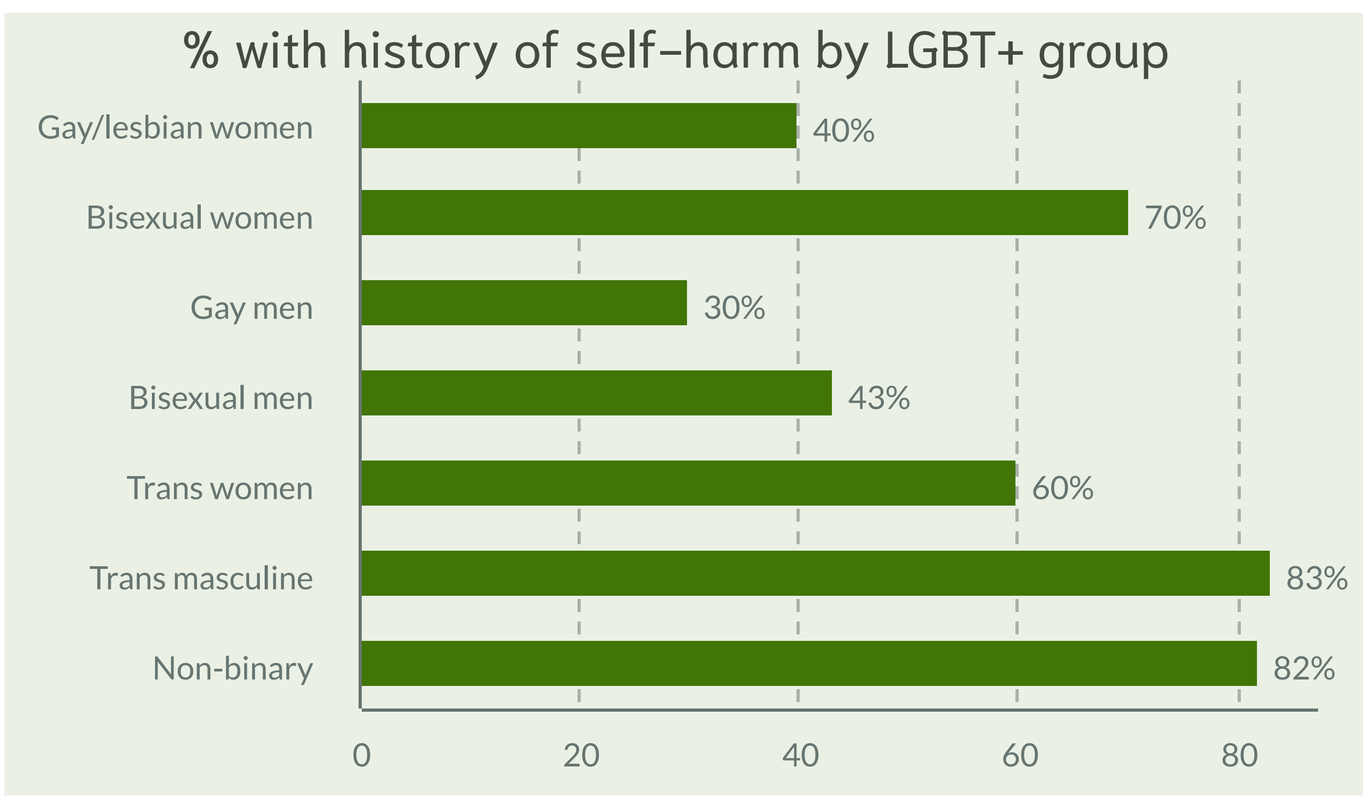
The follow-up qualitative research in 2020 highlighted that the circumstances of the pandemic could be conducive to relapse among those with a history of eating disorders, where controlling food intake was a mechanism for exerting control at times when many aspects of life were uncontrollable.

26% overall had **eaten and made themselves sick**. This was higher for **trans masculine** (36%), **non–binary** (35%) and **bisexual women** (35%)

64% overall had **restricted food or binged food**. This was higher for **non–binary** (80%), **trans masculine** (77%) and **bisexual women** (71%)

Self-Harm

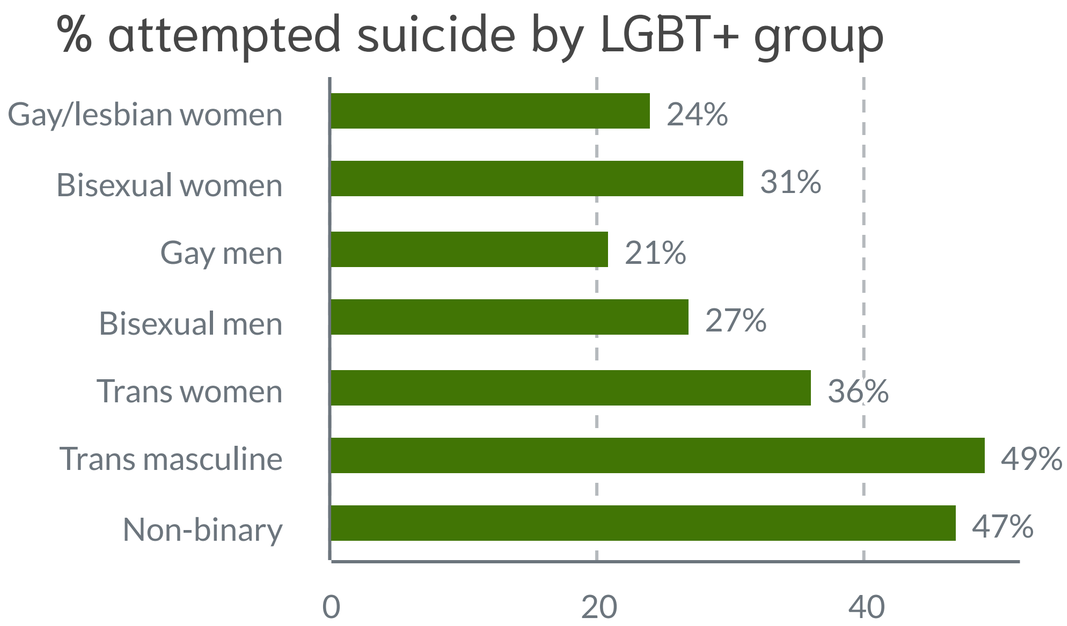
People of all LGBT+ identities disclosed histories or current practice of self-harming. Self-harm appeared to be most common in younger years and prior to coming out or transitioning. Non-binary and trans people were among those who more frequently mentioned self-harming, and this was often linked to their gender dysphoria or hatred of their body. LGBT+ people of all identities who self-harmed also spoke of self-harm as a form of release from their feelings of anxiety, turmoil or overwhelm and was often linked to their struggle to reconcile their identity or difficulties with relationships.



