Cheshire West and Chester JSNA

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Key messages

- The mental health of anybody can be affected by experiences such as bereavement, poverty and trauma. However, the additional experiences that LGBT+ people may have to deal with can significantly affect their mental wellbeing.
- LGBT phobia, discrimination and rejection play a key role in LGBT+ people developing poor mental health, all of which are underpinned by the heteronormativity of society (heterosexuality and two genders are a given instead of being one of many possibilities). Negative and distressing experiences, or even the fear of a negative experience, can lead to isolation, anxiety, depression, fear, loss and low self-worth.
- LGBT+ people face LGBT phobia in a number of settings including at home, in public places, in schools, in the workplace, and in health and social care. There is an increased risk of breakdown in family relationships, homelessness, bullying, abuse and exclusion from their wider communities. Poor mental health can seriously impair a person's ability to make healthy choices, increasing the risk of substance misuse, risky sexual behaviour, self-injury and suicide.
- Within the LGBT+ community there are groups more at risk including young people, the Black or minority ethnic community, older people, those with a disability, members of a religious community, and members of a "traditional community" such as farmers.
- Being LGBT+ is not an illness. However, Gender Dysphoria is a condition where a person experiences discomfort or distress because there's a mismatch between their biological sex and gender identity. Accessing support to transition is a long and difficult process which can cause distress to those wanting to undergo treatment or surgery. This is exacerbated by experiences of phobia and the inability to seek help for mental health during this time, due to the risk of delaying or being refused access to transition.
- Much progress has already been made, but to really tackle the causes of LGBT+ poor mental health more work needs to be done across a variety of settings. This can be facilitated by equality and diversity training in schools, health and social care settings and workplaces; the use of inclusive language; increasing visibility of LGBT+; acknowledgement of LGBT+ in social care and health settings; and taking a zero tolerance approach to LGBT phobia.

LGBT+

LGBT was the most commonly used acronym for the LGBT community. Over the years it has had a number of letters added to it to represent sexual and gender minority identities. It is now more commonly known as LGBT+.

Lesbian: A woman who is attracted to women.

Gay man: A man who is attracted to men.

Bisexual: Attraction to more than one gender.

Trans: An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using a variety of terms including (but not limited to) transgender, transsexual, Gender-fluid, Non-binary, Gender-variant, Crossdresser, Gender-queer.

+: The plus includes (but is not limited to) pansexual, asexual, intersex, queer, questioning.

Source: Stonewall[5]

Estimates of the LGB+ population vary considerably.

- In the UK, the most commonly used is 5-7% of the population[1] identify as lesbian, gay, or bisexual+.
- An estimated 1% of the population[2] experience some degree of gender variance.
- This means that across Cheshire there could be between 35,500 to 49,700 LGB+ residents and 7,000 transgender residents.

Estimated population of the LGBT+ community in Cheshire

Local authority	Estimated number of residents: LGB+	Estimated number of residents: Gender variance
Cheshire East	18,835 – 26,368	3,766
Cheshire West and Chester	16,800 – 23,500	3,400

Source: LGB prevalence from Department of Trade and Industry; gender variance prevalence from Gender and Identity Research and Education Society; applied to Mid-year population estimates 2015, Office for National Statistics

Estimated population of the LGBT+ community in Cheshire: Mental health

Mental health	Residents who identify as LGB+		Residents who are transgender	
Ever experienced....	Estimated %	Estimated number in Cheshire	Estimated %	Estimated number in Cheshire
Depression	58%	24,700	88%	3,300
Anxiety	50%	21,300	75%	2,900
Self-harm	23%	9,800	53%	2,000
Suicide attempts	15%	6,400	48%	1,800

Source: LGB data from I Exist report, LGBT Foundation, 2012; transgender data from Trans Mental Health Study, Gender and Identity Research and Education Society, 2012

Evidence shows that there are stark inequalities in mental health for those who identify as LGBT+. The I Exist survey (2012)[3] conducted by the LGBT Foundation found that within the LGB community:

- 58% have had depression at some point in their lives
- 50% have had anxiety
- 23% have self harmed (increasing to one in two LGB people age under 26)
- 15% have attempted suicide.

