



Mermaids' Response to the 'Call for inputs: Report to the UN Human Rights Council on the realisation of the right of persons affected by violence and discrimination based on sexual orientation and gender identity to the enjoyment of the highest attainable standard of physical and mental health, in relation to SDG3'

Introduction: The Charity

We use 'trans' as an umbrella term for those who are transgender, non-binary, genderqueer, genderfluid, agender, are of non-Western gender identities, and those who have a trans history.

Mermaids (Registered charity no: 1160575) has been supporting trans young people (<19 years and below), and their families since 1995. Mermaids has evolved into one of the UK's leading LGBTQ+ charities. We amplify the voices of trans children and young people nationwide with an aim of helping create a future society that is void of transphobia so trans young people can be themselves without fear of discrimination and prejudice.

Our overarching aim is to create a world where trans young people can be themselves and thrive, and an important part of this is to work to relieve the mental and emotional stress experienced by the young people we support. We write within this context.

1. Research: understanding the health care needs of LGTBI and GNC people

General Reports

There are a number of UK Government/NHS reports which have a specific focus on gathering data on understanding the health care needs of LGBTI and GNC people. They are as follows:

1.1. National LGBT Survey (2018) (HYPERLINKED)

- In July 2017, the UK government launched a survey to gather more information about the experiences of LGBT people in the UK. Over 108,000 people participated, making it the largest national survey of LGBT people in the world to date. Headline findings focused on the experiences of LGBT people in the areas of safety, health, education and employment.
- This was followed up with the LGBT Action Plan (2018).

1.2. Women and Equalities Select Committee into Transgender Equality Report (2015)

- This inquiry covered a wide range of policy areas, which are affected in different ways by the current devolution arrangements. It looked at health services, schools and social care in relation only to England, since these are devolved matters in the other countries of the UK. It We received over 250 written evidence submissions.
- ***UK Government Response to this report:***
<https://www.gov.uk/government/publications/transgender-equality-report-government-response>
- Based on report from the Women and Equalities Select Committee report, the Government promised to develop a new action plan for transgender equality, which included, amongst other actions:
 - A review of the Gender Recognition Act to tackle unnecessary bureaucracy and to assess the need for medical checks contained within the 2004 Act;
 - Conducting a cross-government review on removing unnecessary requests for gender information, including in official documents;
 - Improving the way people are supported by gender identity services through new training of NHS staff

1.3. The ICTA Research Project (NIHR funded)

- The ICTA research is a trans-led piece of research and is still ongoing. It promises to inspect trans healthcare in the UK from many angles. It aims to capture diverse trans voices in a multitude of ways and has structures in place to make sure those voices are not drowned out by the assumptions of cis researchers.

1.4. The National Health Service (NHS)

- The NHS has a dedicated [National LGBT Health Advisor, Dr Michael Brady](#). Dr Brady was appointed as the National Advisor for LGBT Health at NHS England in April 2019. In this new role Dr Brady works across NHS England and NHS Improvement, with the Government Equalities Office and a wide range of stakeholders, partner organisations and the LGBT community to address health inequalities for LGBT individuals and improve experience in the NHS. Michael is also an HIV and Sexual Health consultant at Kings College Hospital in London and the Medical Director of the Terrence Higgins Trust.
- The NHS fed into the National LGBT Survey (2018).

1.5 The Cass Independent Review (HYPERLINKED)

- The Independent Review of Gender Identity Services for Children and Young People (The Cass Review) was commissioned by NHS England and NHS Improvement in Autumn 2020 to make recommendations about the services provided by the NHS to children and young people who are questioning their gender identity or experiencing gender incongruence.
- It is expected to publish a report in Spring 2022.

i. Does the State (or other stakeholders) gather data, including data disaggregated by sexual orientation and/or gender identity, on:

a. access to and/or delivery of health services

[National LGBT Survey \(2018\)](#)

[House of Commons Women and Equalities Committee Health and Social Care and LGBT Communities](#) (2019)

b. The number of new HIV infections per 1000 uninfected population?

[National Aids Trust](#)

c. The suicide mortality rate?

[Office for National Statistics \(2020\)](#)

[Public Health England \(2015\)](#)

[National LGBT Survey \(2018\)](#)

d. Coverage of treatment interventions for substance use disorders?

There is a helpful scoping review here:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7835774/>

e. **Harmful use of alcohol?**

[Institute of Alcohol Studies \(not government funded though\)](#)

[Helpful article here:](#)

f. **Access to sexual and reproductive health care?**

[LGBT Action Plan](#)

[NHS](#)

g. **Coverage of essential health services?**

<https://publications.parliament.uk/pa/cm201919/cmselect/cmwo/meq/94/94.pdf>

[LGBT Action Plan](#)

ii. **What steps have been taken to research and understand the health care needs of LGTBI and GNC people of all ages at the national level?**

The documents listed above all feed into these steps to varying degrees.

iii. **Is this data analysed through an intersectional lens, such as by disaggregating data by sexual orientation and/or gender identity, as well as intersecting identities including social or geographic origin, ethnicity, socio-economic status, nationality or migration status, minority, disability, and indigenous or other identity or status?**

- The LGBT Survey data collected does offer [some disaggregation](#):
- However, data analysis tends to be broad, and UK government reports will look to identify issues and suggest outcomes, and whilst they may refer to additional factors to consider, such as disability, they are unlikely to conduct deeper analysis but focus on protected characteristics.