Trans and non–binary people frequently spoke about suicidal thoughts, although these tended to subside after transition.

1 in 3 LGBT+ people had **attempted suicide**

nearly half of trans masculine and non–binary people had attempted suicide



5 Individual behaviours

Smoking, Alcohol and Drugs

Smoking

The literature review highlighted that smoking rates were higher for LGBT+ people than for straight cis people. Many of those who engaged with the qualitative research were smokers. Some linked this to mental health (e.g. using smoking as stress relief), and it was felt that depression and other mental health problems were not conducive to a successful attempt to stop smoking, nor was stopping smoking a priority for many.

Alcohol

The literature review and qualitative research highlighted alcohol as an issue for many LGBT+ people. Some used alcohol at problematic levels, and some had a history of addiction to alcohol. A common reason for excessive alcohol use was 'self medication' to cope with depression, anxiety and stress. Many pointed to the gay scene and other LGBT+ spaces being almost exclusively focussed on alcohol or places serving alcohol. Alcohol was also used by many as a means of losing social and sexual inhibitions.

Drugs

Some LGBT+ people spoke of using drugs, often linked to mental health problems – while drugs were used to alleviate feelings of anxiety and depression, they were also seen as ultimately exacerbating these problems. The consequences of behaviours that occurred when under the influence of drugs could also be the cause of regret and lead to poorer mental health. Drug use on the gay scene was seen as prevalent and normalised. Some gay and bisexual men also used drugs for chemsex.

14% were **current smokers**

Comparative national data show that 9% of adults in Scotland are smokers (2020 Scottish Health Survey)

82% **drank alcohol** at least some times

1 in 4 (26%) **drank alcohol twice a week or more**

Gay and bisexual men were the most likely to give responses indicating **risk of alcohol related harm**.