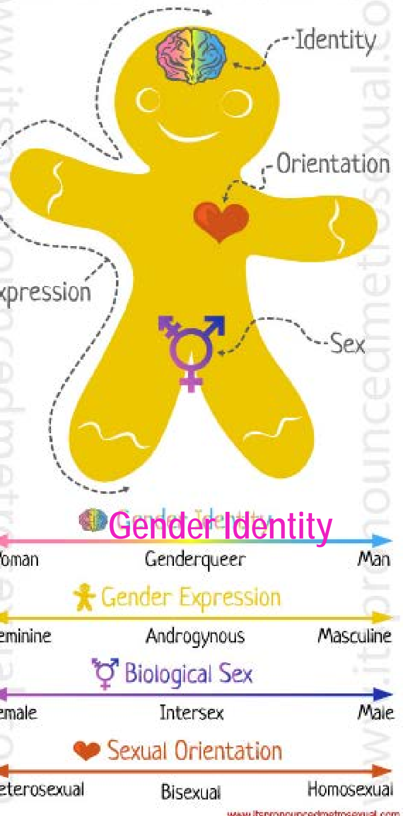
The estimates for those who are transgender are higher. The Trans Mental Health Study (2012)[4] indicated that:

- 88% had depression at some point in their lives
- 75% have had anxiety
- 53% have self harmed
- 48% have attempted suicide.

1. Heteronormativity

The Genderbread Person image on the right explains the distinction between gender identity, gender expression biological sex and sexual orientation:

- Sexual orientation refers to who you are attracted to
- Biological sex refers to the body you were assigned at birth
- Gender identity is your internal sense of being male, female, some combination of male and female, or neither male nor female
- Gender expression is how you present yourself, typically through appearance, dress and behaviour.



These are not binary concepts but fluid and on a continuum. Heteronormativity is where societal expectations are based on the presumption of heterosexuality and an adherence to a strict gender binary[6]. In other words, heterosexuality and two genders are a given instead of being one of many possibilities.

Heteronormativity is all around us. For example, there is a heteronormative assumption that a girl will grow up and marry a man and a heteronormative assumption that boys don't wear makeup. Heteronormativity is so ingrained in society it is passed off as what is 'normal' or 'natural'. It is this that causes stress for people who live a life, or want to live a life, that contradicts these expectations. Heteronormativity has:

- Created homo/bi/trans phobia (LGBT+ phobia)
- Resulted in anxiety and fear about disclosing ones sexual orientation or gender identity.

2. LGBT+ phobia

LGBT+ phobia can take many forms including verbal and physical abuse, bullying and rejection. It can be encountered in any setting, including in public, at home, in education, in the workplace and when accessing a service. It is a leading cause of poor mental health in the LGBT+ community. Negative and distressing experiences, and even the fear of encountering LGBT+ phobia can lead to isolation, anxiety, depression, feelings of loss and low self-worth. This can escalate into unhealthy behaviours including risk of substance misuse, self-harm, risky sexual encounters and suicide.

In public

Polling of over 5,000 LGBT+ people in the UK in 2017[7] revealed that over the last 12 months:

- Over one in five LGBT+ people had experienced a hate crime or incident because of their sexual orientation and/or gender identity
- Two in five trans people have experienced a hate crime or incident because of their gender identity
- Four in five LGBT+ people who experienced a hate crime or incident did not report it to the police .

Terminology

Cisgender: When an individuals' gender identity matches the sex they were assigned at birth.

Gender binary: Recognition of only two distinct genders, men and women.

Gender identity: If an individual identifies as male, female, non gendered, or non binary (does not identify wholly as male nor female).

Gender variance: Gender expression that does not conform to socially defined male or female gender norms or characteristics.

Heterosexism/ heteronormativity: The assumption that everyone is heterosexual and there are two genders.

LGBT+ phobia: includes homophobia, biphobia and/or transphobia. Hatred or fear of LGBT+ people which can take many forms including verbal abuse, anti-gay language, discrimination, physical abuse, bullying and silent harassment.

Experience of, or fear of, LGBT+ phobia in public spaces can create anxiety, low confidence, and a reluctance to be oneself, such as not holding hands with a partner or not wearing a choice of clothing. In a 2012 study[4]:

- 81% of transgender people avoided certain situations due to fear. Toilets and gyms were most problematic. Others included clothing shops, leisure facilities, social groups, public transport, travel abroad, and restaurants/bars.
- 67% of trans people felt that most days were stressful .

