

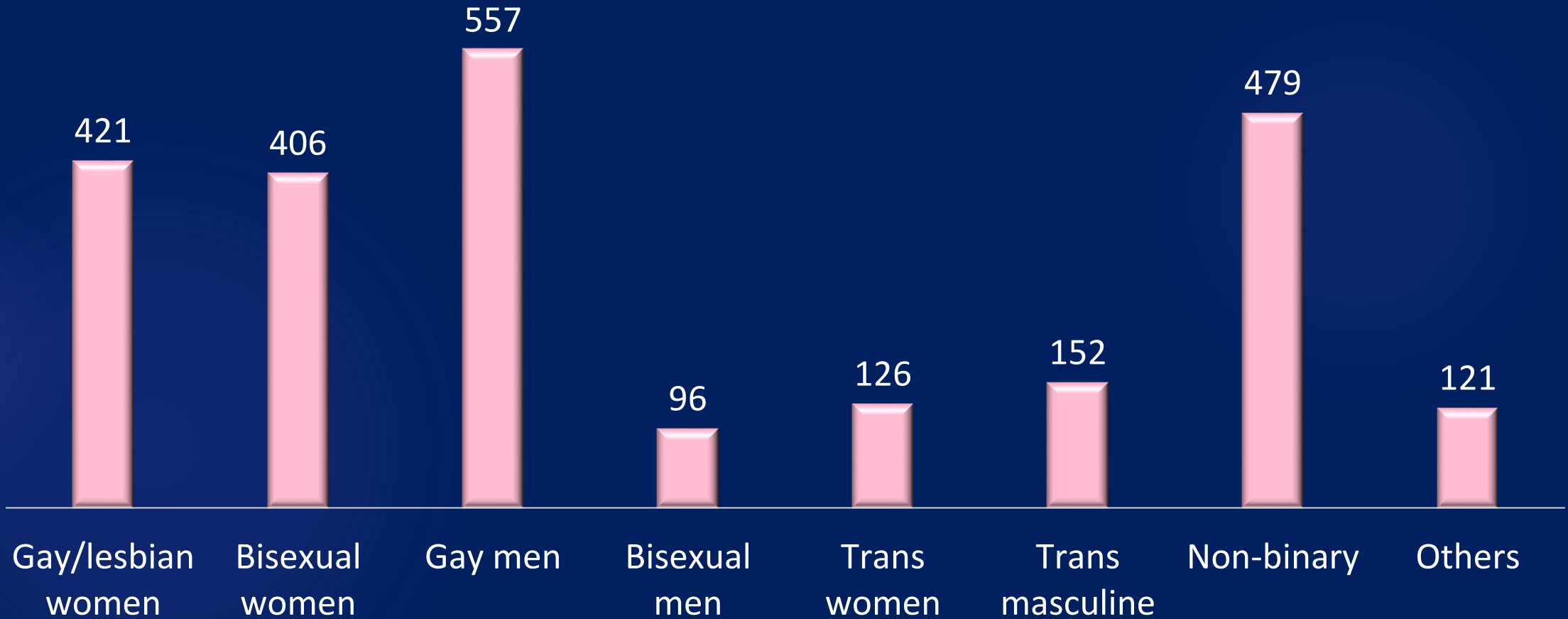
# Health Needs Assessment LGBT+ People in Scotland



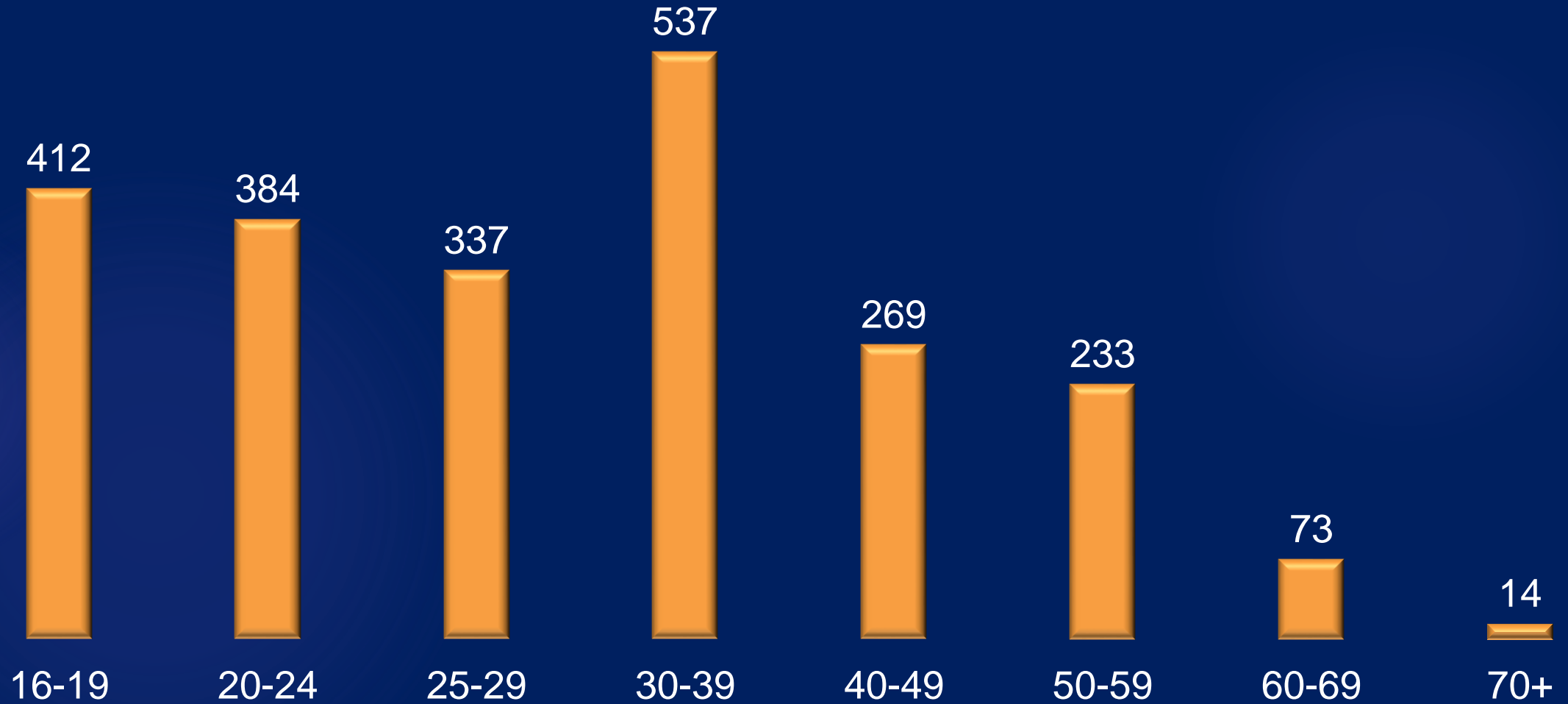
# Health Needs Assessment

- ▶ Literature Review (2019)
- ▶ Qualitative Research (2019)
  - ▶ 175 LGBT+ people
  - ▶ Organisations supporting LGBT+ people
- ▶ (National LGBT+ survey (early 2020) postponed due to Covid)
- ▶ Covid-update qualitative research (autumn 2020)
  - ▶ 32 LGBT+ people
- ▶ Deaf and Deafblind LGBT+ qualitative research (2021)
- ▶ National LGBT+ survey (summer 2021)