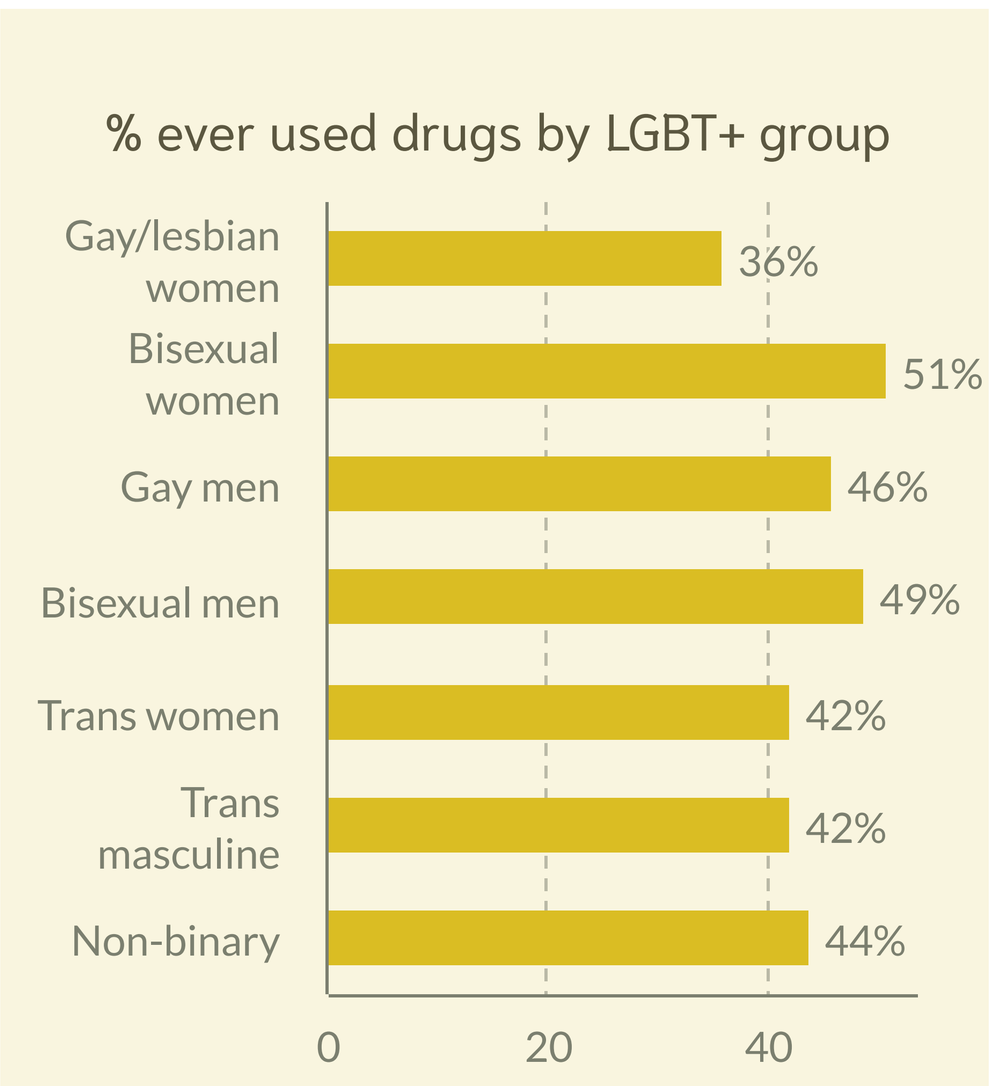
44% had **used drugs**

Bisexual men and women were the most likely to have used drugs.

Alcohol and drug use was seen as prevalent on the gay scene and led to regretted actions

"I think socialising on the gay scene makes using drugs kind of inevitable and predictable and I would say I am concerned a bit about my drug and alcohol intake. I think a lot of it is choosing who I socialise with. I need to sort of step back and just have a bit of a reality check and think is this the sort of behaviour I want to continue? I can already see how much hurt I've caused myself".

Gay man, 2019



5 Individual behaviours

Physical Activity

Large sections of LGBT+ people wished to participate in physical activity (e.g. gym, exercise classes, team sports) but did not do so.
E.g. only 5% of trans women currently go to the gym but 39% would like to.

Levels of physical activity varied, but many pointed to the **link between physical activity and mental wellbeing**

Depression led to disinterest in being active, but being active boosted mental wellbeing

Barriers to physical activity

Homophobia/transphobia in sports/exercise environments

Particularly for **trans and non-binary people** and **gay/bisexual men**

Lack of appropriate changing areas

Communal and/or gender segregated changing facilities were barriers particularly for **trans and non-binary people**

Lack of LGBT+ friendly sports facilities or clubs

practical concerns around clothing etc for trans people

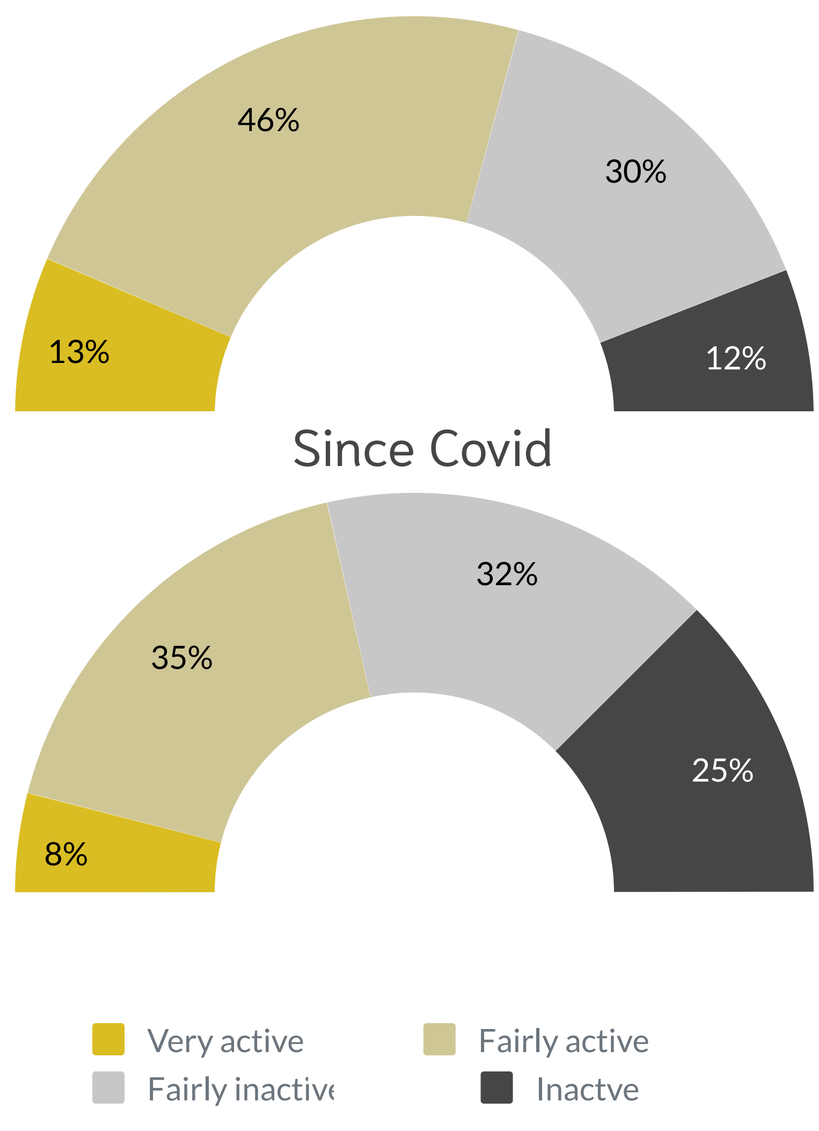
gender segregation/ gender rules

cost

The Covid pandemic reduced physical activity which impacted mental and physical health

> " I like going to the gym, because it makes me feel good about myself and helps me a lot with managing dysphoria. When the gyms closed and I couldn't access a gym for six months, it was really hard on me. Like everyone else, I tried doing the home workout thing, but it wasn't feeling like it did when I went to the gym- I like using heavy weights and exhausting things, so when I go home I feel exhausted but really good about myself. So not having had that for a really long time had a profound impact on my mental health and I think my physical health as well, in terms of how fit I am and how good my circulation is and all that stuff".
>
> Trans masculine, 2020

Activity levels before and since Covid



5 **Individual behaviours**

Online Activity

Online Gaming

The qualitative research in 2019 highlighted that some trans and particularly non-binary people often used online gaming as a means of interacting in a non-gendered way, or trying out genders in a virtual environment. Among those who did this, this was largely felt to be positive on their mental health. However, it was recognised that gaming could become addictive or people could be compelled to spend longer on these types of activities than they felt they should. Among GIC professionals, there was some concern that people were accessing the service who spent much of their time online gaming and that they had not spent sufficient time socialising in the real world in their preferred gender.