At home

Some LGBT+ people face rejection from their families. Those most at risk are young people, those from Black or minority ethnic (BME) backgrounds, those from religious families, and members of traditional communities such as farmers. This can result in a risk of homelessness, especially for those who are financially dependent:

- 24% of homeless young people identify as LGBT+ and for 77% of them, coming out to their parents was the main factor in their being homeless [8]

If the LGBT+ person stays within the family home, it can be a distressing environment. Families can create expectations which can lead to pressure, stress and feelings of guilt for those who identify as LGBT+. Many may choose not to come out or not to live in their preferred identity. This can impact severely mental health. For those who come out or disclose their gender identity later life, there may be fear of disclosing it to a spouse or children for fear of losing the family.

In education

The School Report (2017) [9] revealed that:

- Nearly half (45 per cent) of LGBT+ pupils - including 64 per cent of trans pupils - are bullied for being LGBT+ in Britain's schools.
- Half of LGBT+ pupils hear homophobic slurs 'frequently' or 'often' at school.

Bullying in school can lead to poor mental health, self-harm and suicidal thoughts. It also affects educational performance in regards to engagement, achieving, absence and truancy. The young person may choose not to disclose their identity due to fears of being bullied or rejected by their peers/friendship group, especially if they hear LGBT+ phobia. This equally impacts on mental health and behaviors as the young person may feel isolated, confused, anxious and unhappy.

The **Equality Act 2010** legally protects people from discrimination. It places a duty on services to pay due regard to the needs of LGBT+ people. The act describes **nine protected characteristics which includes sexual orientation and gender reassignment.** It is considered **best practice to include all trans people as though they are equally protected** in the provision of appropriate services.

Research suggests that:
25% of trans people have **had to move away from family or friends** for being trans[4]

45% of LGBT+ pupils are **bullied for being LGBT+ at school** (64% of trans pupils). 52% hear **homophobic language** frequently or often; 86% hear the phrase 'that's so gay'[9]

29% of LGBT+ **people avoid certain streets** because they do not feel safe there as an LGBT+ person[14]

36% of LGBT+ people do **not feel comfortable walking down the street while holding a partners hand** [14]

29% of trans people who have accessed mental health services felt that their trans status was regarded as a symptom of mental illness[15]

54% of LGBT+ people have experienced **feelings of isolation[15]**

Around 1 in 5 LGB people have experienced **homophobic bullying in the workplace** during the last five years[14]

Care homes/ care at home/ assisted living

Over the next 20 years the number of older people aged 65 plus is forecast to increase by 46% in Cheshire West[10] and Chester and 44% in Cheshire East[11]. The challenges facing health and social care of an ageing population include the health inequalities and barriers to access experienced by older LGBT people.

- Half of all LGB respondents over 55 felt that their sexual orientation has or will have a negative impact on getting older[3].
- Of those aged over 50, over half have experienced depression or low self esteem. 48% have experienced feelings of isolation[3].
- 1 in 5 older LGBT people have no one to contact in times of crisis[12].
- Around one in six LGB older people had neglected to access health care services they felt they needed in the last year[12].

Older LGBT people experience daily isolation and loneliness along with complex health problems[12]. They are more likely to be single and live alone, and are less likely to have children compared to their heterosexual peers[12]. They are also less likely to see their family regularly. Isolation is known to have significant health impacts and means that older LGBT people will have a greater need of formal care and support.

The LGBT community have a rich history including homosexuality being a criminal offence, homosexuality being seen as a medical condition, the AIDs crisis, and the birth of the gay liberation movement. Many older LGBT people will have experienced significant discrimination and prejudice, including from public sector services.

Research by Stonewall of people aged over 55 in the UK[13] found that:

- 3 in 5 LGBT+ respondents were not confident that social care and support services would be able to understand and meet their needs. More than 2 in 5 have the same concerns about mental health services, and one in six about their GP and other health services.
- Nearly half said they would be uncomfortable being out to care home staff, and a third would be uncomfortable being out to a housing provider, hospital staff or a paid carer.

LGBT service users can face abuse, lack of recognition of their LGBT+ status, refusal of care, a violation of rights, and encounter anti-LGBT+ environments. Victims can be too scared to speak out. When in care, they may feel they can no longer be themselves, and fear may mean they choose not to disclose their identity. For those with dementia, lack of recognition of their former lives and identity can cause further damage.