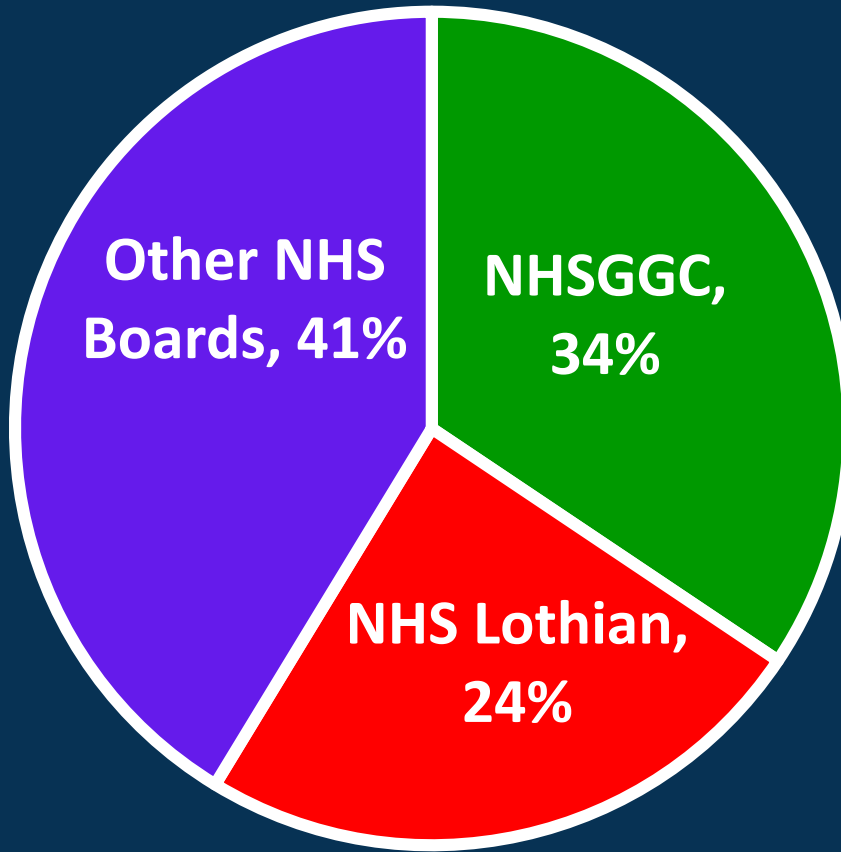
# Survey Response (total: 2,358)



# Age Profile



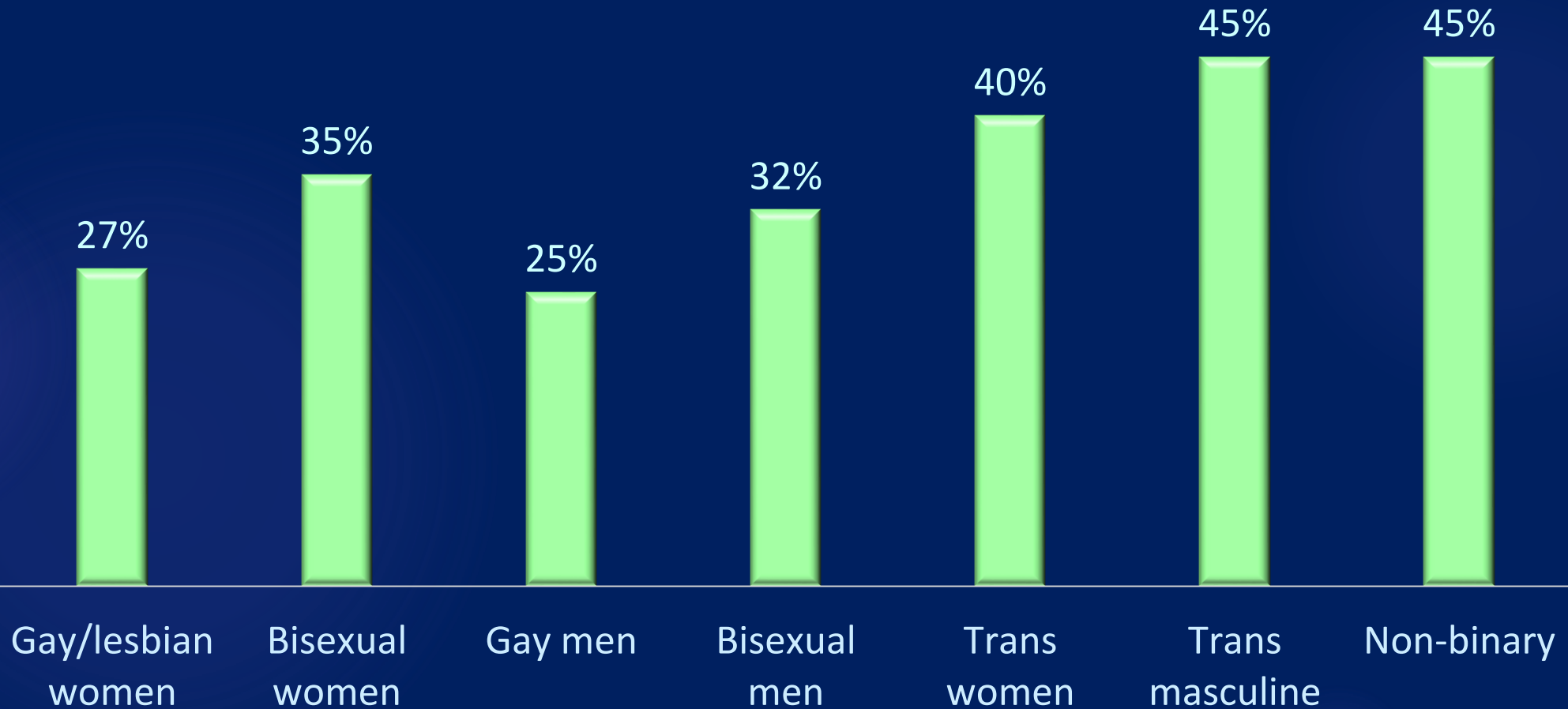
# NHS Geography



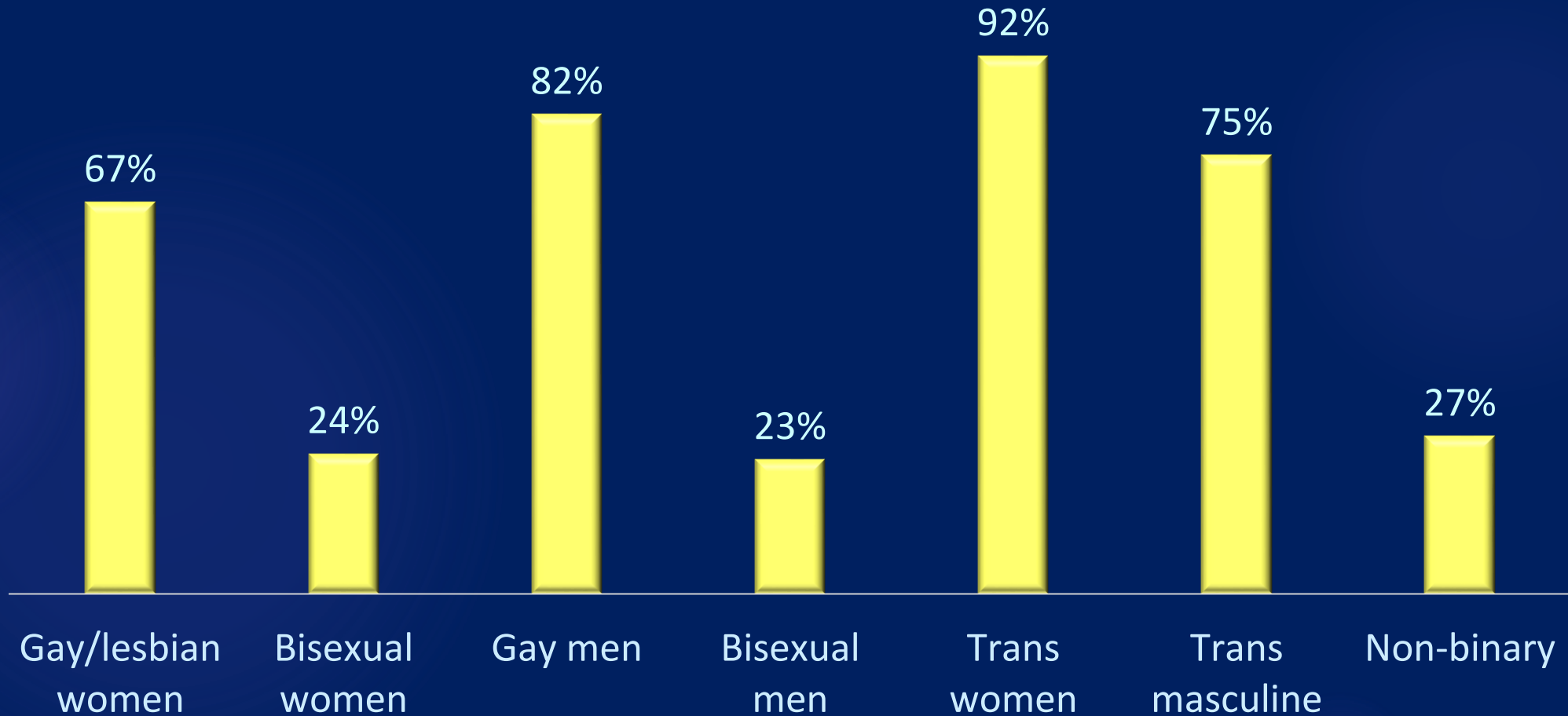
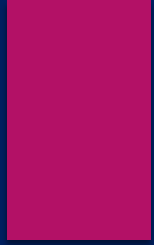
# Key Results