Social Media

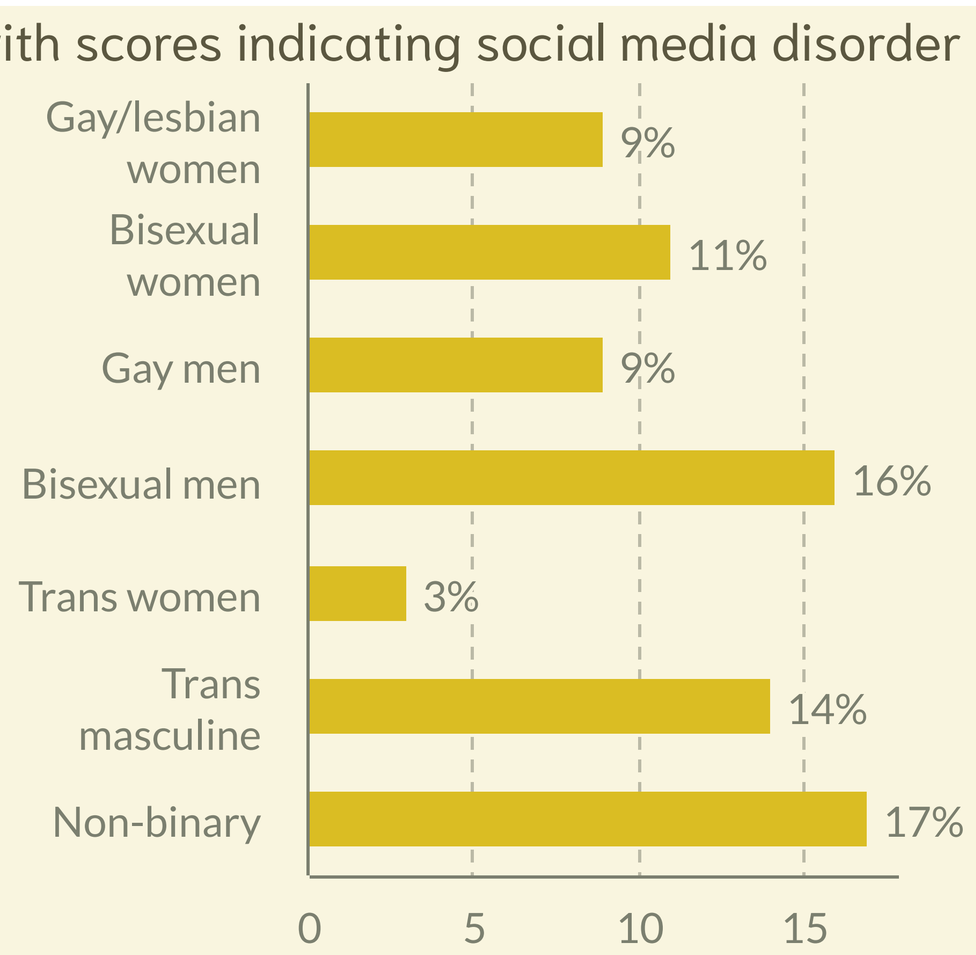
Social media was largely viewed as a very good way for people to connect to other LGBT+ people, particularly those in more rural areas and those with minority identities. Social media was used to connect to people, make friends, access online groups and online support. However, it was also recognised that social media could be very detrimental to mental health and self-confidence where negative messages and attitudes relating to LGBT+ people were prevalent. There was much discussion from all LGBT+ groups about the current discourse on social media against trans people, particularly trans women. The 2020 research showed that as the pandemic period forced people to spend more time connecting to others online when they could not meet in person, the harmful aspects of online activity could become magnified. People spoke of becoming overwhelmed by the stream of either bad news relating to the pandemic, or hateful comments directed at LGBT+ communities.

46% of LGBT+ people participated in **online gaming**

the most likely to do so were **trans masculine** (64%), **non–binary** (63%) and **bisexual men** (61%)