Health services

When an individual seeks support there is an opportunity to prevent issues from escalating into harmful behaviours. However, LGBT+ phobia can occur in health settings which means the LGBT+ person does not get the care they need, and may be reluctant to use health services in the future. A 2015 survey on health and social care staff by leading LGBT charity Stonewall[16], which included mental health staff found that:

- 1 in 4 patient-facing staff have heard their colleagues making homophobic or biphobic remarks
- 1 in 5 have heard colleagues make transphobic remarks
- 1 in 10 staff with direct responsibility for patient care have heard their colleagues express the belief that someone can be 'cured' of being LGB
- 3 in 5 with direct responsibility for patient care don't believe sexual orientation is relevant to healthcare
- 26% of lesbian, gay and bi staff say they have been bullied or discriminated against by colleagues.

The Trans Mental Health Study (2012)[4] asked participants about their experiences with general health services and mental health services. 63% had experienced one or more negative interactions in a mental health service (N=466), and 65% in general health services (N=558). Over 60% felt that they had to educate a health worker in general health services (40% in mental health), and over 50% were told that the professionals in general health did not know enough about a type of trans healthcare to provide it. For nearly 30% of respondents, a healthcare professional had refused to discuss a trans-related health concern.

Have you experienced any of the following?	Mental health service	General health service
Asked you questions about trans people which made you feel like you were educating them	40%	61%
Told you they don't know enough about a particular type of trans-related care to provide it	29%	54%
Used the wrong pronoun or name by mistake	27%	55%
Discouraged you from exploring your gender	25%	20%
Told you that you were not really trans	20%	16%
Used the wrong pronoun or name on purpose	18%	26%
Used hurtful or insulting language about trans people	17%	24%
Used terms to describe your gender-associated body parts that made you uncomfortable	17%	28%
Refused to discuss or address a particular trans related health concern	13%	29%
Belittled or ridiculed you for being trans or having a trans history	11%	18%
Refused to see you or ended care because of the way in which you are trans or have a trans history	9%	12%
Thought the gender listed on your ID or forms was a mistake	9%	24%
Showed unprofessional levels of curiosity about what your gender-associated body parts look like	7%	16%
Asked to see/examine your genitals, where you felt this was unnecessary or inappropriate	1%	7%

Source: McNeil J., Bailey, L., Ellis, S., Morton, J., Regan, M. Trans Mental Health Study (2012). Gender and Identity Research and Education Society, 2014.

The Advocacy Project (2012)[17] spoke with inpatient mental health service users and found that hospitals were perceived as non LGBT+ friendly places. LGBT+ service users did not want to disclose their identity because of fear of prejudice. It was felt the hospital was not a place they could recover in, due to anxiety and fear about being LGBT+ in an unfriendly place, on top of the mental health problems they have. Service users experienced homophobia and homophobic attitudes from staff and other patients, making them feel unsafe and unable to report LGBT+ phobia. LGBT+ people with a mental illness can therefore face a double stigma.

In the workplace

Stonewall research[14] with LGB employees indicated that:

- One in five LGB employees (19%) have experienced verbal bullying from colleagues, customers or service users because of their sexual orientation in the last five years.
- One in eight (13%) said they would not feel confident reporting homophobic bullying in their workplace.
- A quarter (26%) of lesbian, gay and bi workers were not open to colleagues about their sexual orientation.

In addition for those who identify as transgender:

- Over 10 % of trans people have experienced being verbally abused at work[18]
- 12% have been physically assaulted at work[19]
- As a consequence of harassment and bullying, a quarter of trans people felt obliged to change their jobs.
- Nearly half (42%) of trans people were not living permanently in their preferred gender role because they feared it might threaten their employment status[18].

Bullying, discrimination, or fear of being one's self in the workplace can lead to poor mental health including anxiety, depression, stress and thoughts of suicide. It can also result in higher absence, a lack of productivity, disruptions in the team, and lack of progression (because of discrimination or the impact on productivity). GIRES study on Trans mental health[4] found a number lost their jobs during transition.