- ▶ **On every measure of health of health and wellbeing the outcomes for all parts of the LGBT+ population were poorer than for the background population**
- ▶ Mental Health outcomes are the poorest
- ▶ Trans and Non-binary people and bisexual women have the poorest health
- ▶ Within LGBT+ population poorer outcomes more likely when intersection with
  - ▶ Neurodiversity
  - ▶ Disability or long term condition
  - ▶ Being a carer
  - ▶ Asylum Seeker

# Limiting Long Term Condition/Illness

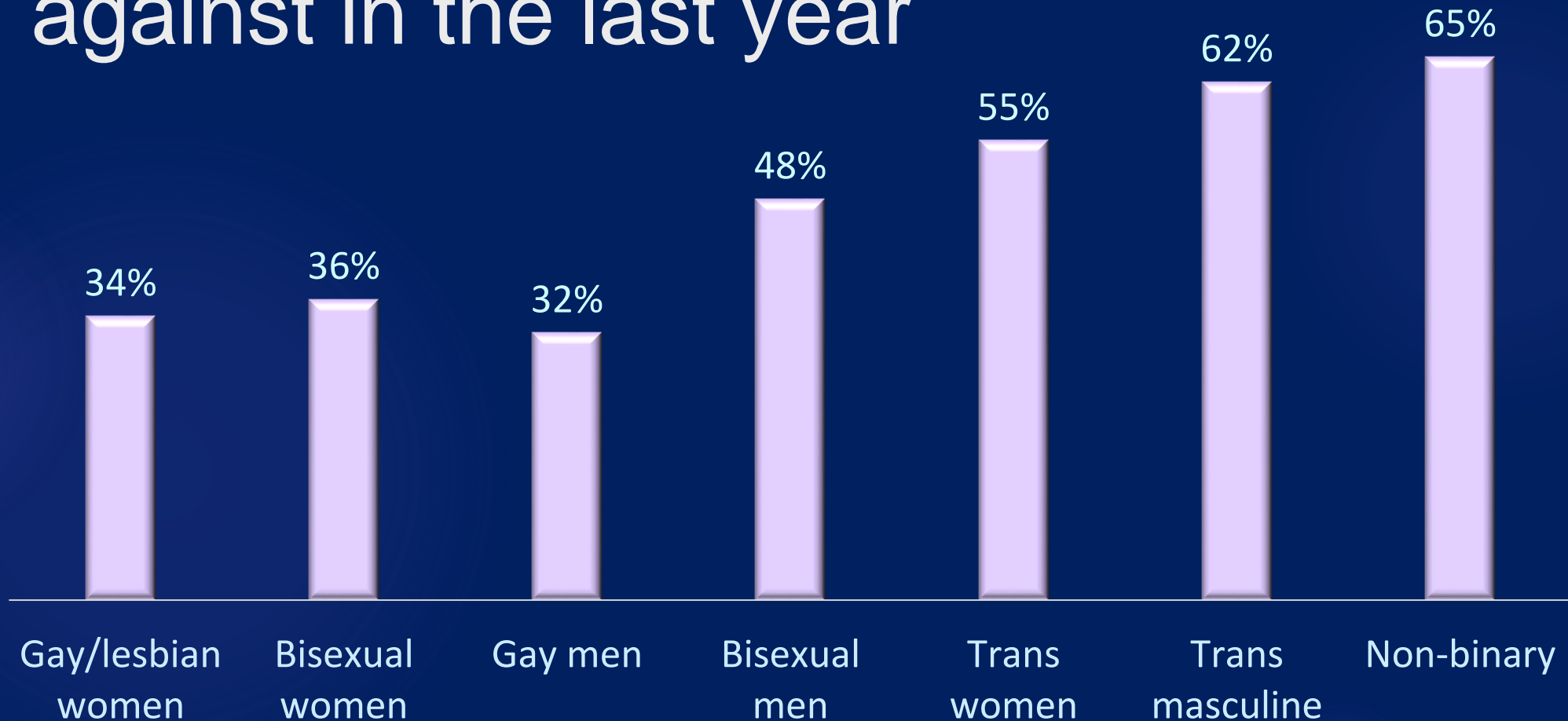


# Proportion Out to GP





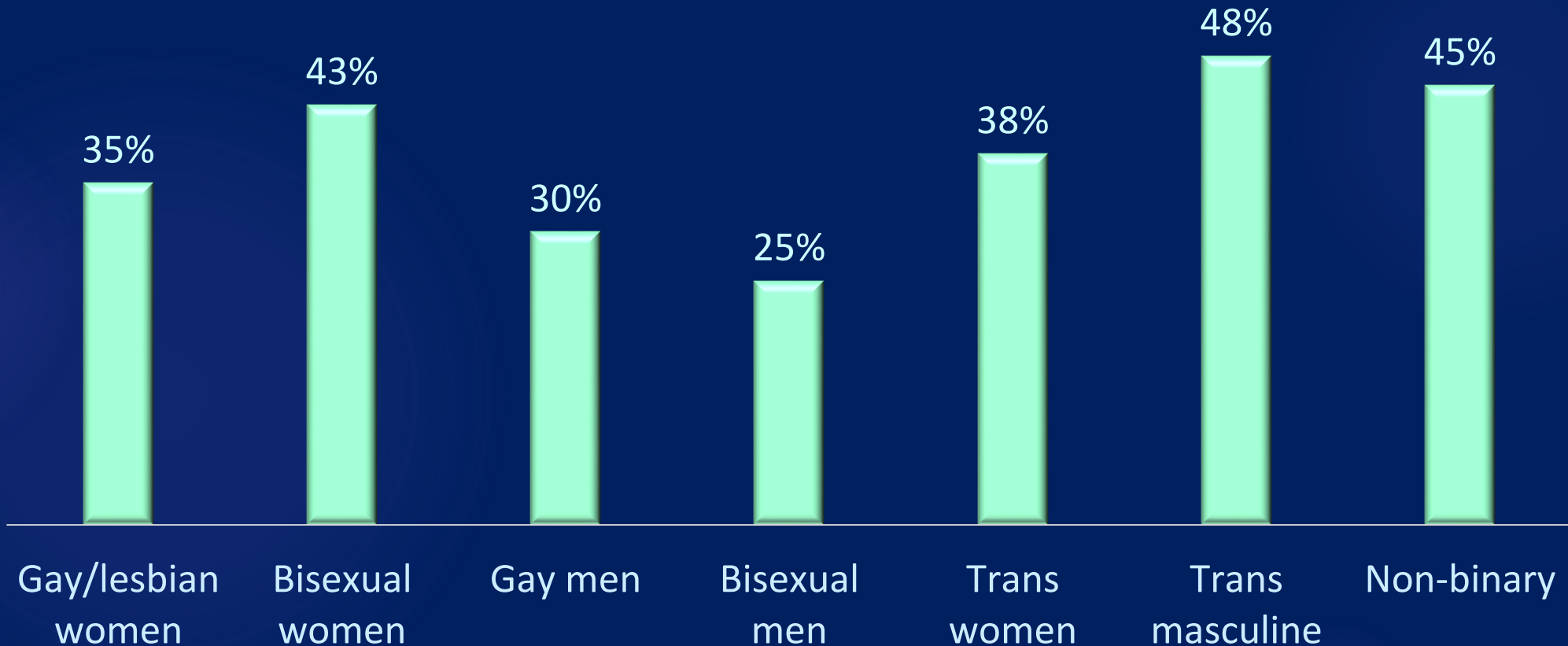
# Proportion who had been discriminated against in the last year