92% used **social media every day**

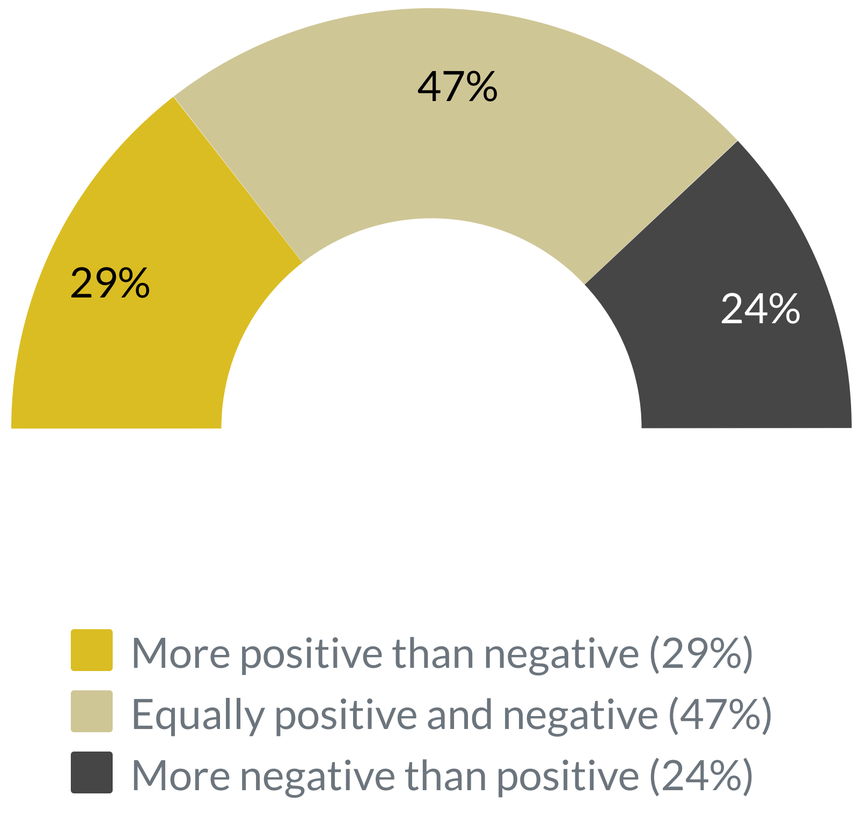
11% overall had scores indicating a **social media disorder**



Heightened negative discourse about trans people during the pandemic occurred at a time when people were feeling particularly vulnerable and isolated.

> "I can't not be online, because I need to be for my job. (Anti-trans social media content would be) repeated across 25 different mainstream news articles – all the reactions from all the other websites. You just can't get away from social media. All the bigots were in lockdown too and had time on their hands. I feel that I need to be online for my job but by going online I'm practicing self-harm – it really does feel like that, and I don't know what I can do about it".
>
> Trans woman, 2020

Perceived effect of online activity on life



6 Financial Wellbeing

Financial Wellbeing and Homelessness

The literature review highlighted evidence that LGBT+ people were more likely to have difficulty meeting living expenses, experience food insecurity and live in areas of multiple deprivation. The qualitative research revealed significant financial impacts which were directly or indirectly related to LGBT+ identities:

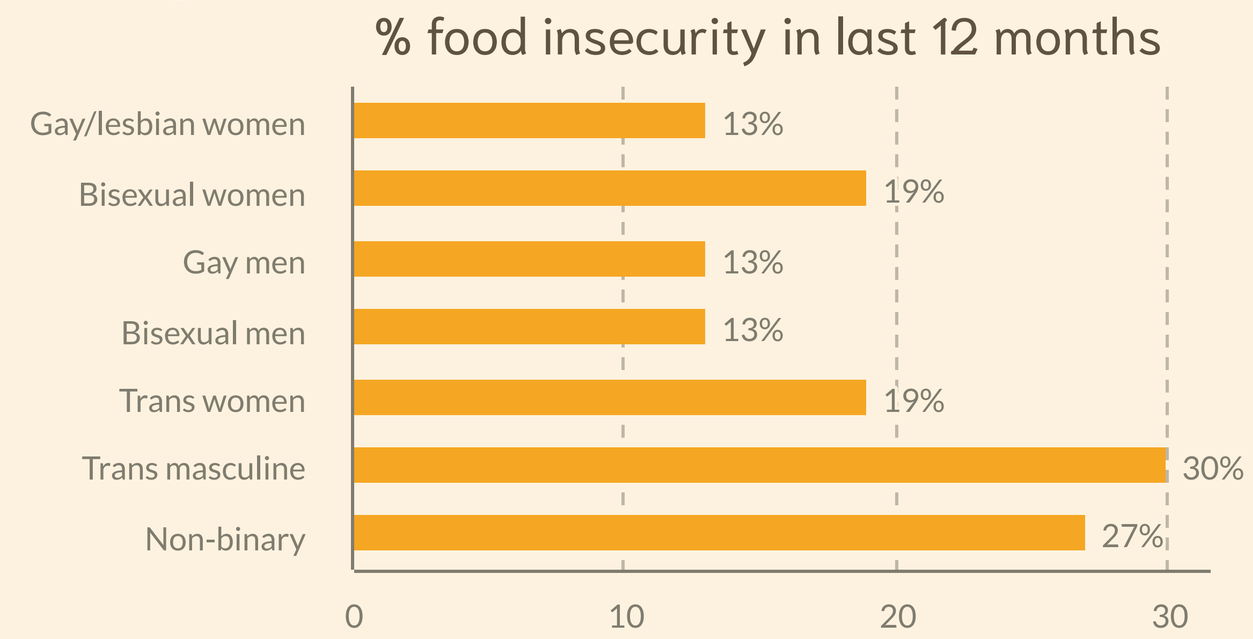
- Many LGBT+ people felt forced or compelled to access private treatment, for counselling, fertility services and gender transition
- Some young people did not feel able to come out to parents until the point they were leaving or had left the parental home. In some cases, this led to young people moving out of the parental home before they may be otherwise ready either emotionally or financially, and they could struggle to meet living costs.
- The difficulties faced by LGBT+ people living in rural areas and small towns compelled LGBT+ people to migrate to cities where living costs could be higher and where they did not have financial support from family.
- The cost of travel to use health services, third sector support services and LGBT+ social groups was a financial burden for those in rural or outlying areas.
- There was significant financial impact of addictions or use of drugs, alcohol and cigarettes.