3. Gender Dysphoria

According to the NHS[20] 'Gender dysphoria is a condition where a person experiences discomfort or distress because there's a mismatch between their biological sex and gender identity. Biological sex is assigned at birth, depending on the appearance of the genitals. Gender identity is the gender that a person "identifies" with or feels themselves to be. While biological sex and gender identity are the same for most people, this isn't the case for everyone. For example, some people may have the anatomy of a man, but identify themselves as a woman, while others may not feel they're definitively either male or female. This mismatch between sex and gender identity can lead to distressing and uncomfortable feelings that are called gender dysphoria. Gender dysphoria is a recognised medical condition, for which treatment is sometimes appropriate. It's not a mental illness'. The first signs of gender dysphoria can show at an early age. The pressure to conform to societal expectations of gender, feelings of being trapped in the wrong body, and experiences of transphobia, can result in poor mental health.

Transitioning from the sex you were assigned at birth, to the gender you identify as, can refer to a medical process and/or a social or personal transition. Transition is a journey that is multi-faceted. Progression to living, dressing and grooming in a preferred gender 'full time' can be a rollercoaster with highs and lows. Issues can include:

- difficulties in accessing support and treatment because of delays and NHS funding
- being unable to be seen at a Gender Identity Clinic in a timely fashion or at all
- being denied treatment or surgery
- experiences of transphobia including negative attitudes of health professionals.

These can severely impact on mental health.[4]

Unless otherwise stated, the following section is based on findings from the Trans Mental Health Study 2012[4].

4. Transitioning

Initial support for transition

- For those who identify as trans who choose to undergo a medical process such as hormone therapy or surgery, the process itself can cause anxiety, stress and depression.
- In the first instance they need to seek support from a health professional such as a GP. The GP will refer them to a psychiatrist who can refer to a Gender Identity Clinic (GIC) if they are diagnosed with gender dysphoria. However, the individual cannot have an appointment at the GIC until the NHS has agreed to fund it.
- Almost a third (32%) of participants in the Trans Mental Health Study waited one to three years to get an appointment at a GIC from referral, with 10% waiting more than three years.
- 58% felt that this wait led to their mental health worsening during that time. To seek support and experience optimism, then not to be seen for a long period, led to depression, hopelessness and thoughts of suicide.

Gender Identity Clinic (GIC)

Once seen at a GIC, there can be a number of barriers and hurdles in obtaining treatment:

- Funding must be obtained for any treatments and procedures including beginning hormone therapy.
- Service users describe restrictive protocols, lack of transparency, unnecessary questions and tests, inappropriate levels of control and gatekeeping.
- Issues around the patient suitability criteria can lead to refusals of treatment and experiences of the clinician 'deciding' what gender the individual is rather than taking the word of the person seeking support. There was a lack of understanding of the complexities of gender, particularly around non binary genders, and outdated views on masculinity and femininity.
- A number of service users felt they had to withhold information, and/or conform to a prescribed identity, because of the fear of being refused treatment.
- As part of the requirements for obtaining gender reassignment treatment, the patient must access mental health services but can be refused treatment if they encounter any mental health problems during the process such as depression. Fear of being refused treatment resulted in hiding mental health and not seeking help.

In terms of mental health concerns, 62% of the respondents reported feeling emotionally distressed or worried about their mental health whilst attending a GIC. When asked further about this, respondents felt positive that they were making the necessary steps towards seeking medical intervention but that the severe delays and rigid pathways had had a negative impact on their mental health.

Medical surgery [4]

There is a presumption that surgery on the genitals is the main purpose of a medical transition for trans people. However the decision to have surgery is complex based on satisfaction with the body, risk of complications and cost. Trans men have less desire to undertake genital surgery than trans women.

For trans women surgical interventions can include: removal of testicles, creating a vagina, creating a clitoris, removal of penis, breast augmentation, facial feminising, altering vocal chords, reshaping adams apple, removal of facial hair and hair transplants.

For trans men, surgical interventions can include: removal of the uterus, chest reduction or reconstruction, removal of ovaries, lengthening of urethra, releasing the clitoris, creation of scrotum, insertion of testicular implants to create testicles, closure or removal of vaginal cavity, creation of a penis, insertion of erectile device.

Real Life Experience

Before an individual can start treatment, they must fulfil the requirements of the 'real life experience'. This is living and working full time in the preferred gender role. If not already fully living in the preferred gender, discussions with family, managers and work colleagues about the process that the individual is going through will take place. This can mean encountering situations that previously might have been avoided.