# Most common source 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%)

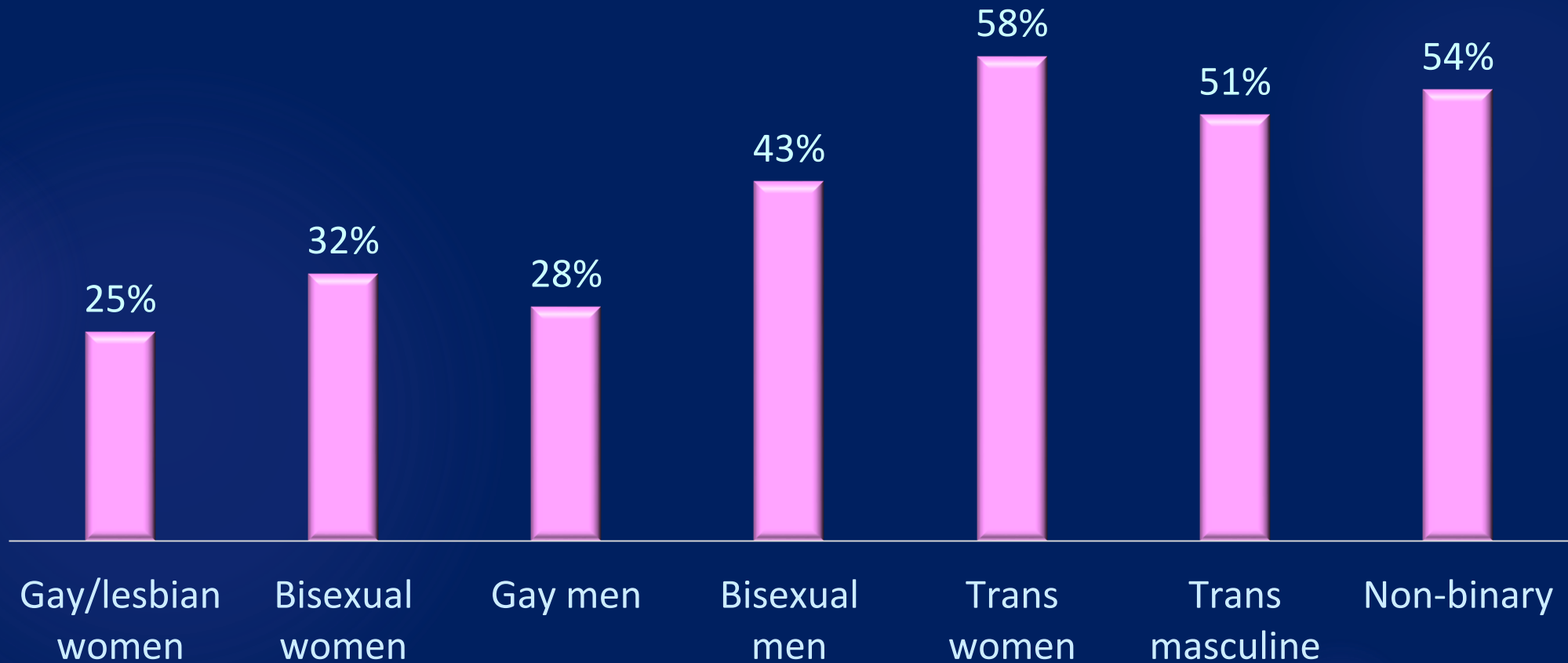
# Proportion who had experienced an abusive relationship





# Mental and emotional wellbeing

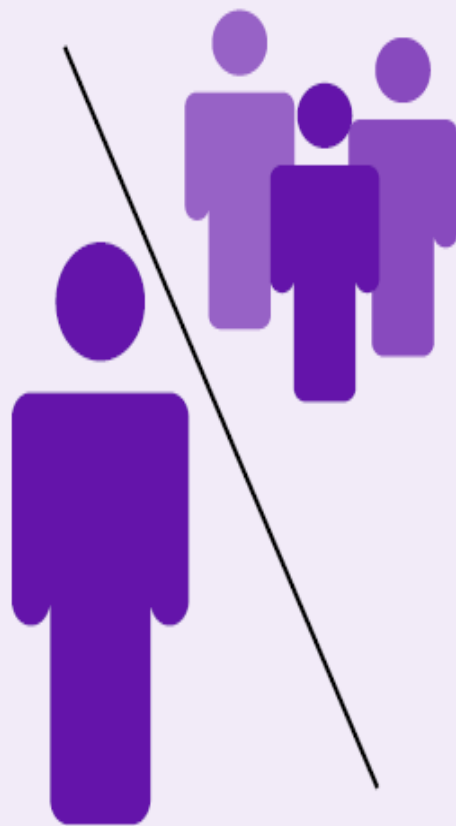
# Proportion who felt lonely all of the time or often in the last 2 weeks



# Figures: 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.

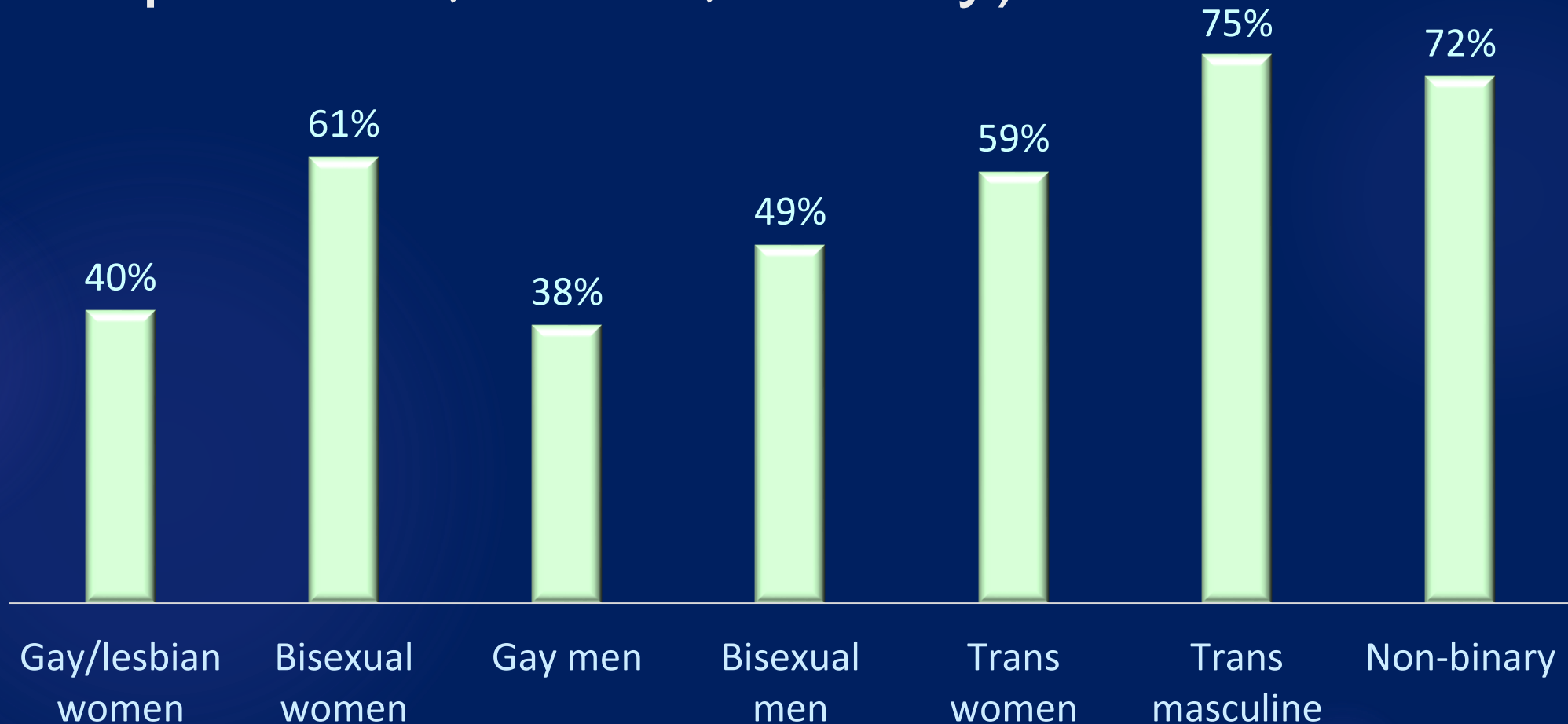
Findings on loneliness contrast starkly with the findings from the Scottish Health Survey in 2020 which showed that 19% of adults in Scotland had ever felt lonely in the previous two weeks, compared to 73% in the LGBT+