79% ever had **financial worries**

27% had financial worries **all or most of the time**

trans and **non-binary** were the most likely to have financial worries

18% had experienced **food insecurity in the last 12 months**



20% of LGBT+ people under the age of 50 had experienced food insecurity in the last year. This compares to 12% of under 45s nationally (Scottish Health Survey 2020)

Trans people frequently accessed private treatment, at great financial cost

> "I'm still on the waiting list for the (GIC). I've still not got a date for my initial appointment and I've waited 22 months, so I'm temporarily seeing a private specialist... That is having a huge financial impact, and that's been one of my biggest worries. I had some savings and they've been depleted to zero. I think I can continue to have the private treatment until the end of the year, but if I haven't transferred to the NHS by then I'll have to sell my flat".

Trans woman, 2019

12% of **trans women**

13% of **gay men**

had **sold sex**

1 in 8

LGBT+ people had ever been **homeless**

7 Health Services

Use of Health Services

88% said the last time they used their **GP** it was a **positive experience**

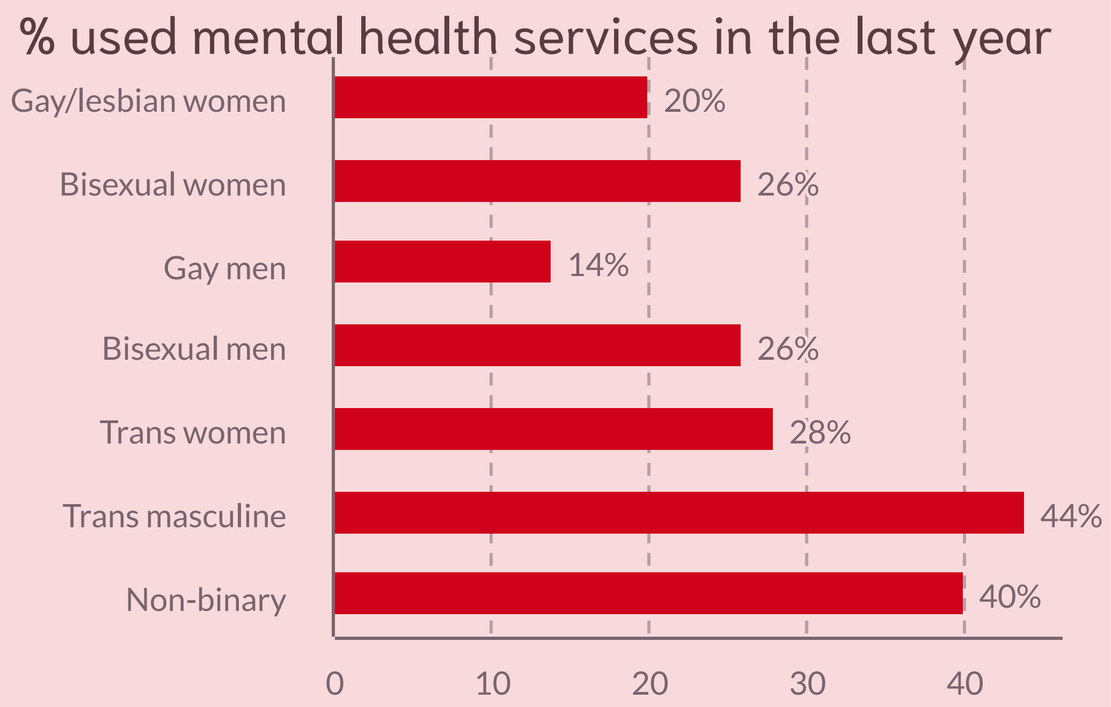
65% said GP staff showed an **appropriate understanding of LGBT+ issues**

GP Services

The qualitative research found that overall, most were happy with the care they received from their GP and most of those who were out to their GP had positive experiences. But there were also experiences of:

- heteronormative assumptions
- GPs misdiagnosing people through assumptions made about their sexuality or gender identity,
- inadequate knowledge about some identities,
- some concerns around confidentiality.

Trans masculine and **non–binary** were the most likely to have used **mental health services** in the last year



Mental Health Services

The qualitative research identified huge frustration at the long waiting lists for mental health services and the lack of early-intervention services. There was much reliance on third sector and private sector providers.

The survey showed that of those who had used mental health services:

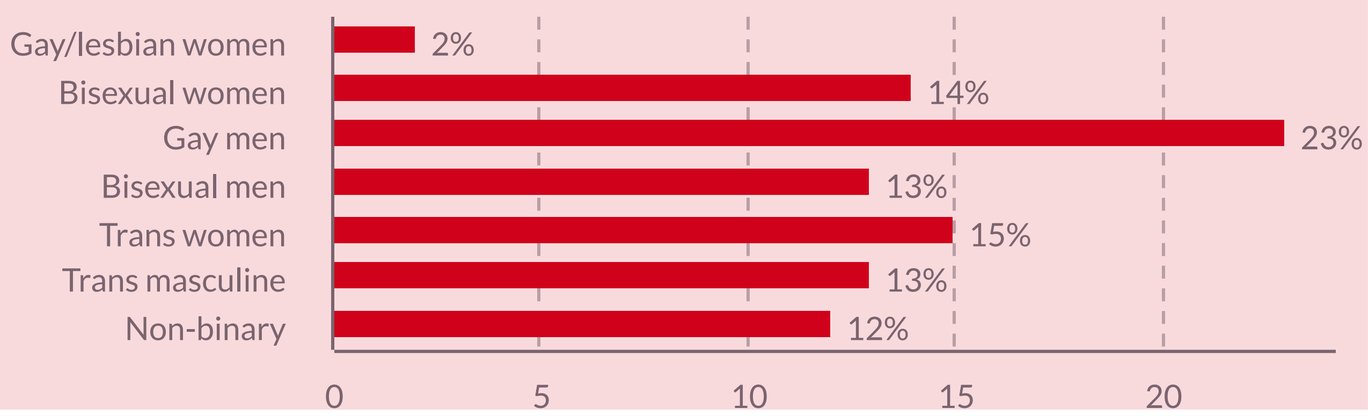
- 79% were out to mental health practitioners
- 71% said it was a positive experience
- 64% said staff showed an appropriate understanding of LGBT+ issues
- 12% said they were treated unfairly due to their LGBT+ status