3. **Access: ensuring that LGTBI and GNC people have access to health care**

- What measures have been taken to ensure access to affordable non-discriminatory health care services for persons affected by violence and discrimination based on sexual orientation and gender identity?**
- What policies or programmes exist to address the mental health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity, specifically around depression and anxiety, suicidal ideation, and substance abuse?**

Trans healthcare currently in the UK

- Since its inception in the UK, access to trans healthcare has been an ideological battleground (Faye, 2021, p.72), and globally trans people continue to face disproportionate barriers to accessing timely, good quality and trans-affirming health care (Aaron, Breslow, Wojcik, Roberts and Augenblick, 2021, Sage Ency, p. 740; Bartholomaeus, Riggs, and Sansfaçon, 2021). As Carlile, Butteriss and Pullen Sansfaçon (2021, p.412) write:

National Health Service clinical routes in England are beset with lengthy waiting lists, issues with geographical inaccessibility, a lack of relevant clinical knowledge, and a failure to recognize the value of family expertise.

- Within the UK there are limited clinics available, and the model of trans healthcare in Britain is 'still built around specialist gender identity clinics, which have long been phased out in Canada, New Zealand, the US and many European countries and replaced with a more flexible approach' (Faye, 2021, p.75). The Gender Identity Development Services (GIDS) clinic is the sole specialist gender identity clinic available to those under 18 years old. The continued reliance on this model means that the GIDS is unable to provide the care necessary to all the trans young people who require its services in a timely manner. The service as part of NHS England is hugely underfunded, and itself provides a binary form of care which at times does not meet the needs of its patients and/or acts to discriminate against gender diverse young people.
- Generally, in the UK trans young people continue to face high levels of gatekeeping to gender affirming health-care. These barriers commonly include long waiting lists, deferrals in referral processing, 'and a lack of adequate training in the areas of gender-identity development and gender dysphoria' (Carlile et al. p. 412).
 - Trans young people accessing general healthcare has been described as a 'postcode lottery', with many GPs unsupportive or unwilling to provide care for Trans young people or refer them to specialised services where they can receive that care. *Stonewall* (2018) found that 7 per cent of trans people said they had been refused care because they are LGBT, while trying to access healthcare services.
 - The consequence of these long waiting times, as the Children's Rights Alliance England (2016) found, is that 'whilst waiting for treatment [Trans] children said they often struggled with depression, self-harm and self-destructive behaviours and had nowhere to turn for support. Nearly 50% attempt suicide'.

3.1. Have adequate human and financial resources been allocated to implement those policies and/or programmes?

- As previously discussed, both specialist and mainstream services which provide health care to trans young people are seriously underfunded and lack

the necessary staff to ensure that trans young people are able to access satisfactory and timely support and care.

- Dr Hilary Cass and her team are currently undertaking an [Independent Review](#) of trans young people's healthcare within the NHS, and will be producing a detail report following that review sometime this year. We can keep the Independent Expert's office informed of this review if they would find that of interest.

4. **Training and Education: health care professionals and educational institutions**

i. **Are sexual orientation and gender identity, and the specific health needs of persons affected by violence and discrimination based on sexual orientation and gender identity, included in training and education of health care professionals?**

- There is frequently confusion and a lack of clear guidance regarding trans-related healthcare – specifically around access to hormones and surgery for trans young people.
 - Reliance on mental health care, and healthcare more generally, for Trans young people outside of the gender-specialist medical pathway provided by GIDS continues to be unsuitable as many mental health care clinicians outside of the gender-specialist pathway lack the training to be supportive and inclusive of Trans young people as this training is still not mandatory.
 - [Stonewall](#) (2018) found that **41 per cent** of trans people said that healthcare staff lacked understanding of specific trans health needs when accessing general healthcare services.
 - As a recent [study](#) has shown, the UK's national Child and Adolescent Mental Health Services (CAMHS) has often imposed outdated gender stereotypes on both binary trans and non-binary young people, in ways which act to undermine and dismiss these young people's gender identity.
 - Many of the Trans young people we support have specifically sought our help, following the discrimination and prejudice they have faced from their GP or CAMHS. Examples of such conduct includes young trans people being misgendered, their incorrect name being used, and being told they are confused around their sexuality rather than their gender identity. These experiences show a lack of understanding of how to be supportive of Trans young people and can lead to a population of Trans young people feeling unable to seek help for any mental health concerns they may have, which negatively impacts their access to such care.

Rather than supporting them in alleviating their mental ill health, their experiences of such services exacerbates mental ill health.

- Our service users have told us that not only are CAMHS or primary care providers unable to provide the support Trans young people require, many primary care providers and CAMHS clinicians are unaware of the referral process to GIDS itself. Therefore, Trans young people and their families are shuttled back and forth between healthcare services, with neither seeming to understand *how* Trans young people can access the support they need.
- Consequently, the lack of trans awareness training for general clinicians, both primary care providers and CAMHS clinicians, creates too heavy a reliance on the GIDS, which is already a hugely underfunded service. This is evident in GIDS' waiting lists and times, and therefore, Trans young people are forced to suffer long periods of extreme ill mental health before they receive the medical care some so desperately need.
- Unfortunately, as a recent [study](#) has shown, the GIDS service itself lacks awareness around young non-binary people's experiences, with many young non-binary people saying they were fearful of presenting as themselves, and felt they had to present in a binary version of gender to access help. This illustrates the critical need for further training and awareness to be updated even amongst GIDS clinicians so that support is available for non-binary trans young people.

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