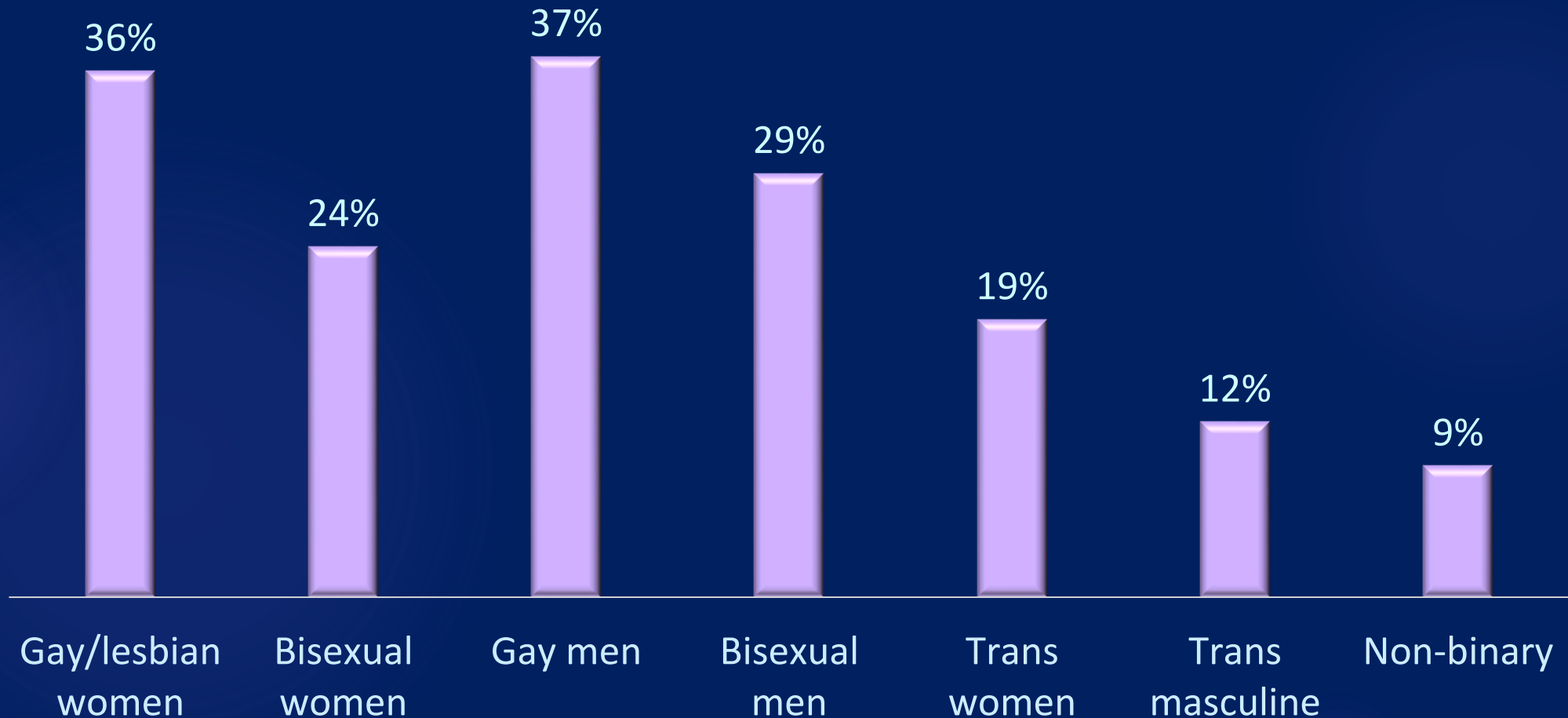
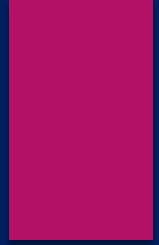
**73%**  
ever felt isolated from family  
and friends