1 in 3 **trans masculine** and **non–binary** people did **not attend** when invited for **cervical screening**

Cervical Screening

The qualitative research highlighted issues of heternormative assumptions at cervical screening appointments and anxiety among trans people about having tests/procedures discordant to their gender identity.

Gay men were the most likely to have used **sexual health services** in the last year



Sexual Health Services

In the qualitative research, many pointed to a lack of dedicated sexual health service for LGB women. Some bisexual women felt sexual health staff exhibitied biphobic assumptions that they would have frequent casual sex.
Trans and non-binary people expressed confusion about which sexual health services they would use.
Gay and bisexual men often expressed praise for dedicated sexual health services for men who have sex with men.

7 Health Services

Gender Identity Services

Waiting times

to access Gender Identity Clinics (GIC) at the time of the 2019 research were around 18 months. By the 2021 survey, this had risen to around

3 years

The impacts of prolonged waits to access the GIC were:

Mental Health impacts

of continued dysphoria and lack of support. Including anxiety, depression and anguish. Many spoke of **suicidal thoughts** and **self-harm**.

Financial impacts

of seeking private treatment. Some spoke of making **huge personal sacrifices** to fund treatment.

Physical impacts

particularly related to **prolonged chest binding**.

50%

of those referred to the GIC had **accessed support** while waiting.

Of those referred to the GIC:

15% had **bought** cross-sex **hormones online**

18% had **bought** cross-sex **hormones** via **private prescription**

Patients often said they hid mental health problems from the GIC for fear that treatment would be denied.

> "Two of my three near misses with suicide occurred when I was under the care of the gender clinic. These are not things you can tell the gender clinic. I was terrified if I mentioned it they would refuse surgery".
>
> Non-binary, 2019

GIC patients were frustrated by administrative delays and errors and lack of communication

just **1 in 4**

rated the GIC positively

Wish List and Recommendations

The nine key 'wish list' items identified from the qualitative research are presented over the next 3 pages together with 41 recommendations to address these

Wish list item: **LGBT+ spaces for socialising without a focus on alcohol**

- **1. A mapping exercise should be conducted to map existing provision of groups and activities for LGBT+ people, identifying good practice and gaps in provision in terms of geography and identity groups.**
- **2. Every local authority in Scotland should provide or fund at least some groups or activities specifically for LGBT+ people.** It is recognised that remote and rural areas are unlikely to have large and diverse LGBT+ populations. Provision of groups and activities must be to scale of population. Where demographics allow, provision of groups and activities must encompass cultural, sport and physical activity, social interest groups as well as targeting specific identity groups.
- **3. An inclusive LGBT+ social space (hub or café) should be established at least in the largest cities in Scotland (e.g. Glasgow, Edinburgh, Dundee, Aberdeen, Inverness).** These should be welcoming, inclusive and safe spaces for people from all LGBT+ groups.
- **4. The development of LGBT+ social spaces and opportunities should be community–led.** To do this well, local areas will need to ensure local 3rd sector organisations are sufficiently resourced.

Wish list item: **LGBT+ education in schools**

- **5. Investigate the extent to which LGBT+ inclusive aspects of Relationship, Sexual Health and Parenthood education (RSHP) and other curricular areas are being used and applied in schools.**
- **6. Ensure staff training and continual professional development provides staff with the confidence to deliver inclusive education.**
- **7. Schools should strive to achieve a charter mark or other formal recognition of inclusivity.**
- **8. School based approaches to reducing abuse/sexual violence (e.g. *Equally Safe)* should be reviewed for LGBT+ inclusiveness.**

Wish list item: **Training for health and other staff**

- **9. LGBT+ awareness and inclusivity training should be mandatory and organisations should be accountable for keeping up to date with LGBT+ training needs.** Such training would be applicable across all public services and open to all 3rd sector and private sector.
- **10. LGBT+ training should be reviewed and updated and capacity should be built to deliver training.** This will require financial investment. Third sector organisations may be best place to deliver such training. LGBT+ communities should be involved in the development.
- **11. NES should work with NHS Boards and LGBT+ communities to produce a new LGBT+ Awareness e–learning module for NHS staff across Scotland.**
- **12. General LGBT+ inclusivity training should be delivered to all staff in all positions within organisations. Speciality training should also be developed for specific roles to address specific inclusive practice (e.g. for mental health care; sexual and reproductive health care; trauma informed practice development, etc).**
- **13. LGBT+ issues and inclusiveness should be incorporated into undergraduate and post graduate education across disciplines including medicine, nursing, social work, education, etc.**

Wish list item: **Mental health waiting lists and appropriate services**

- **14. Investment should be made in mainstream NHS mental health services to ensure shorter waiting lists for counselling and other therapies.**
- **15. Training for mainstream mental health professionals (see recommendations 9–13) should ensure that they have the awareness, knowledge and skills to treat LGBT+ people appropriately.**
- **16. Provide more funding to 3rd sector organisations to expand services in dedicated LGBT+ counselling and non–therapeutic early intervention.** This should include dedicated referral routes for those waiting to use Gender Identity services and for asylum seekers.