At this time the individual will not have had substantial psychotherapy or begun hormone therapy. This is a challenging time with experiences of transphobia that can impact of mental wellbeing. However, due to the requirement of having a successful lived experience for at least one year with good mental health, the individual will not be able to seek help. It is only when change of role is deemed 'successful' that treatment with hormones is initiated.

Hormone therapy and surgery

As well as the impacts on mental health that have already been discussed, hormone therapy creates big changes in the body that can impact on emotional wellbeing:

- People on masculine hormones report emotional dampening, short temperedness, and increased energy, stamina and libido.
- Those on feminising hormones felt calmer, more emotionally expressive, sensitive to their surroundings, and a decrease in energy and libido.

Although there were resultant mood swings, all those who were or had undertaken hormone therapy in the Trans Mental Health Study felt more comfortable, confident, positive and balanced since starting hormones. This was a response to a combination of the direct effects of the hormone itself, as well as the greatly welcomed physical changes that the hormones brought to their bodies.

The decision to undergo surgery is complex and individual. Some people may need to undergo surgery of some sort to be happy in their bodies and happier in their lives. Those who had undergone surgery reported:

- A difficult and frustrating process in delays and funding refusals.
- Reports of negative experiences with the surgery itself with complications such as nerve damage, scarring, and loss of sensation.
- Extensive amounts of surgery if complications or revisions are required.

These unpleasant experiences can lead to feelings of hopelessness and depression. However those who had undergone surgery reported increased life satisfaction. For those who have their funding refused and cannot afford the cost of private treatment, this can impact on self harm and thoughts of suicide.

Cheshire West and Chester:

The issues facing lesbian, gay and bisexual people in West Cheshire and actions for Cheshire West and Chester Council (2010)[21]

Following the introduction of the Equality Act in 2010, Cheshire West and Chester undertook discussion groups with those who identified as LGB to understand some of the issues they might face. A number of areas were discussed including coming out, the workplace, keeping safe, education, health, LGBT+ visibility, parenting, housing, getting older, travel and societal issues. Underpinning all issues were three key themes: a) heterosexism, b) homophobia and c) discrimination. The research also included a discussion group with young people. Their main issues included coming out, dealing with homophobia, mental health and provision of information.

The causes of poor mental health within the LGB&T population of Cheshire West and Chester (2015)[22]

In 2015, Cheshire West and Chester Council commissioned a questionnaire and discussion group with the LGBT+ community. This was to explore some of the causes of poor mental health. Key themes included the family, acceptance, isolation and homophobia. **The most common suggestion to improve the health and wellbeing of the LGBT+ population was to promote equality and diversity education in primary schools.**

Young LGBT+ people and mental wellbeing (2016)[23]

In 2016, Cheshire West and Chester Council commissioned a discussion group with young LGBT+ people about mental health. Most of the young people's concerns stemmed from worries about LGBT+ phobia such as bullying, being treated differently, losing friends and family, acceptance and hearing offensive language. A number of worries also related to their 'self' including body image, sense of identity, conformity and how to fit in with their world. These concerns and experiences significantly affected mental health.

The 2010 research included suggestions of how public sector services can make a positive difference to the LGBT+ community:

- Review administration, internal systems and procedures to check they are appropriate for LGBT+ lives.
- Ensure all staff have diversity training with specific training for front-line staff, human resources and managers.
- Increase LGBT+ visibility in West Cheshire and within the public sector services making West Cheshire an LGBT+ friendly destination.
- Work more closely with the LGBT+ community, charities and groups.
- Work with partners and the wider community to send out key messages to the LGBT+ community about health and hate crime reporting.
- Promote zero tolerance of homophobia, transphobia and discrimination. Have appropriate hate crime reporting mechanisms in place.
- Increase the number of LGBT+ activities, events and groups. Include LGBT+ in non-LGBT specific events such as film festivals and shows.
- A consistent approach to homophobic bullying, teaching about LGBT+ lives and support for LGBT+ young people in schools.

Cheshire East:

Community JSNA – LGBT+ project work (2014)[24]

As part of JSNA project work in Cheshire East, LGBT+ people were surveyed to explore local experiences and perceived barriers to accessing information, advice and help. Key findings for health and wellbeing settings included: a) the importance of early intervention in tackling mental health, b) the need to use inclusive language, c) addressing heteronormativity, d) visibly showing are LGBT+ aware, for example, rainbow flag on leaflets or posters.