**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.

# Proportion with a mental health problem (e.g. depression, stress, anxiety)

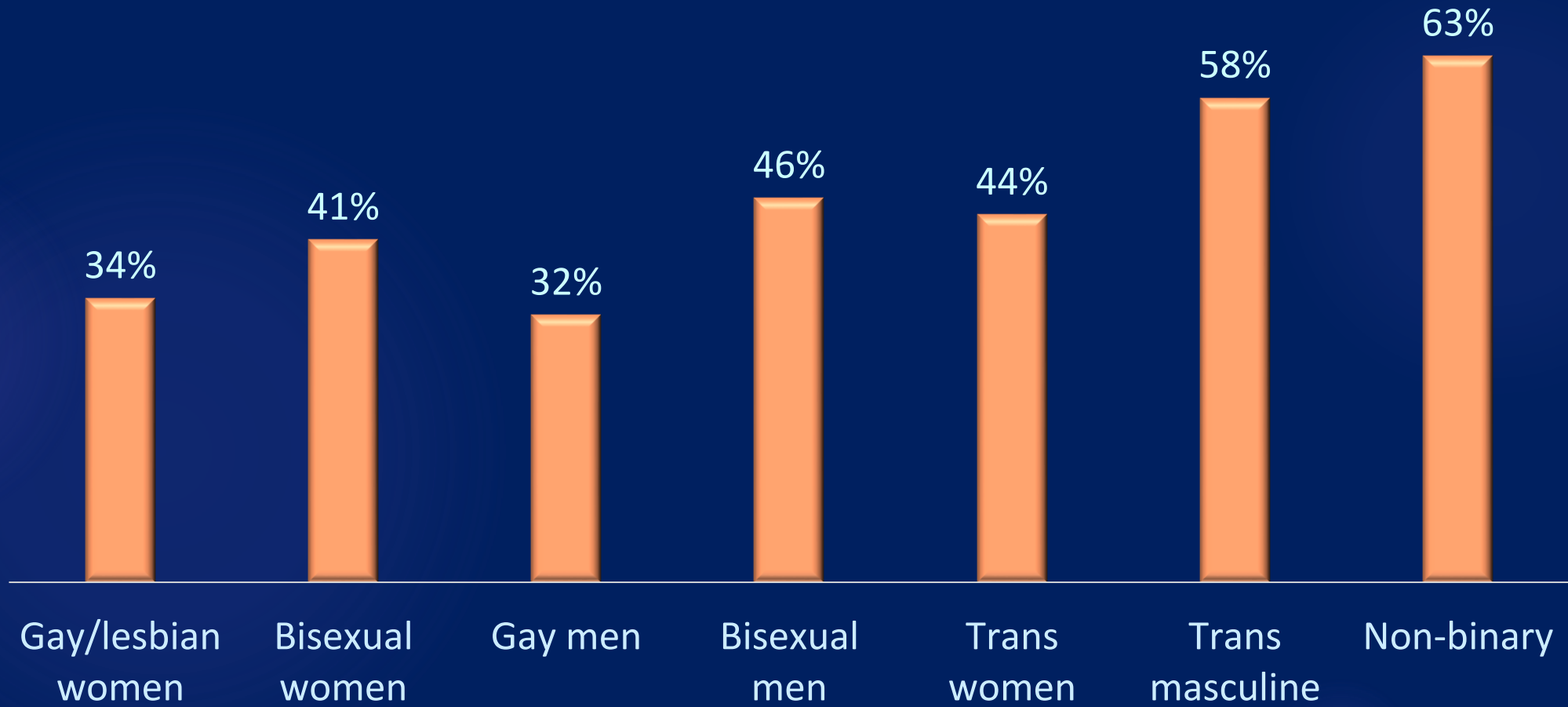


# Proportion with a positive rating of their mental/emotional wellbeing

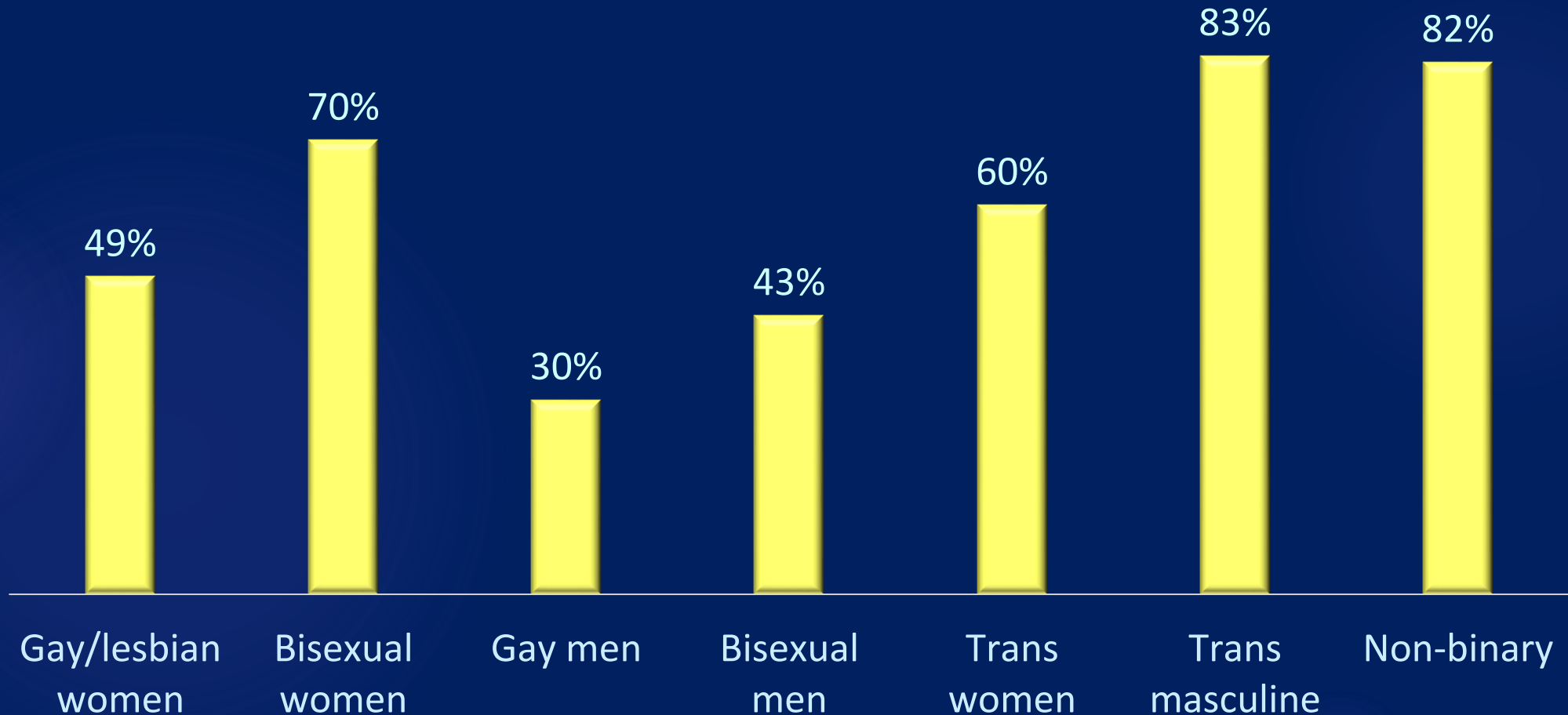
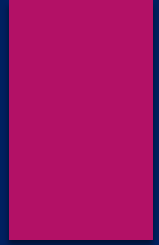




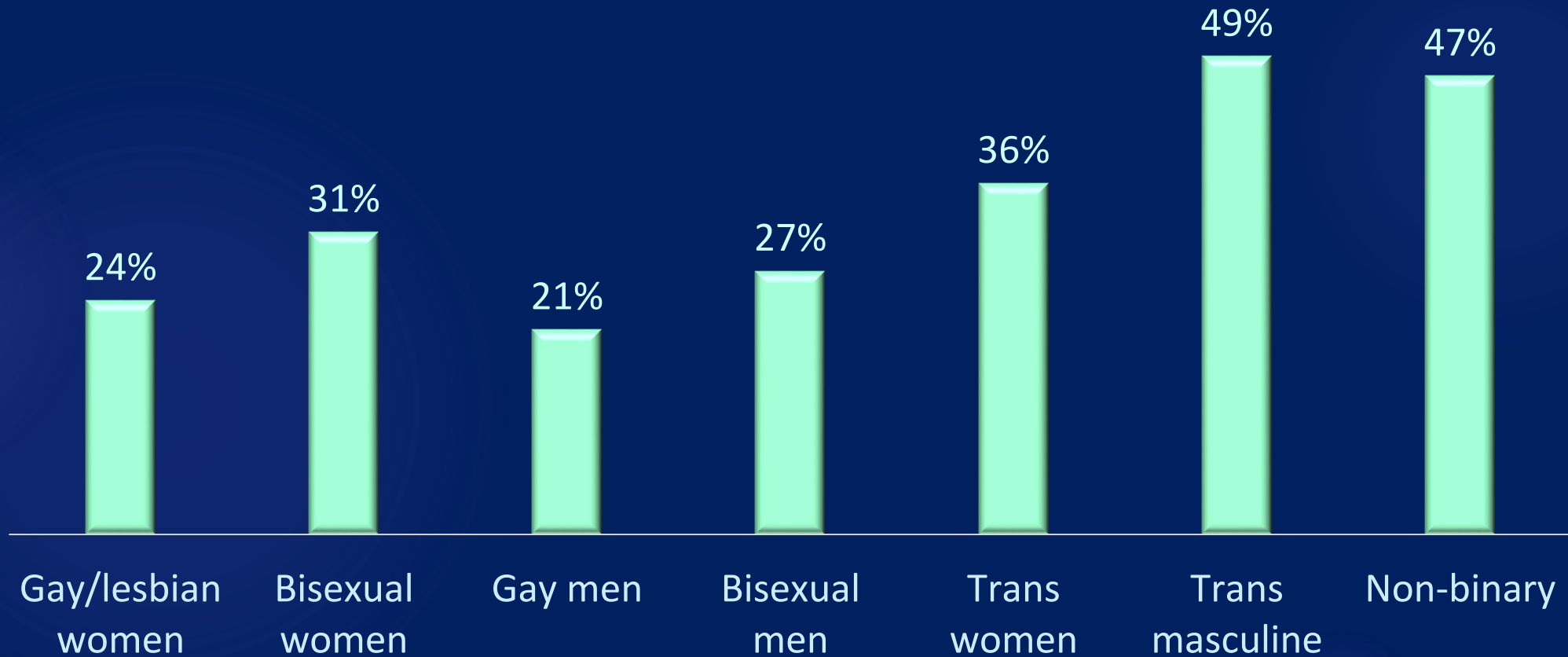
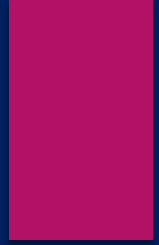
# Proportion with PHQ-2 Scores Indicating Depression