Wish list item: **Improvements to the GIC**

- **17. Consistent and universal protocols should be developed and applied, supported by relevant training, to ensure that primary care services are involved in transgender and non-binary health care. This would include bridging hormones for those on the waiting list and shared care agreements and shared pathways.**
- **18. Online video consultations, initiated during the pandemic, should continue and be offered as part of the core service delivery model for the Gender Identity Clinics (GIC).**
- **19. Considerable investment is needed to increase capacity and reduce waiting times within the GIC.**
- **20. To increase capacity, more clinicians need to be encouraged into the speciality. Training programmes or the development of a specialist post-graduate programme in trans healthcare with a Scottish university may be instrumental in this.**
- **21. Redesign services to be more person-centred and patient-led in order to reduce the extent to which GIC clinicians are perceived to act as 'gatekeepers' to accessing care.**
- **22. Improve communication through investment in GIC admin and support, including:**
  - Increasing the number of administrative staff allocated to support GIC services
  - Streamline admin processes to ensure there are no delays for letters and reports, and investigate how enquiries can be responded to more quickly
  - Investigate the possibility of a 'care navigator' system which would mean those referred to the GIC would have a named person they could contact who would support them through the process and system.
- **23. Reform to GIC and trans health care should be informed by former service users**

Wish list item: **More services being visibly LGBT+ inclusive**

- **24. Organisations should be clear that their services are inclusive and should work with LGBT+ people to design and monitor provision. They should ensure that their website(s) and their physical environment where services are run (including services delivered in people's homes), clearly demonstrate that all people are welcome to use their service.** This should be backed up with appropriate training.
- **25. NHS Scotland/NHS Boards should ensure all generated letters clearly demonstrate that all NHS services are inclusive.**
- **26. Pro-active engagement with LGBT+ people should seek to maximise uptake of NHS screening services.**
- **27. Complaints processes and complaints logging should be structured in a way that it is possible to search for complaints which relate to discrimination relating to protected characteristics including sexual orientation and trans or non-binary status. Complaints processes should be transparent.**
- **28. NHS and other public services should engage in formal accreditation or external assessments to demonstrate inclusivity and increase confidence in service users.**

Wish list item: **Support for LGBT+ victims of domestic abuse and sexual violence**

- **29. All services which provide for victims of domestic abuse and sexual violence should be demonstrably LGBT+ inclusive.** This may include staff training (see recommendation numbers 9 to 13) and ensuring visible inclusivity (see recommendation numbers 23 to 26). Health professionals and others must be made aware of inclusive support services in order to appropriately signpost.
- **30. Establish a dedicated service for LGBT+ victims of domestic abuse and sexual violence,** and this must be publicised and promoted to LGBT+ communities and professionals.
- **31. There is a need for a campaign raising awareness of partner abuse and sexual violence in LGBT+ relationships**, in order to help victims recognise incidents and seek help, and boost awareness among professionals and the general population.
- **32. Development of services and an awareness raising campaign should involve the LGBT+ community, including those with lived experience of domestic abuse/sexual violence.**

Wish list item: **Provision of Inclusive Facilities and Opportunities for Sport and Physical Activity**

- **33. A clear framework of inclusivity should be established for sports and leisure providers to use as a tool for implementing a plan of proactive LGBT+ access and participation.**

- **34. Relevant stakeholders should develop clear national strategic guidance for providers that supports access to facilities.**

- **35. Consideration must be given to both dedicated physical activity opportunities for LGBT+ people and equitable access to regular facilities, clubs and sessions.** This should involve consultation with the LGBT+ community.

- **36. Provision of dedicated LGBT+ opportunities for sports and physical activity should be considered in light of the findings from the mapping exercise advocated in Recommendation No 1.**

- **37. A working group should be tasked to explore and consider the opportunities and possibilities of an LGBT+ thematic community sports hub in large population centres** (e.g. in the way disability sport is a thematic approach to provision).

Wish list item: **Provision for Asylum Seekers**

- **38. LGBT+ asylum applicants should be offered supported access to a range of health and wellbeing services including counselling and mental health services delivered in partnership between trusted 3rd sector organisations with supported referral to NHS services where required.** Organisations providing support must recognise the sensitivities and needs of those who are both asylum seekers and LGBT+ people.

- **39. Asylum applicants should have an opportunity, through sensitive enquiry by the Home Office, to disclose their LGBT+ identities and be supported by link workers aligned to the asylum application process (and latterly within named accommodation centres) to engage with local support structures. When submitting an application in Scotland, applicants should – as a minimum – be given information in their own language on NHS services and the Scottish Refugee Council. Consideration should be given to routine referral to the Scottish Refugee Council.**

- **40. Asylum applicants should have unrestricted access to relevant health and social care information, developed in partnership between public sector and 3rd sector bodies. This information should be available from a range of safe and trusted public spaces and should seek to reassure rights to support.**

Final over-arching recommendation:

- **41. Directors of Public Health and Public Health Scotland are asked to champion the recommendations from this report within their local health boards, and nationally with COSLA and Scottish Government.**

This Summary Report has been prepared by
Traci Leven Research,
on behalf of the partners who commissioned the Health Needs Assessment:
NHS Greater Glasgow & Clyde
NHS Lothian
Public Health Scotland

For a detailed report on findings, please see the main report at:
https://www.stor.scot.nhs.uk/handle/11289/580332