The report highlighted issues affecting the LGBT+ community including isolation, loneliness and risk of depression and substance misuse. LGBT+ farmers are particularly vulnerable in rural Cheshire East.

Phoenix LGBT+ youth groups

Fortnightly youth groups in Cheshire West for young people aged 13-19 years who identify as LGBT+, or those who are questioning their sexuality or gender identity. Run by The Proud Trust with support from Cheshire West and Chester Council and Chester Pride. Taking place in Ellesmere Port, Chester, Frodsham, Northwich and Winsford.

The Proud Trust: Training in schools

The Proud Trust helps young LGBT+ people empower themselves to make positive change. Work includes campaigns, research, training, events, youth groups, resources and peer support. During 2016-17, they ran a programme of transgender inclusive support and training for teachers and young people in Cheshire West and Chester Schools, and continue to train teachers on LGBT+ issues.

The Proud Trust: Peer support

Peer support is available in the North West for those aged 12-25 who identify as LGBT+ or are questioning their sexual orientation or gender identity.

Social groups

Informal social groups 'Out in Congleton' and 'Out of Office Chester' run regular events and meet ups. Congleton also has a drop in for those aged 11 to 25.

Chester Pride

An annual festival to celebrate diversity and support the LGBT+ community attended by around 10,000 people. As well as entertainment and a parade, Pride offers public services, voluntary groups, charities and businesses an opportunity to engage with attendees and signpost to services. Chester Pride also runs projects including the exhibition 'Pride in the Past' which looks at local LGBT+ history.

Hate Crime

Cheshire Police have LGBT liaison officers to combat LGBT+ phobia and build a relationship with the LGBT+ community. They attend LGBT+ events and run drop in sessions. There are hate crime reporting centres across Cheshire in a variety of different settings as well as the ability to report online. The Hate Crime Strategy brings together partners who have pledged to work together to prevent hate crime, increase reporting and improve the response.

Gay Farmers Helpline

A national helpline setup and based in Cheshire. Confidential support for those who are in a farming situation and identify as LGBT+ or are questioning their sexual orientation or gender identity.

Utopia

Youth groups in Cheshire East for young people aged 13-19 years who identify as LGBT+, or those who are questioning their sexuality or gender identity. Taking place in Crewe and Macclesfield.

Body Positive

Body Positive is based in Crewe and works with people who have issues with, or want to improve their sexual health, sexuality or are living with HIV. They offer advice and guidance, a helpline, newsletter, and counselling for those who identify as LGBT+ and for those dealing with a HIV positive diagnosis. They run a variety of events, and social groups for the LGBT+ community in Macclesfield and Crewe including 'For Women' and 'Men with Mugs'

Top 100 employers

Cheshire West and Chester Council, Cheshire Police and Cheshire Fire and Rescue all achieved a place in the Stonewall Top 100 Employers demonstrating their commitment to LGBT+ equality.

Flipside Radio

Local online radio station based in Lache hosts a weekly LGBT+ radio show to help empower residents to engage with other community groups.

Silver Rainbows

Silver Rainbows is a social network for older lesbian, gay, bisexual and trans people hosting events across Cheshire. It is supported by Body Positive.

The following recommendations have been taken from an amalgamation of research, all of which is available in the references section.