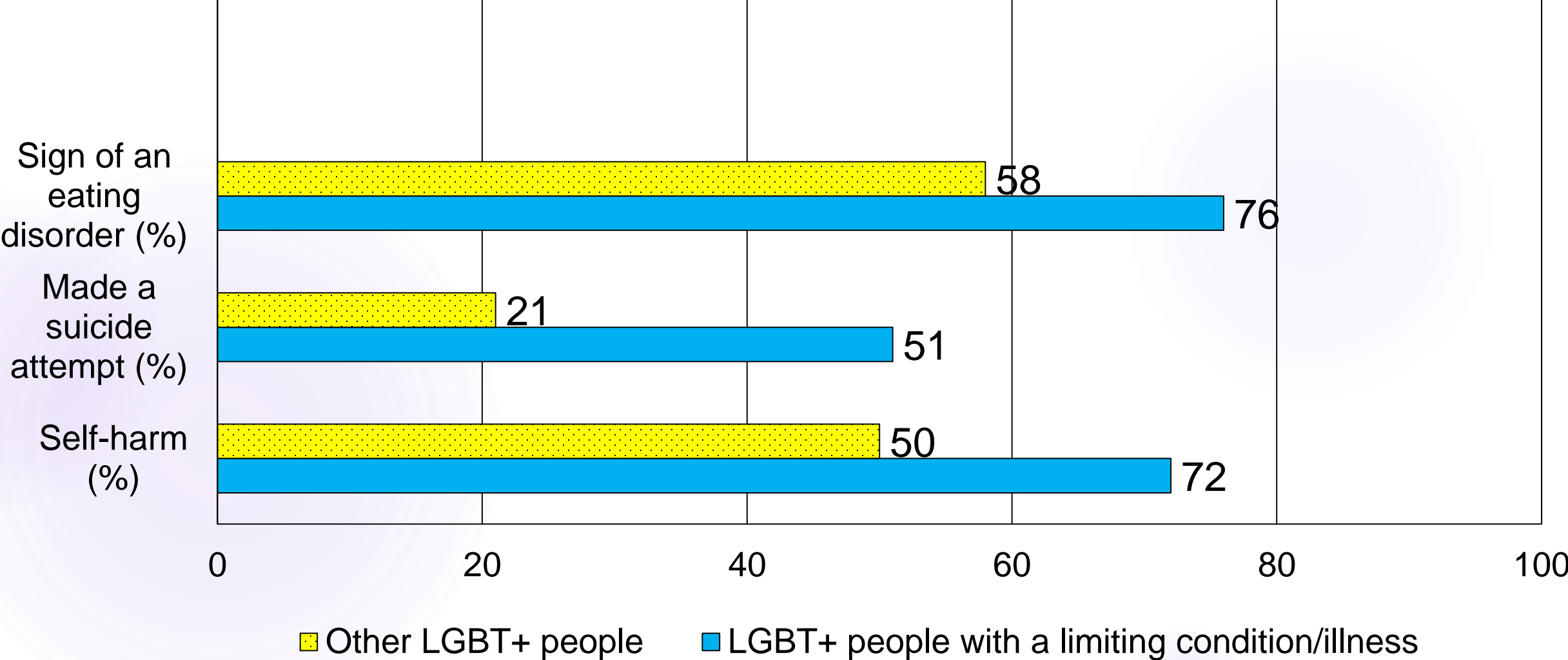
# Proportion who had ever deliberately harmed themselves



# Proportion who had ever attempted suicide



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



# Behaviours Impacting Wellbeing

## ▶ Alcohol

- ▶ Many had excessive or problematic alcohol use
- ▶ 'Self medicating' for mental health problems
- ▶ Gay scene focusses on alcohol
- ▶ Used for losing social and sexual inhibitions

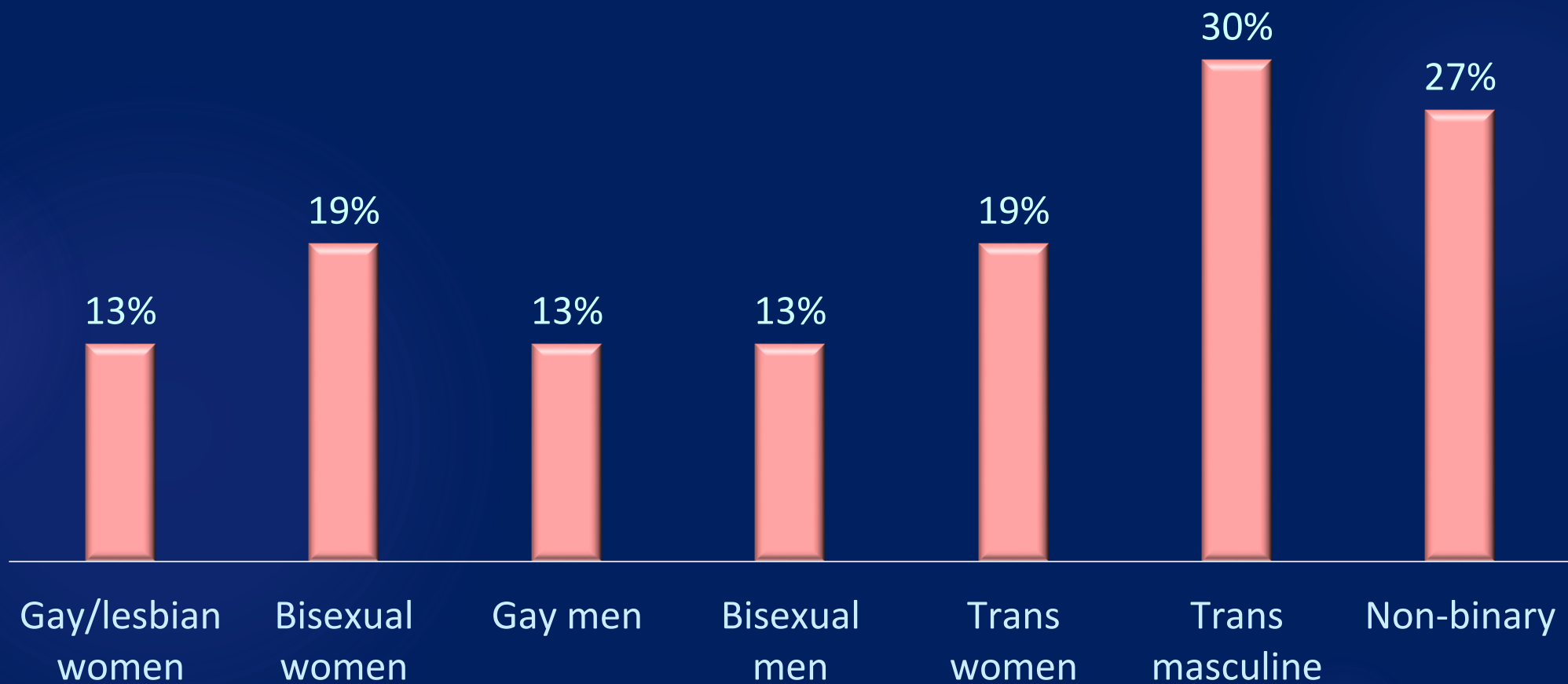
## ▶ Drugs

- ▶ Links with mental health (as a cause and consequence of drug use)
- ▶ Prevalence and normalisation of drugs on the gay scene

# Financial Wellbeing

- ▶ More likely to have difficulty meeting living expenses, experience food insecurity and live in area of multiple deprivation
- ▶ More likely to leave home before financially secure if in non-affirming household
- ▶ 1 in 8 ever experienced homelessness
- ▶ Some older gay men with HIV made no financial plans for older age

# Food Insecurity in last 12 months





# Use of Health Services



# General Health Services

- ▶ 88% positive about last consultation with GP
- ▶ 65% say staff demonstrated appropriate understanding of LGBT+ issues
- ▶ heteronormative assumptions
- ▶ GPs misdiagnosing people through assumptions made about their sexuality or gender identity,
- ▶ inadequate knowledge about some identities,
- ▶ some concerns around confidentiality
- ▶ 1 in 3 trans masculine and non-binary people did not attend for cervical screening

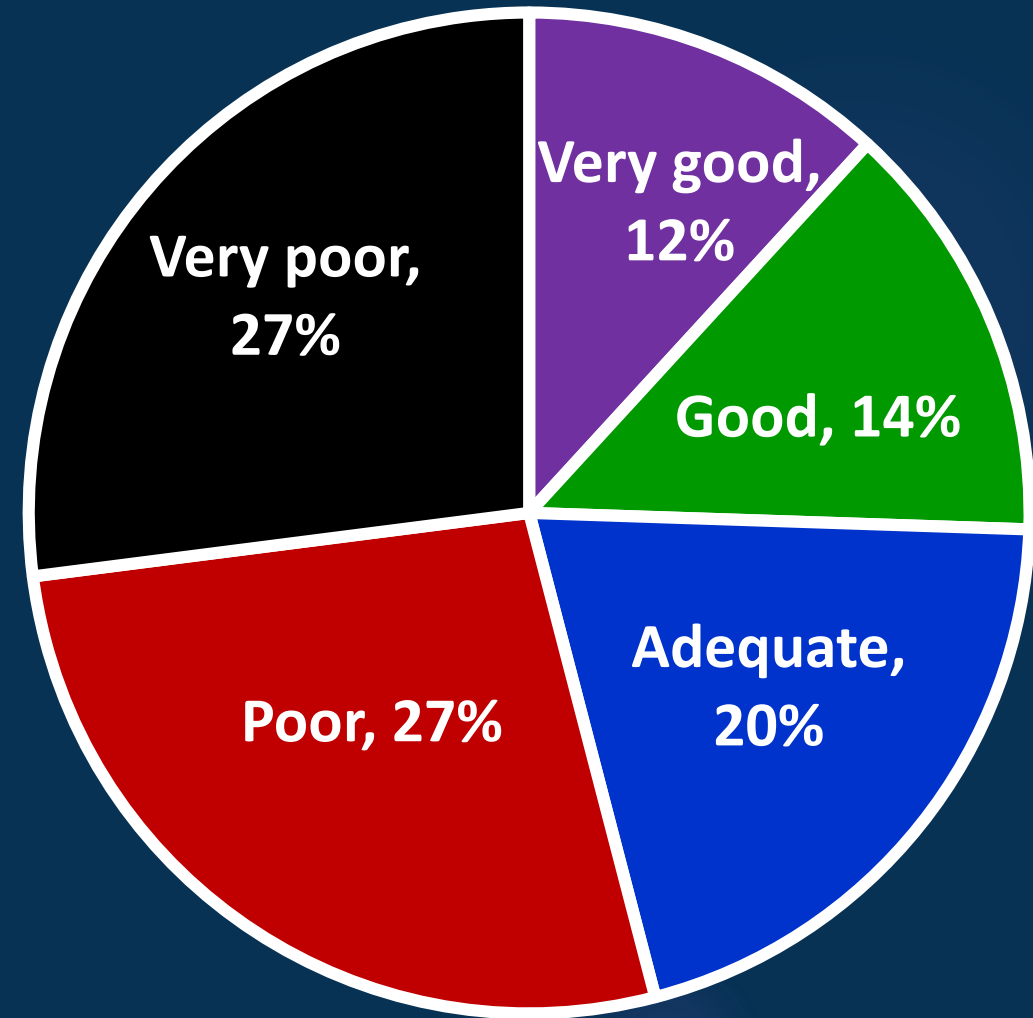
# Mental Health Services

- ▶ Huge concerns around the waiting times for mental health services
- ▶ Frustration at the lack of early intervention or lower tier services for LGBT+ people
- ▶ 12% felt treated unfairly due to LGBT+ status



# Gender Identity Clinics

# Rating of experience of GIC



# Effects of GIC waiting lists

- ▶ Anxiety, depression, anguish, suicidal thoughts, self-harm
- ▶ Financial impacts
- ▶ Physical health impacts
  
- ▶ 50% sought or accessed support while waiting to access GIC
  
- ▶ 15% accessed cross-sex hormones online (not prescribed)
- ▶ 18% access cross-sex hormones via private prescription

# Where we can improve our services

## (1)

- ▶ “The last several times I’ve been for my smear test the practice nurse has always used it as a chance to talk about contraceptive needs. You find yourself in the situation of saying ‘no, I don’t use contraception’ and she says ‘are you not sexually active’ and I have to say ‘yes, but I’m married to a woman’...and then you have to get your smear done. It’s all a bit embarrassing.”  
- Gay/lesbian woman
- ▶ “My partner and I went through a few rounds of IVF. All the encounters we had with people were really positive – it’s not that unusual for same-sex female couples to be seeking IVF. But still the paperwork – I’m having to sign away that they can use my sperm for testing! It’s just not applicable. Surely it can’t be that difficult to come up with a separate set of paperwork.”  
- Gay/lesbian woman

# Where we can improve our services

## (2)

- ▶ While going for fertility treatment, the paperwork sections were for Mother and Father. Also, once pregnant, my female partner was given a 'future father' booklet as they did not have booklets for same sex couples. Post-birth, a midwife, in front of my partner, stated that she had to go through contraception advice with me, a gay woman – basically making me feel I was not committed to my partner and our now family of three”.
  - Gay/lesbian woman (from survey)
- ▶ “When I went to the doctor a few months ago because I was having a bad time and not sleeping, one of his suggestions was ‘Why don’t you get a boyfriend?’. It was just ignorance, but I had waited until my mood was really low and then made the appointment which was a few weeks down the line, so by the time I got there I was just...I didn’t even correct him, I couldn’t deal with it”.
  - Gay/lesbian woman



# Older People's Care

(1)

“In my experience, when you get to a certain age it is assumed that your gender, sexual orientation or queer identity doesn't matter – you're just a pensioner now. You're either a male pensioner or a female pensioner and that's what room you get in the care home. There is a lack of understanding that this is part of your identity when you go into care.” - Gay/lesbian woman

“The only area where I'm not out is - there are support workers who come to help me with housework or things in the home and I'm not necessarily out to them because their chat about other things makes me think they might not be open minded. That's somebody who's in your home, so it's quite a vulnerable position. You don't want to open yourself up to the possibility of a hostile reaction.” - Gay/lesbian woman



# Older People's Care (2)



“My real concern is that the gay population is aging and most of the NHS budget is going into people who are aging. The problems of being older and needing care and being gay are not really being looked at yet. You see these articles about the arc of coming out and growing confidence and then isolation and going back into the closet again. If you end up needing care from people, you probably don't want to let them know you're gay – particularly if the service providers in social care come from different religious faith backgrounds. You're going to lie and you're going to feel isolated, and your mental health is going to suffer. I think it's important that care givers recognise the potential for you to be gay – it's up to you whether you choose to come out.” - Gay man

# Wish List

- ▶ 1. LGBT+ Spaces for socialising without a focus on alcohol
- ▶ 2. LGBT+ Education in schools
- ▶ 3. Training for health and other staff
- ▶ 4. Mental health waiting lists and appropriate services
- ▶ 5. Improvements to the GIC
- ▶ 6. More services being visibly LGBT+ inclusive
- ▶ 7. Support for LGBT+ victims of domestic abuse and sexual violence
- ▶ 8. Provision of inclusive facilities and opportunities for sport and physical activity
- ▶ 9. Provision for asylum seekers

# Recommendations: Training

- ▶ 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.
- ▶ 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.
- ▶ NES should work with NHS Boards and LGBT+ communities to produce a new LGBT+ Awareness e-learning module for NHS staff across Scotland.
- ▶ 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).
- ▶ LGBT+ issues and inclusiveness should be incorporated into undergraduate and post graduate education across disciplines including medicine, nursing, social work, education, etc.

# Services being Visibly Inclusive

- ▶ 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.
- ▶ NHS Scotland/NHS Boards should ensure all generated letters clearly demonstrate that all NHS services are inclusive.
- ▶ Pro-active engagement with LGBT+ people should seek to maximise uptake of NHS screening services.
- ▶ 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.
- ▶ NHS and other public services should engage in formal accreditation or external assessments to demonstrate inclusivity and increase confidence in service users.



Thank You