What can be done to reduce the risk of those who identify as LGBT+ developing poor mental health?	Action
A. Facilitating the normalisation of sexual and gender diversity As much of mental ill health in the LGBT+ community is created by experiences and the heteronormativity of the world we live in, a change in society is needed. Over the last ten years progress has been made in equal rights for LGBT+ people but people's beliefs are slower to change. There is a need to **normalise sexual and gender diversity** and for this to be ingrained into society. To effectively do this, equality and diversity work in **primary and secondary schools** is fundamental to ensure children grow up to be accepting adults. This should include LGBT+ issues in the **school curriculum** and **positive role models**. It is also vital that **inclusive language** is used to embed this.	• Equality and diversity work in primary and secondary schools • Understand and use inclusive language • Understand LGBT+ phobia and be able to recognise this • Help raise LGBT+ visibility
B. Early intervention Early intervention is key to **break the cycle** of isolation, depression, self harm and suicidal thoughts before the individual hits crisis. Young people in particular are vulnerable when they are discovering their sexual orientation and gender identity. Around 42% of LGB people realised they might be LGB between the ages of 13-15 years, but only 14% choose to disclose this to someone at this age (come out). This can be a difficult time. Adults working with young people should **be trained to spot the signs** of deteriorating mental health, self harm and thoughts of suicide and understand the issues young LGBT+ people may be facing, providing a **safe space** for discussion and support.	• Adults working with young people must understand the issues young LGBT+ people may be facing • Adults working with young people must be able to spot the signs of deteriorating mental health
C. In the workplace and working with clients, customers and patients including health settings Equality and diversity must be central to the workplace, protecting both staff and residents. There must be a **clear organisational message** of zero tolerance of any kind of bullying, prejudice and discrimination. It should not just be a tick box exercise, but provide challenge and increase understanding. **LGBT+ specific training** for staff is needed to increase confidence around LGBT+ terminology, approaching LGBT+ issues and working with LGBT+ clients. There should be an understanding of the links to mental health and ensure **services are inclusive**; especially in health and social care. The Trans Mental Health Study revealed that **health professional's knowledge** was limited, which made them unable to address the needs of transgender patients. The study revealed many issues around transitioning that impacted greatly on mental health. Though increased training and understanding will support this, there appear to be issues with the wider process of transition that need further discussion on a large scale. LGBT+ communities should be considered in strategies and when **commissioning** services.	• Training for all staff on LGBT+ terminology, issues and needs with appropriate links to services • Clear organisational message of inclusivity and zero tolerance • LGBT+ considered in strategies and when commissioning services • Further work around transition

What can be done to reduce the risk of those who identify as LGBT+ developing poor mental health?	Action
D. Cheshire's ageing population Cheshire has an ageing population and those aged 65+ are forecast to significantly increase over the next 10 and 20 years. This will result in increasing numbers of **older LGBT+ individuals needing care** and support. Those who identify as LGBT+ are more likely to live alone with fewer support networks, especially older people. They are also less likely to use services. Research shows LGBT+ people have concerns about needing health and social care as they grow older due to fears of homophobic/ transphobic carers, being placed in a care home where heterosexism is embedded, feeling unable to disclose their sexual orientation/ gender identity, interference with their trans medication (especially if they have dementia, fully dependent on others etc.), and partners being treated differently. LGBT+ needs and future needs must be considered and understood within the care system.	• Promoting inclusivity in health and social care settings • Ensuring health and social care staff are trained in LGBT+ terminology and issues • LGBT+ needs and future need considered and understood within the care system • Including LBGT people in Ageing Well strategies
E. Universal and LGBT+ specific support There appears to be a lack of LGBT+ specific support for mental health across Cheshire so any universal support provided must ensure that staff understand the needs of the LGBT+ community, are **visibly promoting equality and diversity**, and encouraging people of different backgrounds to access the service. However when possible there is still a need to **support LGBT+ specific groups** to help with early intervention. The LGB&T Mental Health Risk and Resilience 2015 Report found that connection to other LGBT+ people and communities creates a sense of belonging which helps build resilience. Young LGBT+ people and those going through transition will need specialist support and increased peer support.	• Training for all staff on LGBT+ terminology, issues and links to services • Universal services are visibly inclusive • Support for LGBT+ specific groups
F. Increased awareness Organisations should ensure they are **promoting their services and messages** to the LGBT+ community. They should demonstrate that they are proud supporters of equality and diversity to encourage LGBT+ people to access their services (first ensuring they are inclusive and that staff are on-board with this message). An example is the Chester Pride festival where public sector services, voluntary groups, charities and businesses can engage with attendees, share information, and signpost to services. In a recent survey of attendees of Chester Pride, 91% of respondents said that their awareness of local services, organisations and support had increased and 79% said they were more likely to use the services in attendance. Public sector services should lead the way and be role models in equality.	• Engage with the LGBT+ community. Target key messages and encourage uptake of services and support • Visibly demonstrate that the organisation is a proud supporter of equality and diversity • Work with LGBT+ charities and groups

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Version control

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19th February 2018	New JSNA section created by Helen Pickin-Jones	Fiona Reynolds and Helen Bromley (Public Health)